

Wasatch Mental Health Monthly Briefing report July 2019

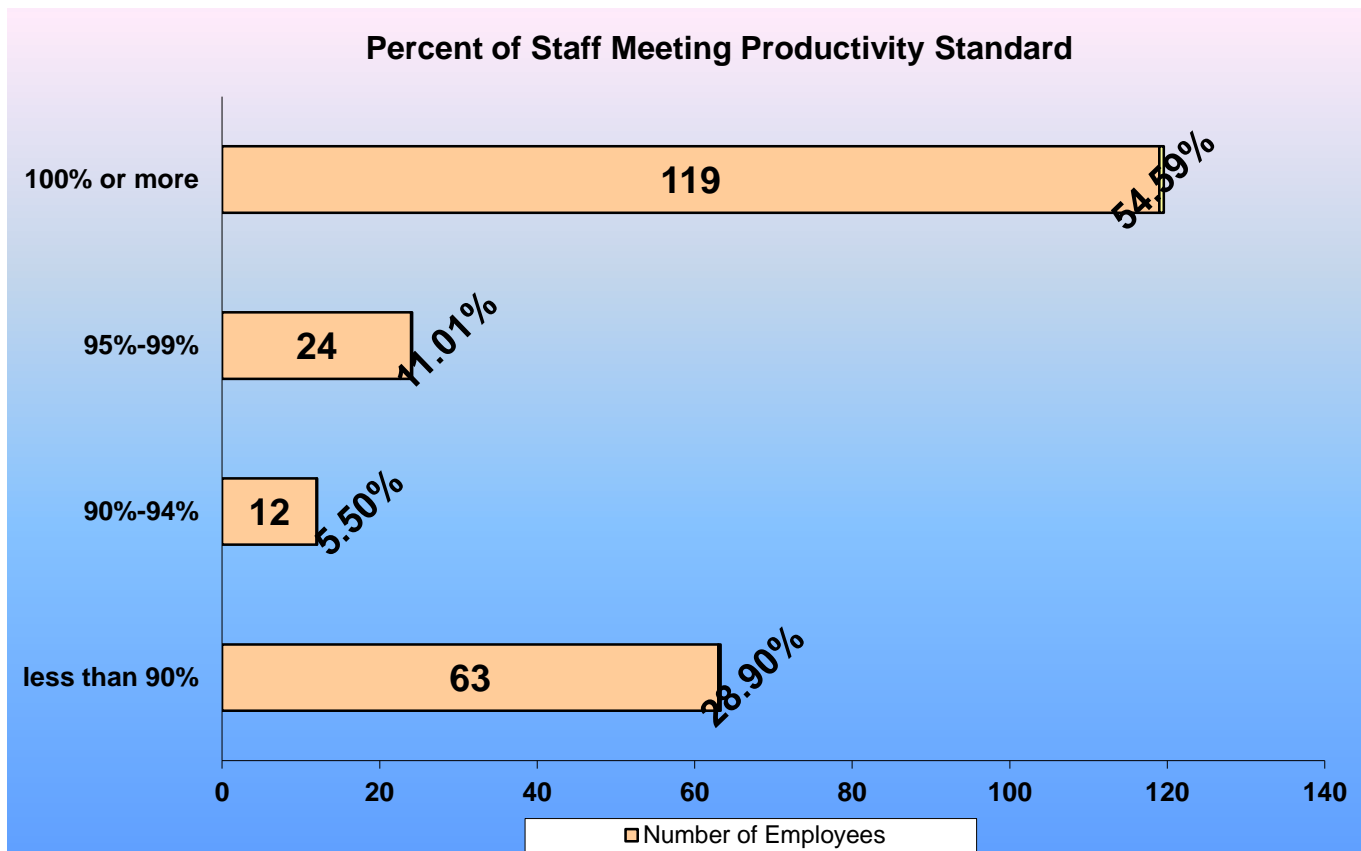
This last month, we received out Medicaid rates for FY 2020. The rates were in line with expectations, we proceeded to accept them. Shortly thereafter, we received “updated” rates which we currently evaluate.

In a recent meeting with DOH leadership (Dr. Miner), and state Medicaid, we also learned that Utah will start paying the centers at the rates for the current FY, even if these rates have not been approved by CMS. This will assist centers in receiving funds based on current FY rates rather than those approved by CMS from up to 3 years ago. We will also have subsequent meeting with Medicaid and Milliman (*their actuary) to develop a process to obtain rates in a more timely fashion in subsequent years.

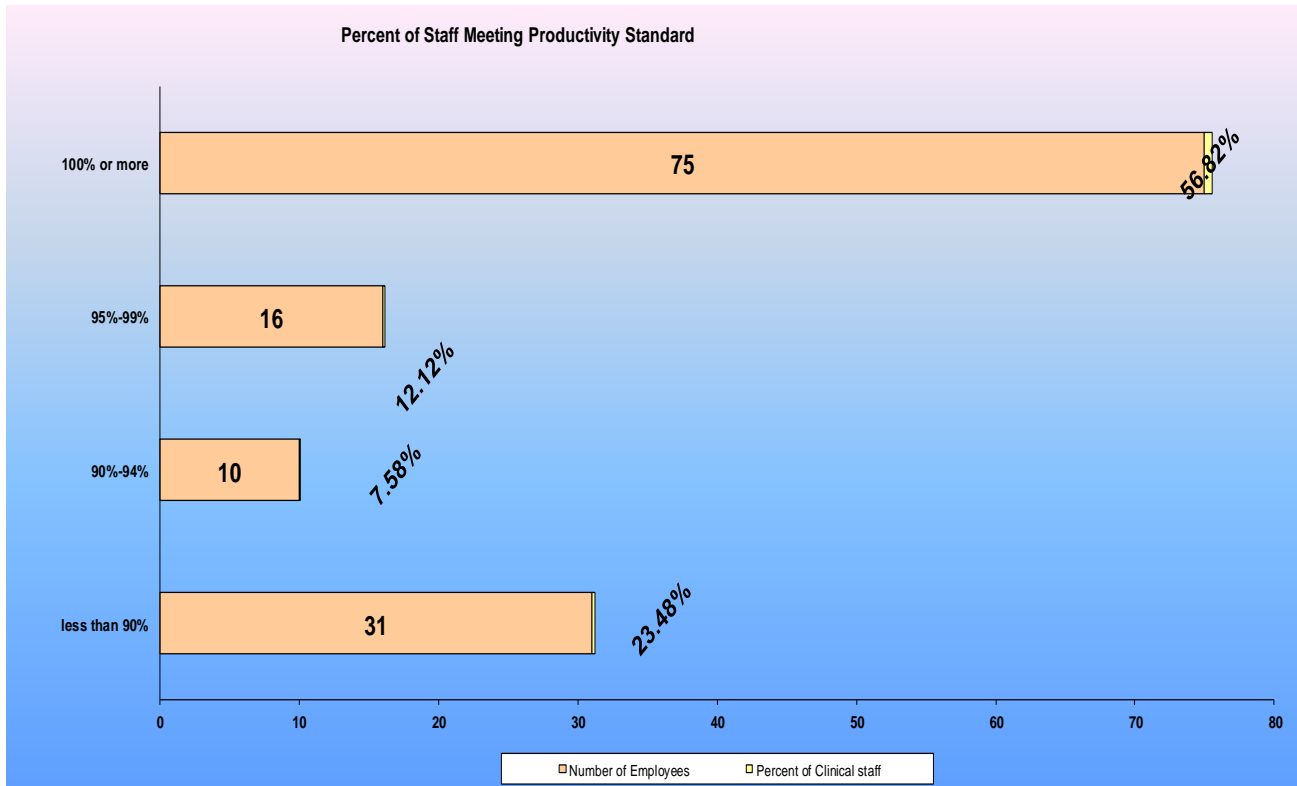
Towards the end of June, we hosted our Annual Giant Steps Graduation. We appreciated Commissioners’ Ivie and Lee attending. The commission’s support of this program is much appreciated.

We are getting close to present recommendations in regards to the interim salary adjustment study slated to be rolled out January 2020.

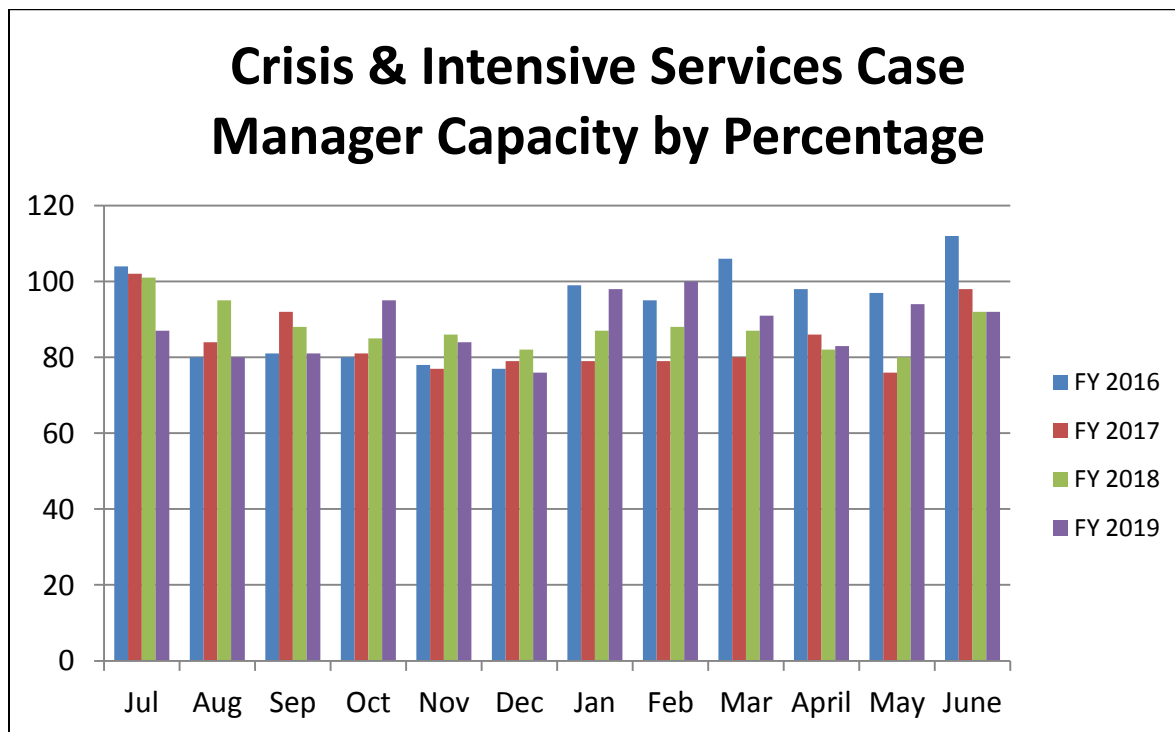
Following, a graph depicting the levels of service delivery expectations met by staff with a service delivery expectation.



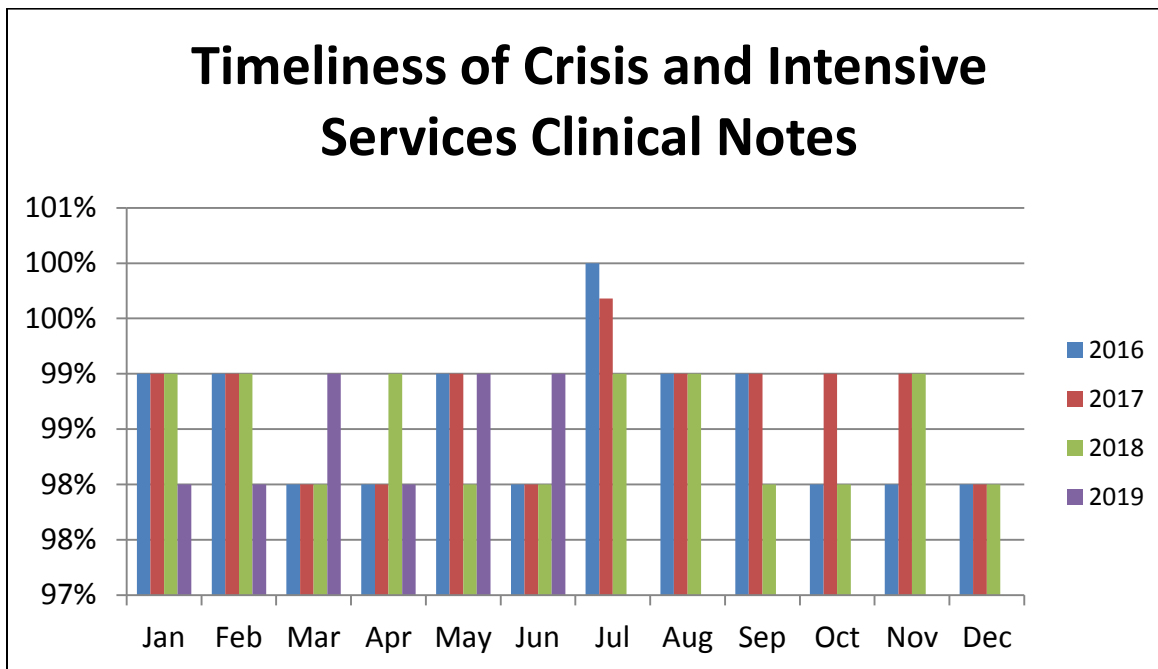
Crisis and Intensive Services Division



The charts below show the percentage of productivity as compared with the capacity. For example if the capacity is 3000 hours and the actual hours of service provided is 3000 hours then the percentage would be 100%



For the month of June 2019 99% of the clinical notes were completed on time.



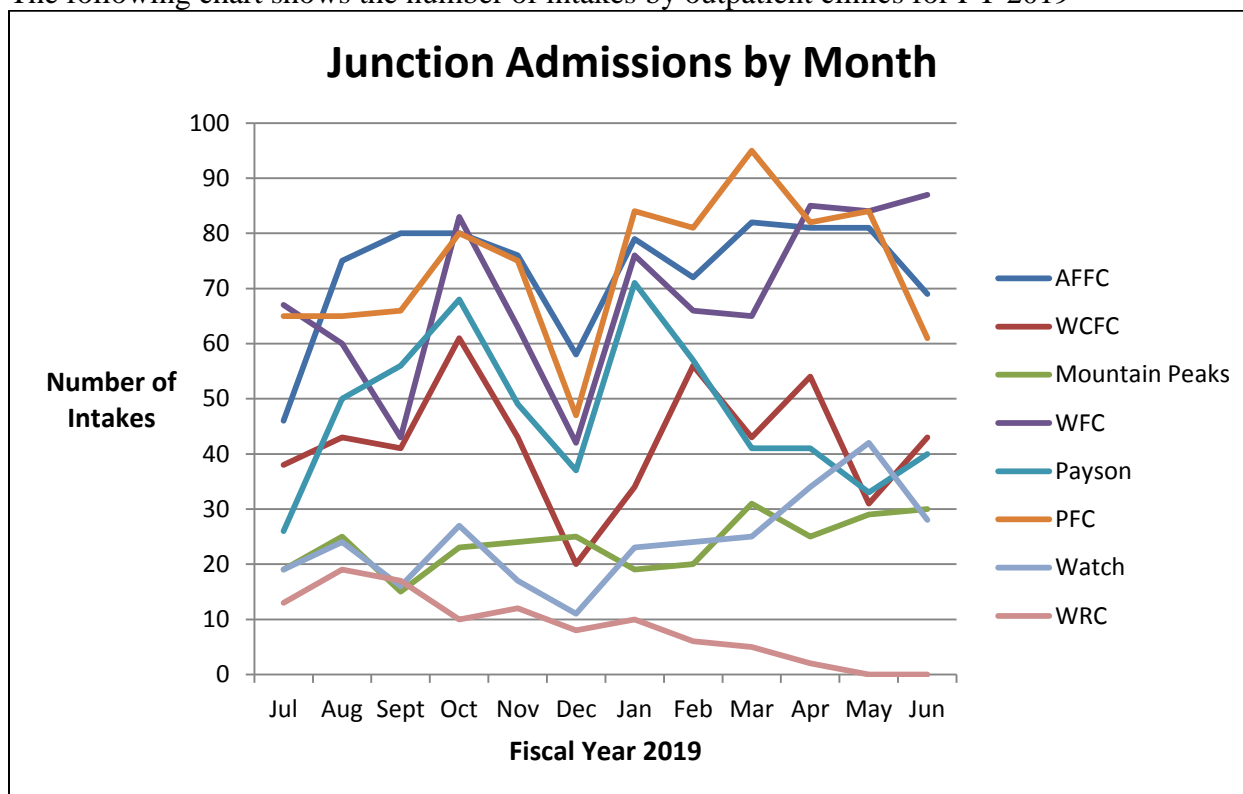
Highlights:

- During the month of June the MCOT team deployed 15 times. Of the 3270 crisis calls for FY 2019 266 went inpatient, 47 had an MCOT response, and 492 were referred to Vantage Point.
- Work on the Vantage Point kitchen remodel began on June 10. The kitchen was demolished and the work came to a screeching halt a week later when a water leak was detected. Work has not resumed as of July 11. The work was supposed to be completed in 4 weeks. We are looking at options for the program as we will not be able to use the restrooms when the sewer lines are replaced.
- Kip and Catherine met with Officer Jameson and the Orem City Attorney to discuss specific concerns about MCOT. The police department would like an MOU with Wasatch Mental Health.
- All of the Stride and XCEI staff along with the Parkview CTAs were trained in Youth Mental Health First Aid.
- Grandfamilies staff completed the annual audit of the Grandfamilies program, per the CAP grant requirement, with the help of Cary Zobell, Grandfamilies grandfather, and Bonnie Hardy, Utah County Health Department.

June Unduplicated Clients served in Family and Specialty clinics

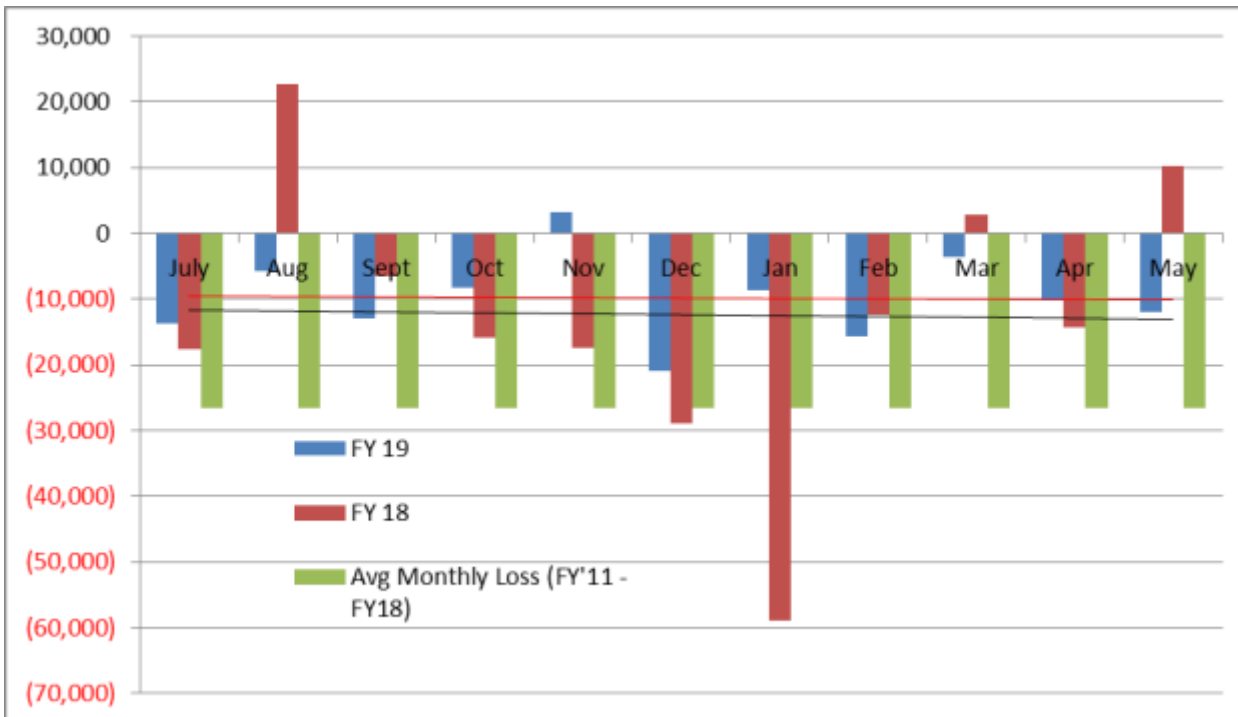
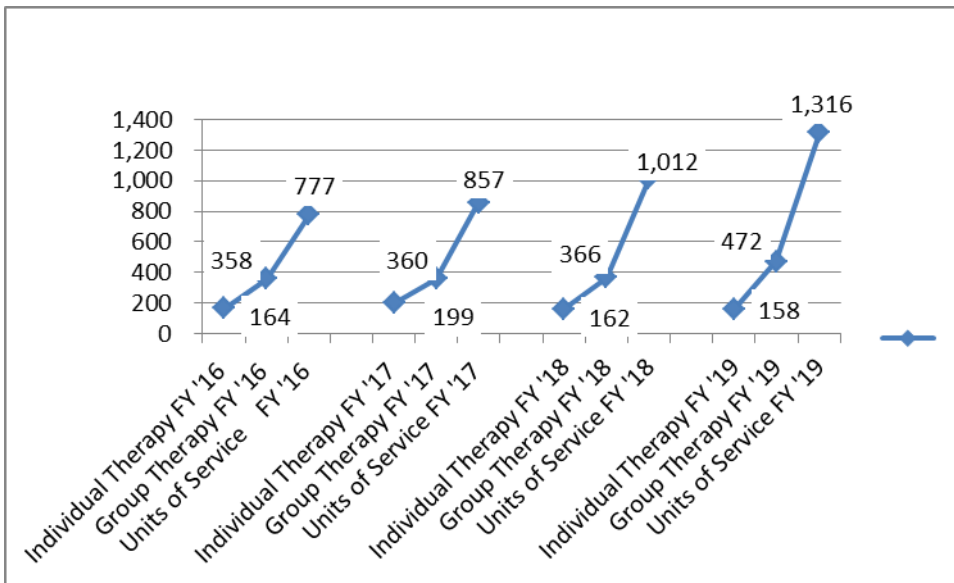
Clinic	Adults	Youth	Total
PFC	124	533	657
Payson	185	179	364
AFFC	360	461	821
WCFC	168	39	207
WFC	709	34	743
Med Services	1089	220	1309
Psych Services	75	95	170
Crisis	111	7	118

The following chart shows the number of intakes by outpatient clinics for FY 2019



New Vista Youth Services

JUNE REPORT: June was the last month of the fiscal year. The final statistics are in, all except the final financial report, and will be reported on in this monthly report. As you can see in the graphs below FY'19 was the best year for services provided since we have kept records. Our therapists have been working at 114% productivity in the month of June and 108% for the entire fiscal year 2019.



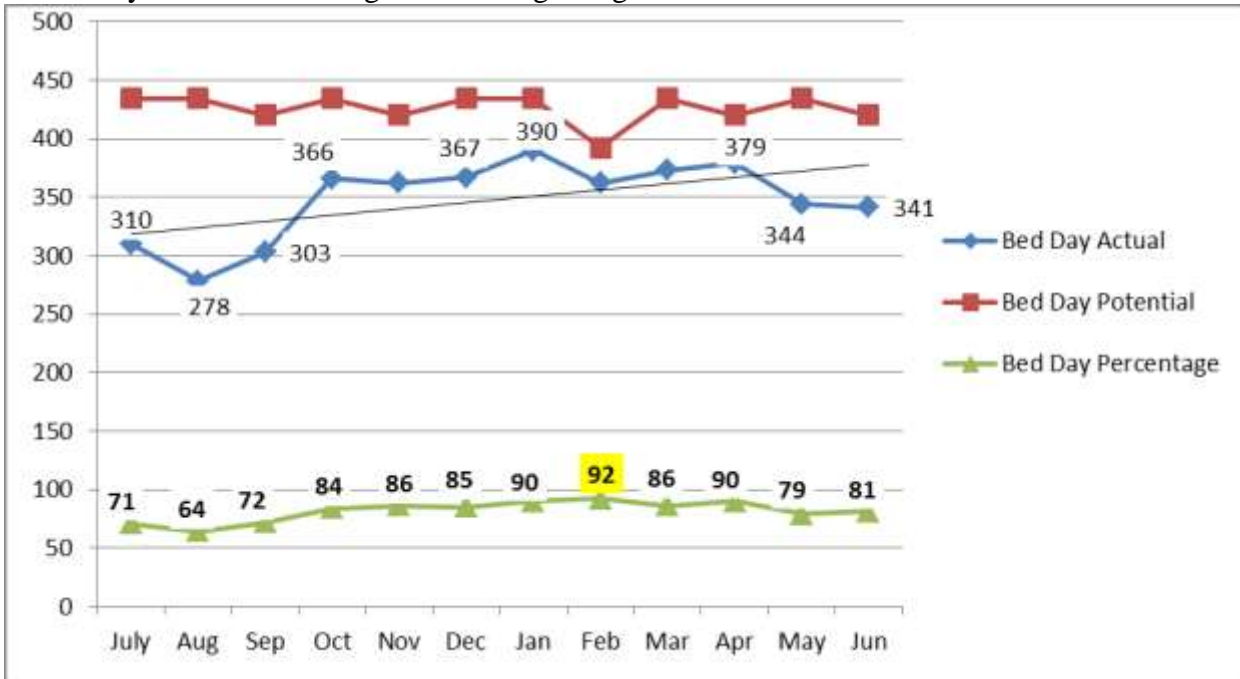
Highlights:

- The New Vista summer program is being held Mon-Thursday and it is focusing on enhancing the skills that the youth already have to develop healthy relationships so they decrease their maladaptive behaviors. New Vista takes advantage of the Summer Lunch Program that the school district provides.
- In the New Vista YSD group's we focus on building and maintaining healthy relationships. The youth are focusing on developing Emotional regulation skills that they can use in their daily lives. The youth continue to have Pass Off groups. During these groups they enhance each others knowledge of what they are studying and how it can be applied in their life. The youth are working on Trauma Narratives in the therapist groups. The Trauma Narrative enables the youth to express themselves to peers and others by working through the shame, guilt and embarrassment they feel from their past experiences. They have been able to involve their peers in their

trauma narratives and they have also presented these to parents in parent group and in Impact group. The youth will continue to work on the Trauma Narratives for the remainder of the summer.

Aspire Academy

JUNE REPORT: Our bed occupancy for June was at 81%. We had one admission and one discharge who stepped down to New Vista. Our financial picture was slightly down in April, but our year to date occupancy percentage is about 82% which is on course for the best year long average we've ever had. It was up a couple of percentage points from last month. We have been given our accreditation dates from CARF. We will have one surveyor come from August 21 through August 23.



Aspire Academy Financial Report

Our financial picture took a dive in May. This was due in part to the lowest census in 8 months at 11 girls. We have rebounded slightly since then. We had our lowest revenue in the past 12 months and the highest personnel costs and overall expenses this fiscal year. All this played a roll in a less than peachy financial report. The upside is that we were able to pay our bills and have a little left to share.

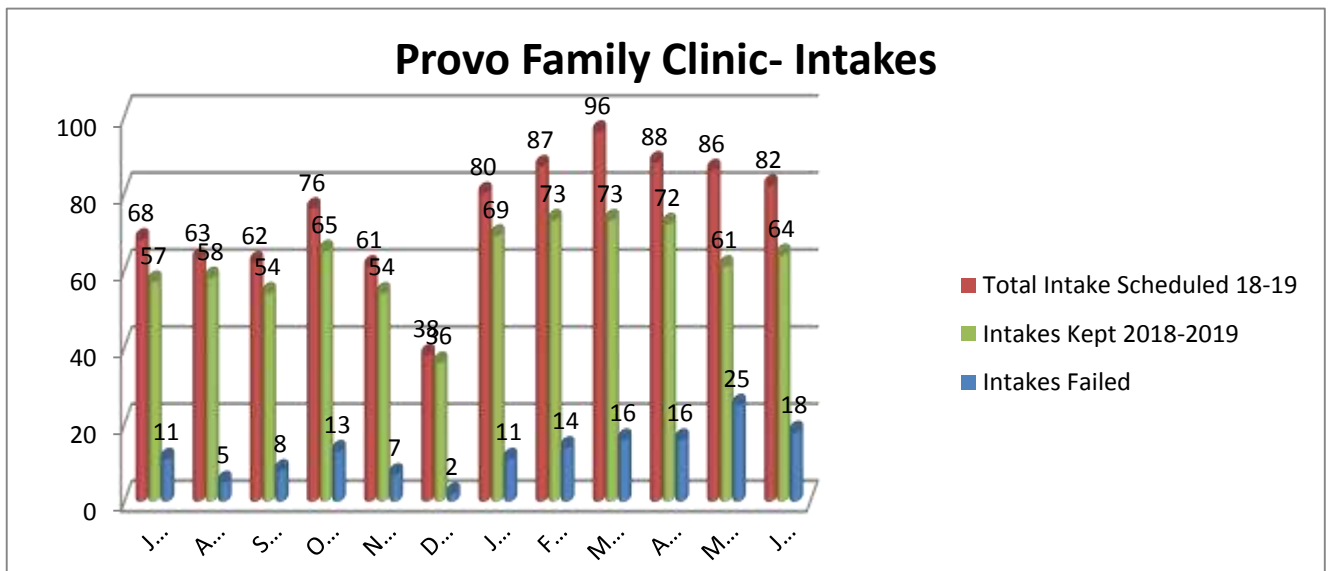
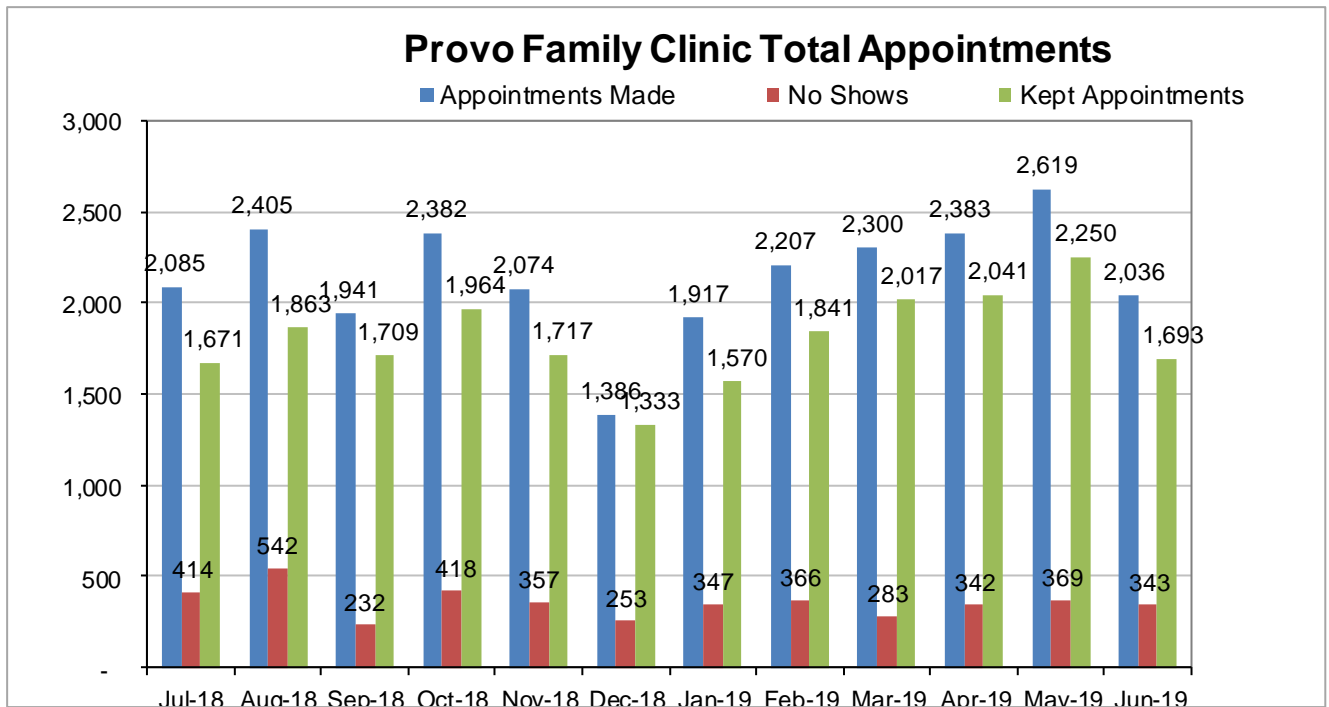


Highlights:

- In the Month of June we had 1 admissions and 1 discharge. Our discharged girl transitioned to New Vista for continued treatment.
-
- In addition, during the month of June our girls have been busy with individual therapy and group therapy. The therapist and staff have been continuing to focus on the following programs: Survivors Group, DBT Groups, Experiential Groups, Thinking Errors Group, and Self Esteem Groups. Currently the therapists are having the girls help run the Thinking Errors Group with their supervisor. Every week a girl is put in charge of a chapter of the book and is ask to present it to the group and lead the discussion. The girl’s are doing a great job with the group. The Case manager is continuing with the groups Seeking Safety group, and Voices.
- The Residents attend School through the Alpine School District/Summit High School. School Summer School began on June 10th. During the summer “mini term” the girls are able to make up some credits or get ahead for the upcoming year. Every Friday we have a field trip planned that is educational and fun. The girls went to the Loveland Living Aquarium and we have plans to take them to Timp. Cave in July.

Provo Family Clinic

Performance Indicators:

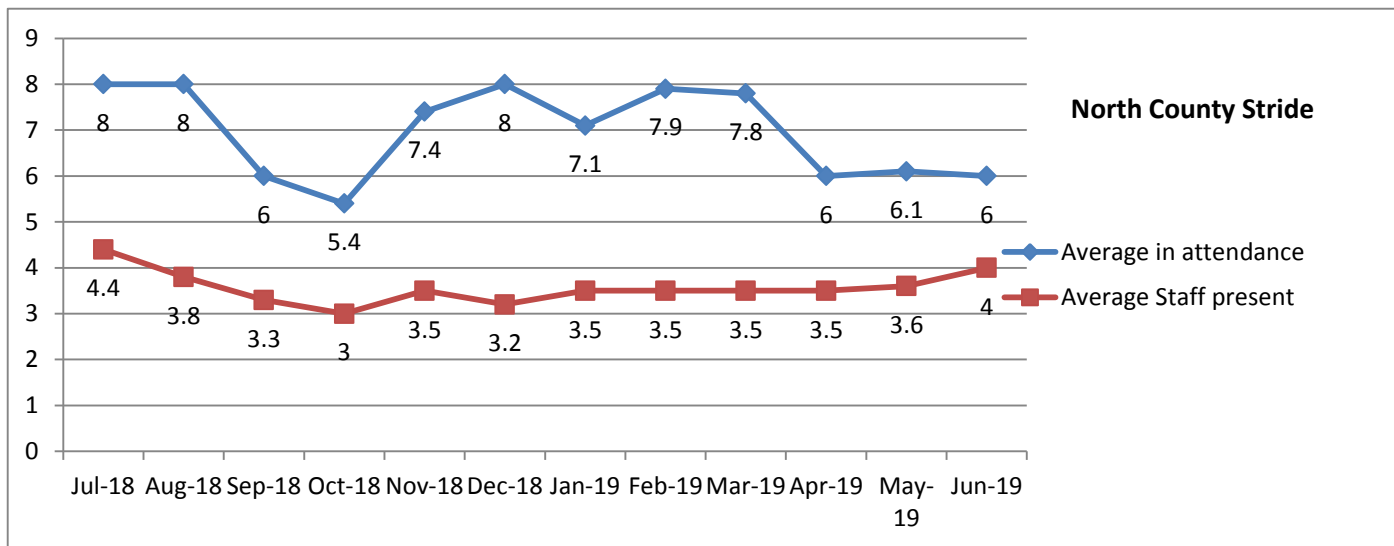


Monthly Total OQ and YOQ : Adult - 82; Children/Youth-464; **Total- 546**

Stride and XCEL - Partial Day Treatment Programs

Leadership/Allied Agency Participation/Initiatives/Successes

Graph of average attendance and number of staff present FY 18-19



Total Stride unduplicated clients served this month: 64

Stride Program Discharges:

North County Stride:	1 graduation
Provo Older Stride:	4 graduations, 1 discharge incomplete
Provo Younger Stride:	6 graduations
Payson Stride:	2 graduations

Total Xcel unduplicated clients served this month: 56

Financial Status

Through May 31, 2019 , Stride’s budget shows a profit of:	\$44,828
Through May 31, 2019 , XCEL’s budget shows a loss of:	(\$23,280)

GIANT Steps

Highlights & Program Updates

- Giant Steps held its graduation this month. We had 32 children graduate and the event was well attended. We appreciated our Executive Committee and two county commissioners (Bill Lee & Nathan Ivie) attending the event. Giant Steps was presented with a \$32,000 check from the proceeds of the Commissioner’s Cup golf tournament. We are very honored to enjoy such strong support from the Utah County Commission and our community.
- We held our annual Sibling Day Camp for siblings of children in Giant Steps and a Daddy’s Day event for fathers of children in the program to get some extra support.
- The Giant Steps waiting list currently includes 166 children, 34 of which have Medicaid insurance.

Community Involvement

- Giant Steps had a booth at the ARUCC Summer Carnival on June 22nd. Almost 500 people attended.
- Attended WMH Youth Advisory Board meeting (monthly)

Positive Comments from Families

- “[Our son] has shown improvement in several areas. He is doing better using his words to express himself at home. He is more tolerant of different foods and is more pleasant to be around.”
- “I just want to thank you! For this wonderful school year, [our son] made a lot of progress at giant steps. I’m beyond thankful!!! We are going to miss you and all the amazing giant steps staff . Thank you so much.”

Current Month – 21,272 units of service were provided to Giant Steps clients/families.

Last Year Comparison – 17,720 units of service were provided in the same month last year.

FY 2019 vs FY2018

Our total billable services provided this fiscal year is 19% higher than our last fiscal year, but is approximately 0.7% less than projected when taking the extra classroom into account. A renewed focus on helping clients maintain their Medicaid coverage and avoid lapses will help increase Medicaid revenue.

Financial Information

Fiscal Year-to-Date Income Gain (Loss)* – **(\$84,669.92)**

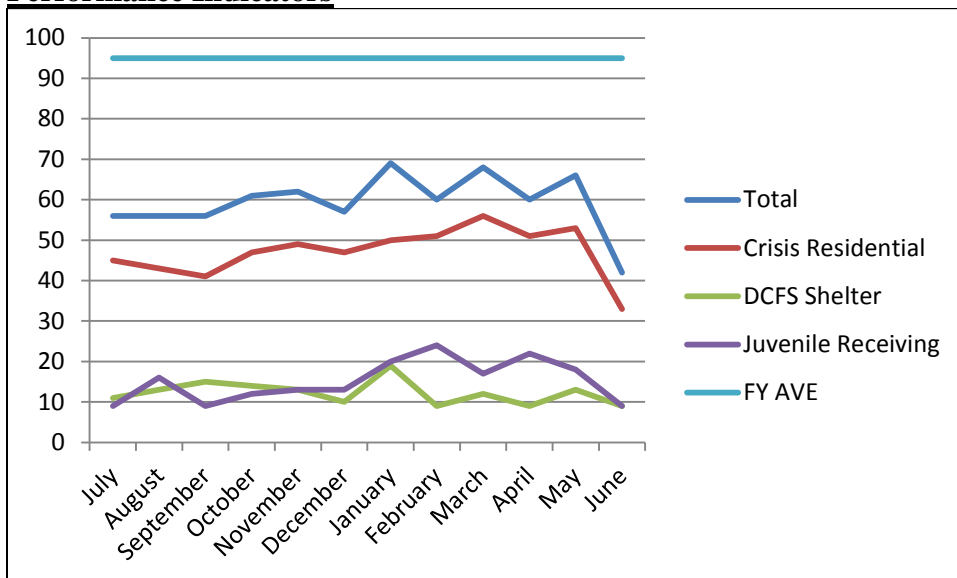
*As of 5/31/2019

Overall, this represents less of a loss, compared to FY 2018 which was (\$209,303.37).

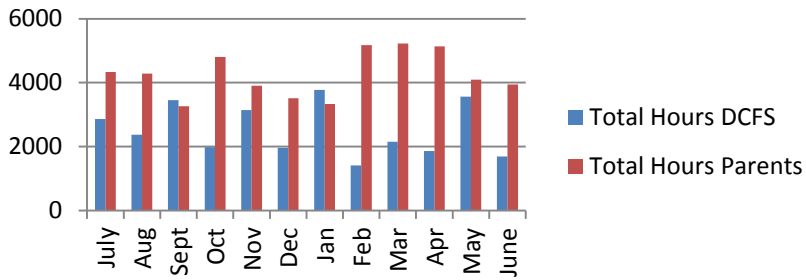
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Vantage Point

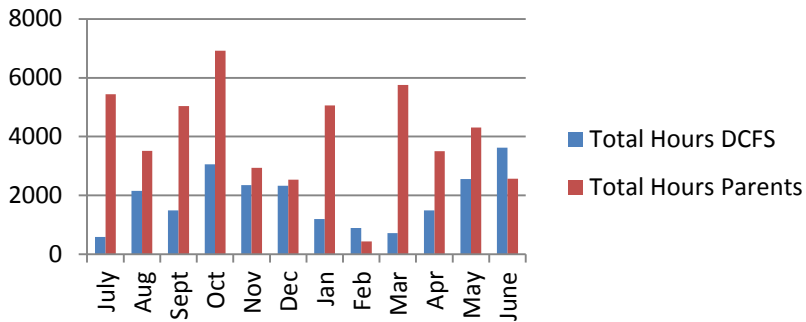
Performance Indicators



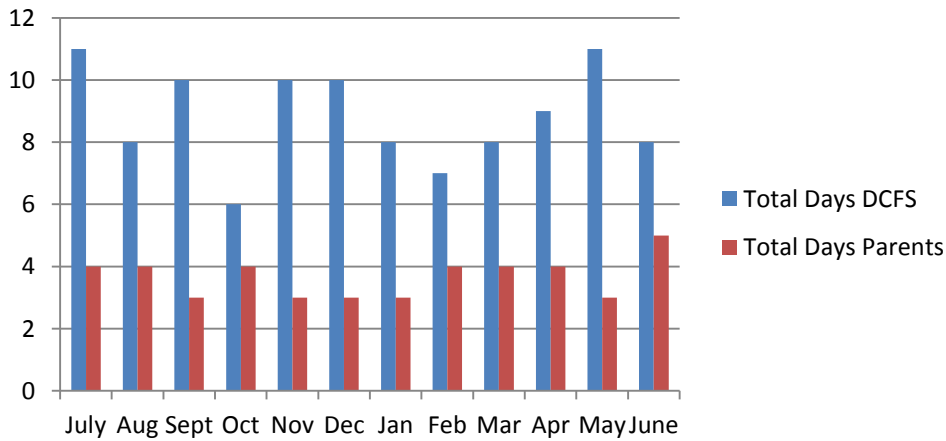
Total Hours of Clients Served 2018-19



Total Hours of Clients Served 2017-18



Average Length of Stay 2018-19



Ave Length of Stay 2016-17

DCFS 7 days
Parents 3 days

2017-18

DCFS 7.5 days
Parents 3 days

*2018-19

DCFS 9 days
Parents 4 days

Turn Away Stats

Accept: 43

Reasons for Turn Away

Full:
 Full on Boys: 3
 Full on Girls: 9
 Cannot Accept another 1-1 4
 Decided not to come: 9
 Refer to Crisis 1

Vantage Point

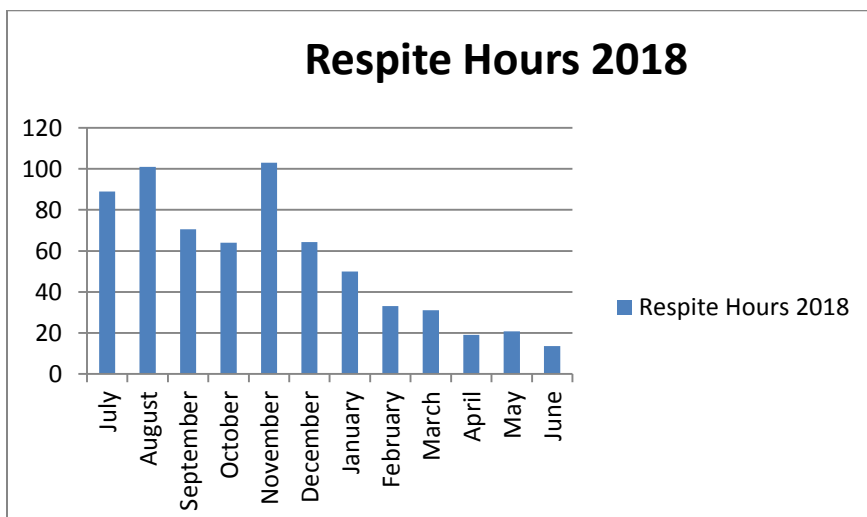
With the year coming to a close, it is a great time to see how our numbers have been matching up to prior years. Here are some highlights.

Numbers of Runaways		Kids w/ Suicidal Ideation		Total Kids		Parents	
2016-17	365	2016-17	215	2016-17	1022	2016-17	692
2017-18	346	2017-18	180	2017-18	1034	2017-18	709
*2018-19	365	*2018-19	235	2018-19	895	2018-19	566
Kids with Medicaid		Hospital Diverted		DCFS		Juv. Receiving	
2016-17	525	2016-17	78	2016-17	124	2016-17	206
2017-18	435	2017-18	153	2017-18	125	2017-18	200
2018-19	416	*2018-19	180	*2018-19	147	2018-19	182
Kids who are adopted DT kids (stepping out)							
2016-17	98	2017-18	14				
2017-18	102	*2018-19	20				
2018-19	59	*we started tracking this since HB239					

The starred(*) numbers are significant showing a significant increase over the last 3 years since HB 239. Although our admission numbers have been lower, again, the length of stay has increased over time. Also the acuity of the youth coming in are also increasing thus they have higher needs and have needed more support. It is also noted that DCFS is utilizing us more and their kids stay longer as a whole.

Leadership/Allied Agency Participation/Initiatives/Success

CY-FAST / Respite



Total: 153
 CY-FAST continued cases: 38
 FRF cases: 17
 Out of home: 24
 Avoided legal: 113

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills
Marisa Moss	3499	N/E	LCSW		

Number of employees who are below 95% of the productivity standard:

Executive Director Brief

Juergen,

My staff has adjusted to not having access to our building and we would just like to thank Kip and his staff for accommodating our needs. He has been very supportive and helpful. I don't think we could've done it without their flexibility and sharing the food prep and also space at the ROC. We would also like to thank Scott as well for his flexibility with his building as well. We have worked very well as a division to help support each other during this stressful time.

RHY Grant for Basic Center has been submitted. It was great to have Lisa S. help out this time. We hope that it will be more successful and that we will get the funding we asked for.

We are going to use the funds to build on our drop in center.

CRISIS SERVICES

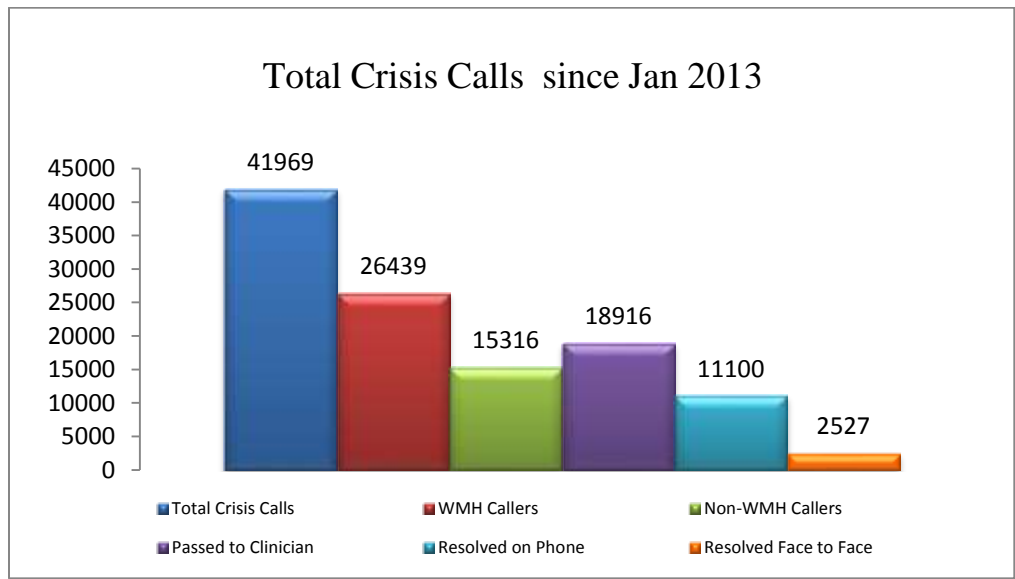
Performance Indicators

Late Notes:

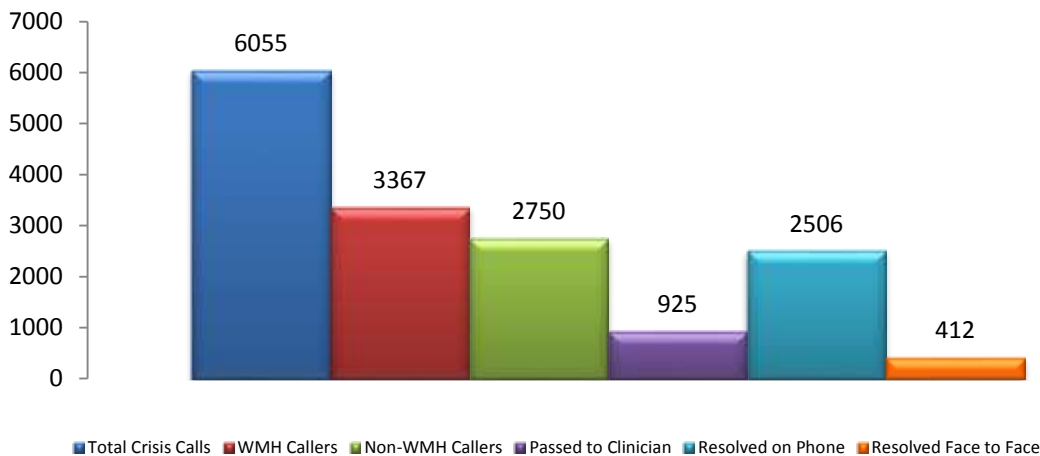
- Crisis/Fast (Cost Center 450) = 3
- Bridge (Cost Center 452) = 3
- IRT (Cost Center 454) = 6
- Inpatient (Cost Center 455) = 0

Number of unduplicated clients who completed an OQ/YOQ: 2

The following graph represents the total break down of Crisis calls received thus far for fiscal year 2019 Beginning July 1, 2018 to Present.



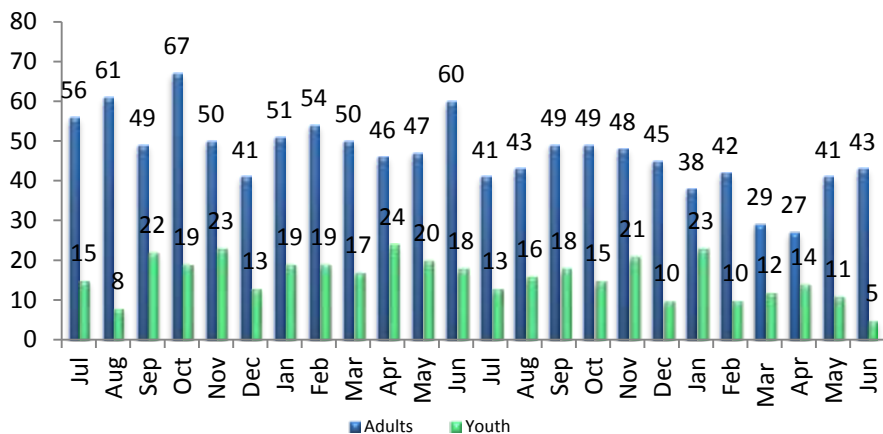
Total Crisis Calls FY 19



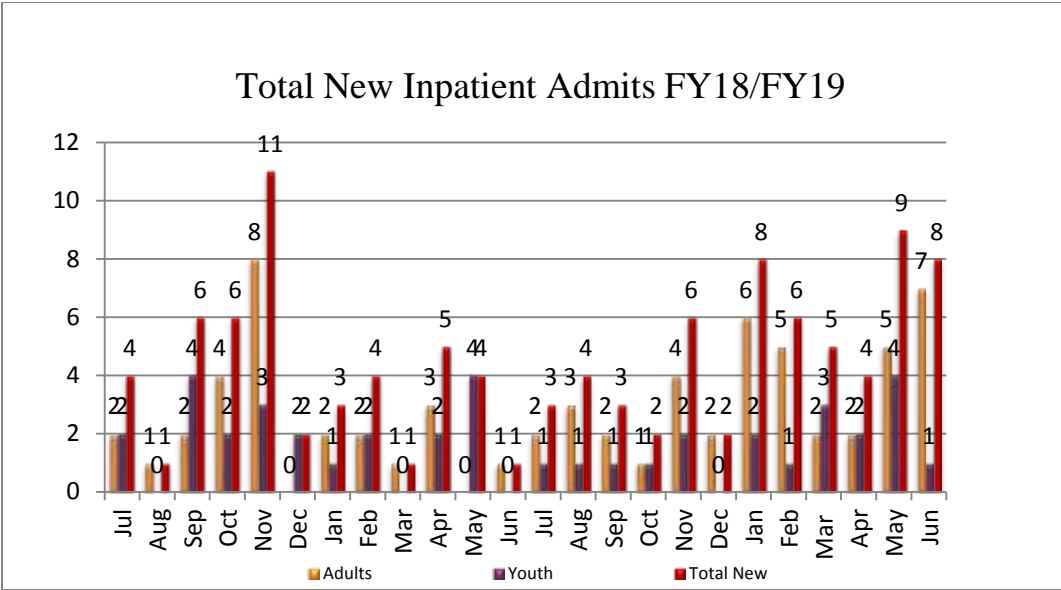
Inpatient Psychiatry

Following graph represents Adult and Youth Clients admitted to inpatient psychiatric units for the last 22 months (FY2018 to FY2019). Blue bars represent adults and green represents youth.

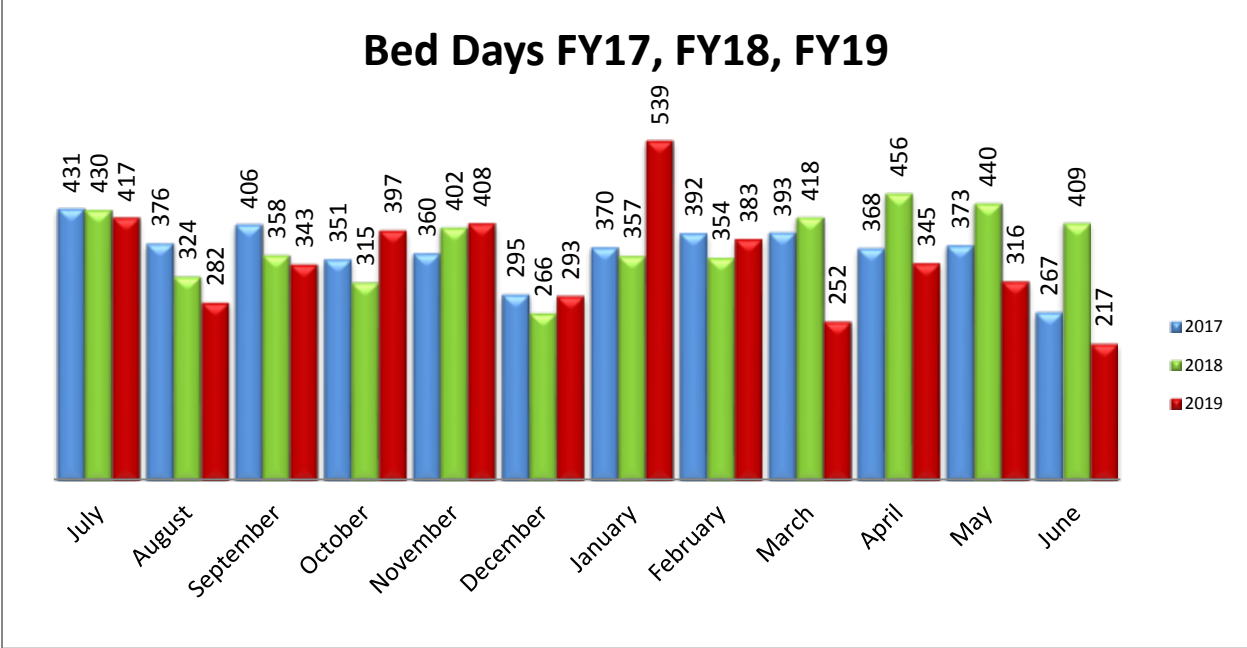
ADMITS-INPATIENT FY18/FY19



Following graph represents new WMH clients who have never been previously admitted to an inpatient psychiatric unit (Adult and Youth) from FY 2018 to FY 2019. Orange bars represent adults, purple bars represent youth, red represents the total.

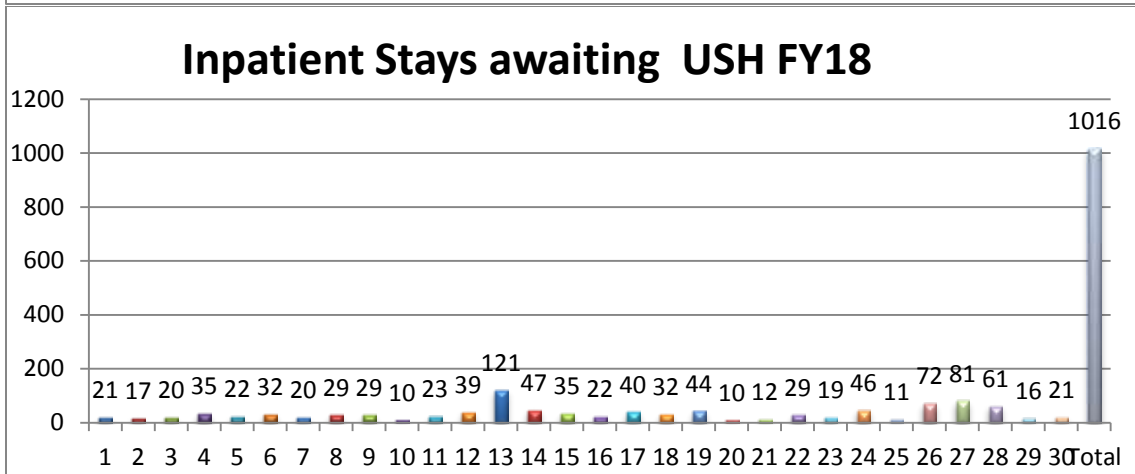
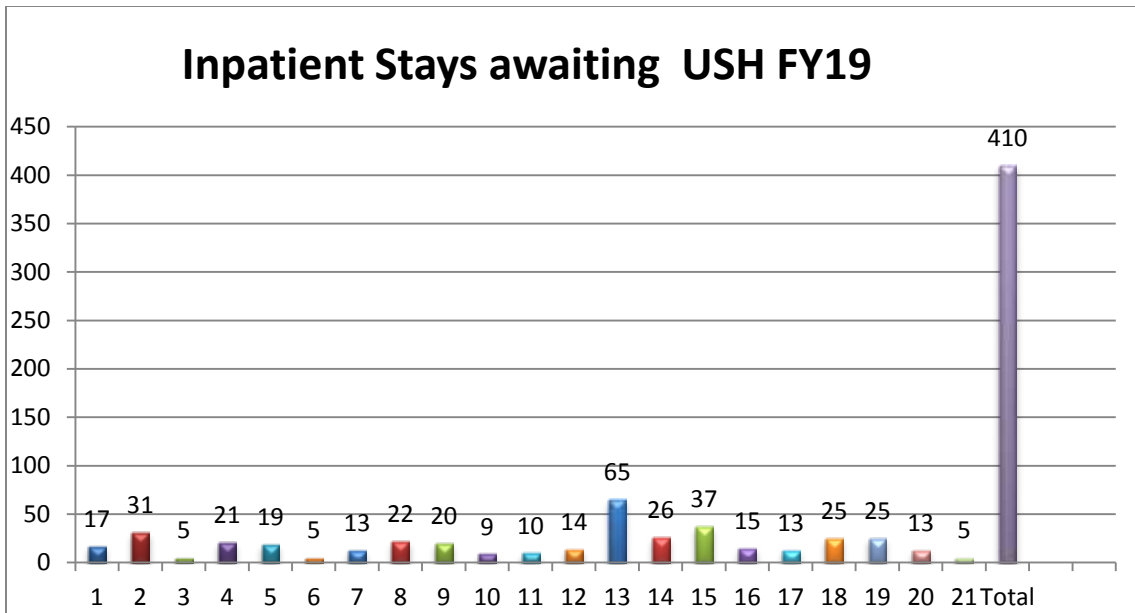


The following graph illustrates the total number of inpatient psychiatric bed days used for WMH clients during each month of the last two fiscal years and FY 2019. These bed days are accrued for all inpatient interests involving various WMH clients. WMH will not necessarily be the Medicaid payer; however we are accruing the worst case scenario.

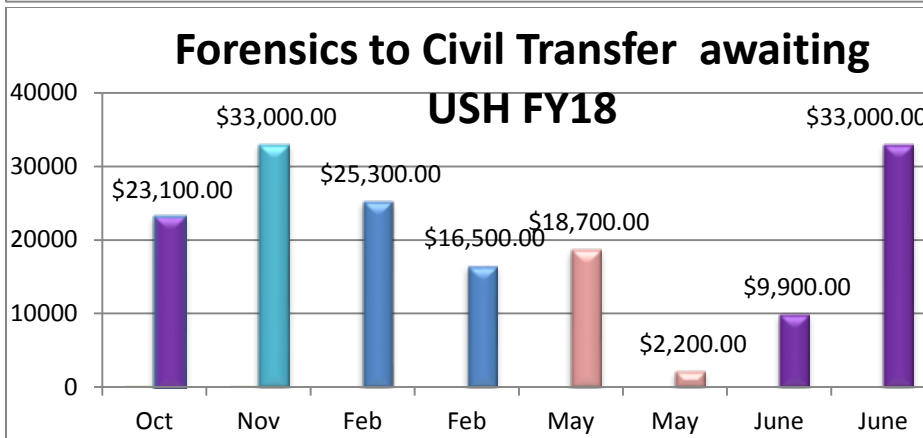
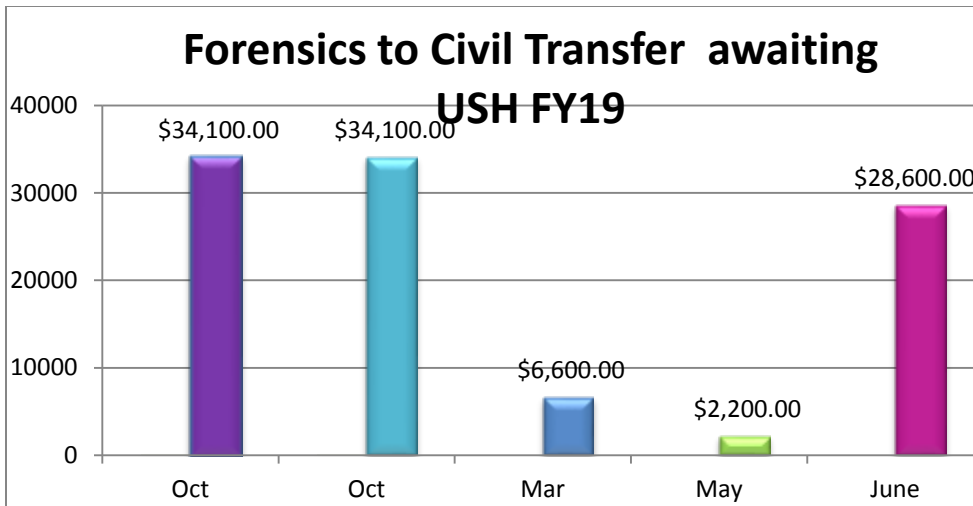


Inpatient stays waiting for USH Hospital bed placement

The following graphs represent those waiting for admission to the Utah State Hospital. The numbers on the bottom of the graphs represent each individual who waited for USH placement. In 2012, WMH started tracking the number of acute psychiatric hospital bed days used for patients awaiting admission to the USH. **The total cumulative cost to WMH since 2012 is approximately \$5,066,819. Total cost for FY 19 thus far is \$451,000.**

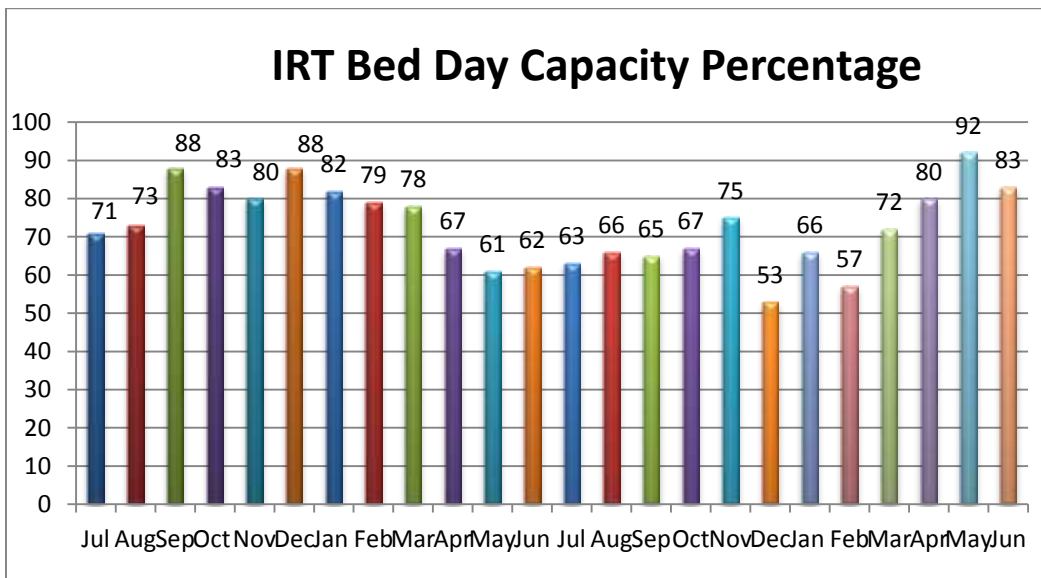


Starting in FY18, the USH prioritized the transfer and use of USH civil beds to accommodate Forensic Unit patients first and foremost. Before this decision, admissions to the USH Civil Unit would alternate between community needs and forensic needs. The Following graph represents the number of patients who were declined admission to the USH Civil Unit because USH Forensic patients were prioritized admission to the USH Civil Unit regardless of the community needs at the time of an open USH Civil Unit bed during FY18. The following graph displays each of the community patients who were denied admission due to forensic transfers taking priority. Also the cost associated due to the extended acute hospital length of stay. **For the month of May and June there was one forensic admission each month to civil side of the USH, these were both transfers from the forensic side to civil.**



IRT - The following graph illustrates the bed day capacity percentages from FY18 to FY19 at **Residential Treatment (IRT)**

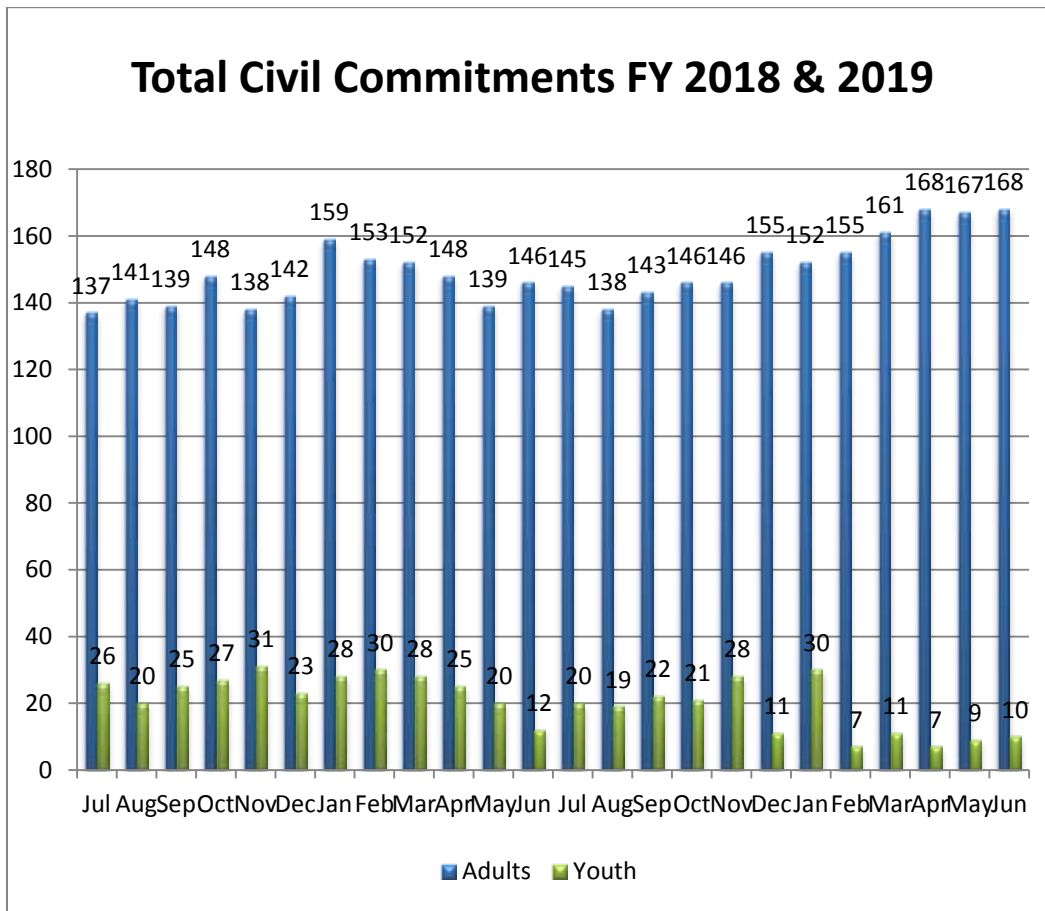
Intensive



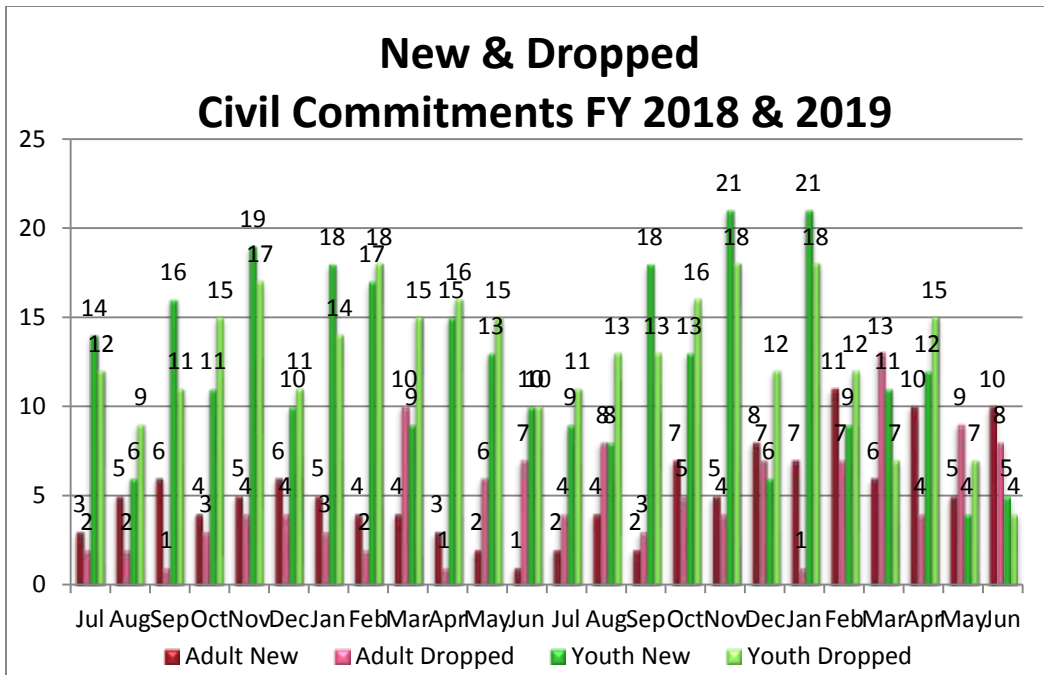
CIVIL COMMITMENT

In FY18 Crisis Services acquired the complete oversight and monitoring of all adult and youth civil commitment initial applications, monitoring review and ongoing civil commitment compliance oversight, and all discharges and drops from civil commitment. This had been previously divided among various departments and is now more centrally located and managed within Crisis Services. There does not appear to have been a

clear tracking and reporting method to the number of total civil commitments for youth and adult individuals before now. The following graph illustrates the total number of youth and adult involuntary civil commitments to Wasatch Mental Health for each month in FY18 & FY19.



The following graph represents the number of new compared to dropped adult/youth civil commitments for each month in FY18 and FY19. Each one of these numbers represents significant time and effort making sure commitment criteria are met before filing and pursuing the court proceedings and that the client is stable and no longer a danger before the commitment is dropped.



Leadership/Allied Agency Participation/Initiatives/Success

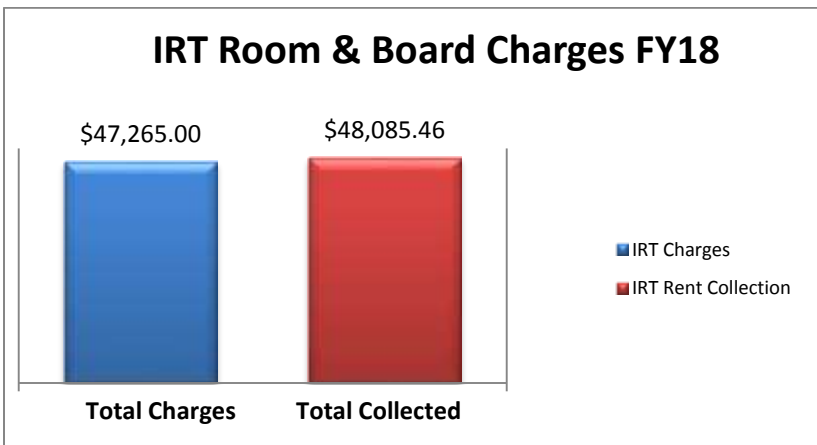
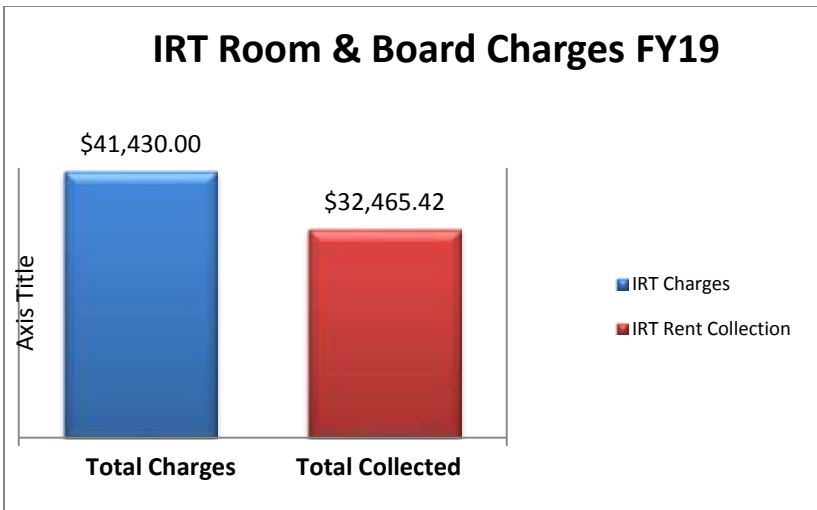
Success Story

New IMD rules require inpatient psychiatric admissions to free standing acute psychiatric hospitals be limited to 15 days or less. PCBH has been able to work well with UVH and other hospitals to transfer patients who require inpatient stays longer than these 15 days. However this has also created some patients being discharged prior to them being ready, and our FAST team has picked up the pieces on several messy discharges this last month. Crisis Services has seen an alarming increase in new initial civil commitments. Coordinating intake and outpatient mental health services and tracking these difficult cases has been very labor intensive. Crisis Services and our FAST team have also worked out several USH discharges that have been complex and time consuming. We have made significant progress with one patient and his mother who are VERY enmeshed. This is his fifth USH discharge and setting limits with his mother and family system while moving the patient along from IRT has been delicate.

Please check yes or no to the following questions for this report	Yes	No
Does this report have any new services added?		X
Does this report contain an expansion of existing Services?		X
Have any services been decreased or discontinued?		X
Have you opened a new clinic location		X

Financial Report

The following tables show the total number of IRT Room and Board dollars collected compared to the total number of dollars charged for Fiscal Year 2019 and the previous Fiscal Year 2018.



Executive Director Brief

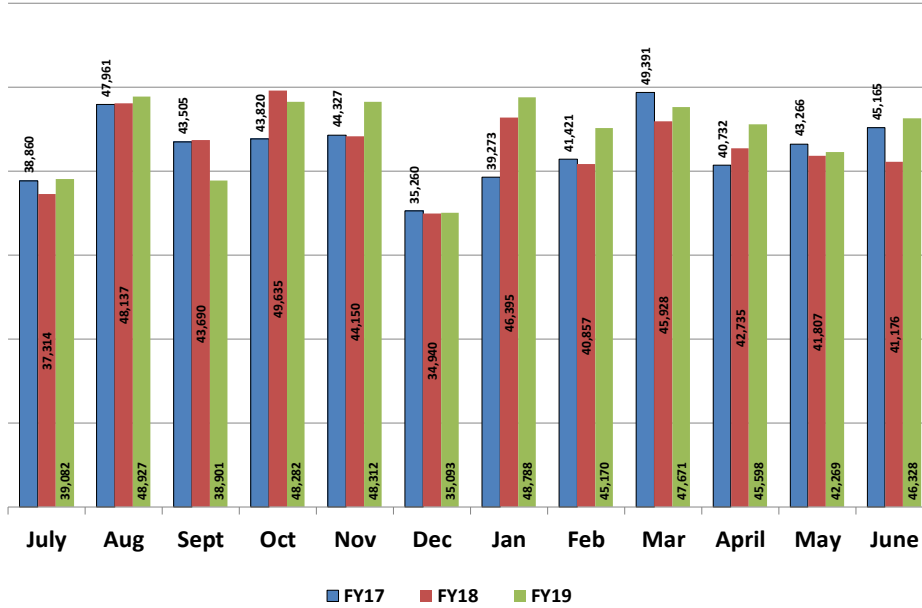
We have set a meeting with UNI and they in turn have invited representatives from the state division to discuss moving the WMH crisis line to UNI sooner rather than later. Meeting is August 30th at 1pm at UNI. Laura Oaks and I have some concerns and questions with this and would really like to meet together with EC and Catherine before the August 30th meeting if possible.

MCOT has been incredibly busy and popular. We are already not keeping up with the requests for service in the county. Last week I attended every change of shift with Orem PD, and will do the same this week at Provo PD to discuss MCOT and what WMH can and cannot do to help, and what WMH needs from PD. We of course are triaging and have to turn some requests down, we are not advertising south of Spanish Fork and North of Pleasant Grove. We of course can and have gone out to further reaches of the county, but it ties up the teams for much longer periods of time for just one call. The identity of Crisis Services feels that it is changing, especially if the crisis line goes away. Not necessarily bad, just change which is difficult for many of the staff.

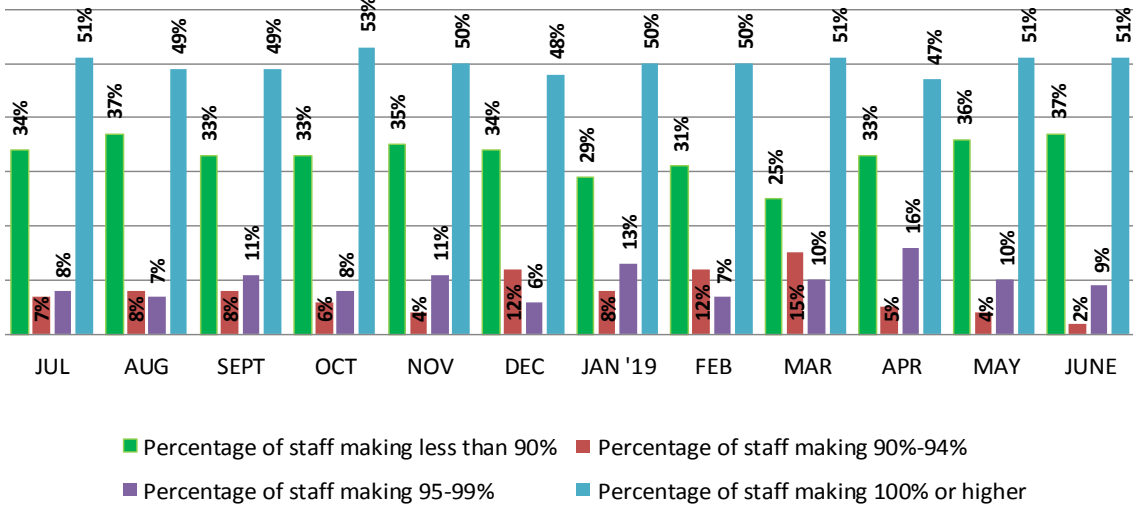
Clinical & Community Services Division

Performance

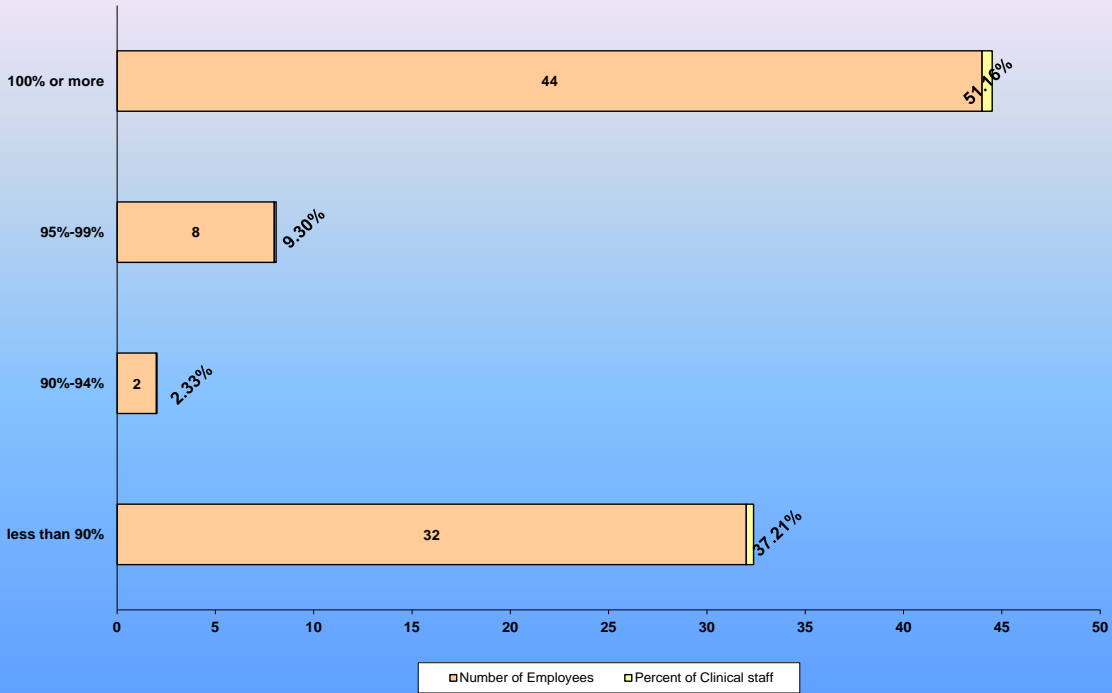
Units of Service in Clinical & Community Services



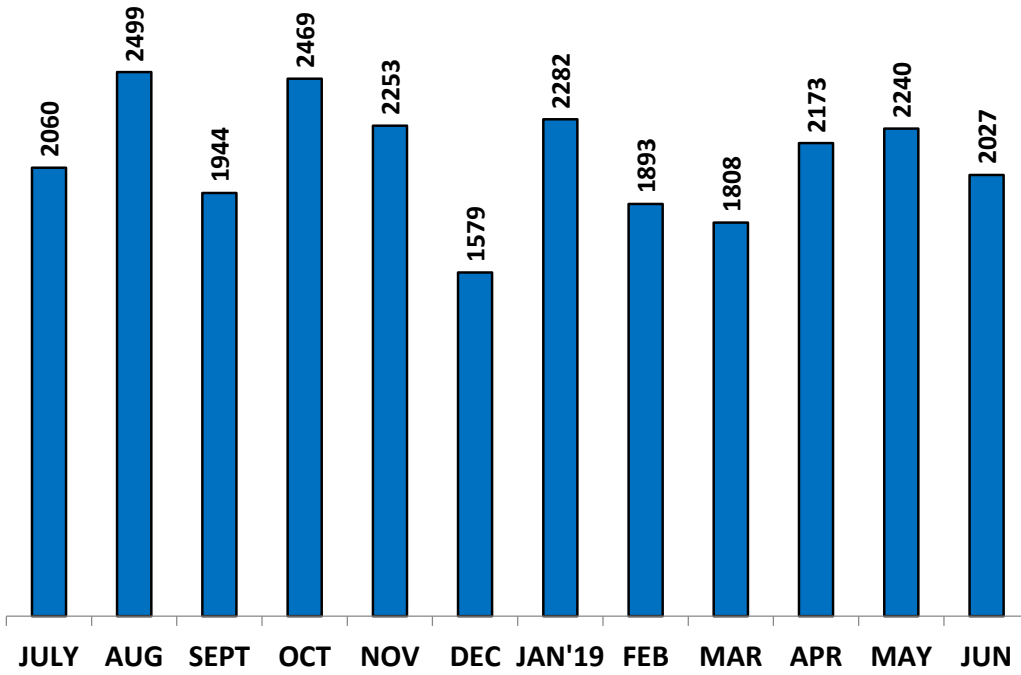
Clinical & Community Services Productivity

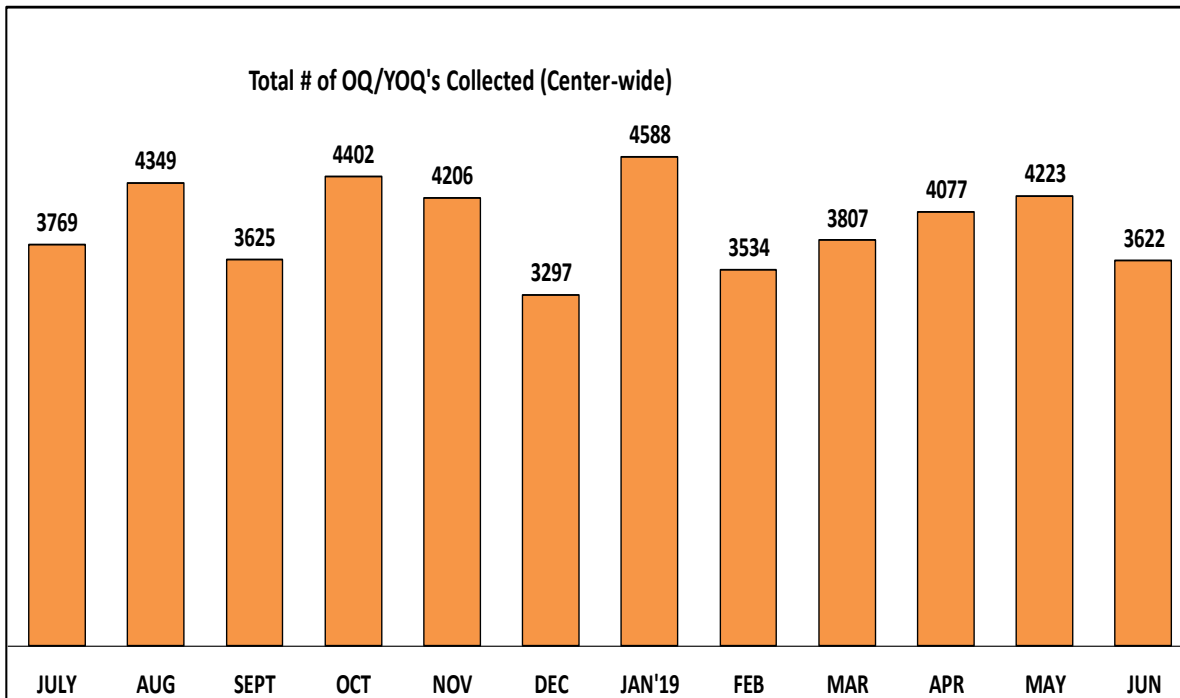


Percent of Staff Meeting Productivity Standard



Adult Questionnaires Collected (Centerwide)





This month's reported numbers reflect the numbers of submitted OQ's and YOQ's collectively.

OQ/YOQ Administration

Number of total unduplicated clients served last month:

Adult Clients Served	2569
Child/Youth Clients Served	1519

Number of OQ/ YOQs administered:

Clinical & Community Services Division	2862
Crisis & Intensive Services Division	820

Number of unduplicated clients who completed an OQ/YOQ:

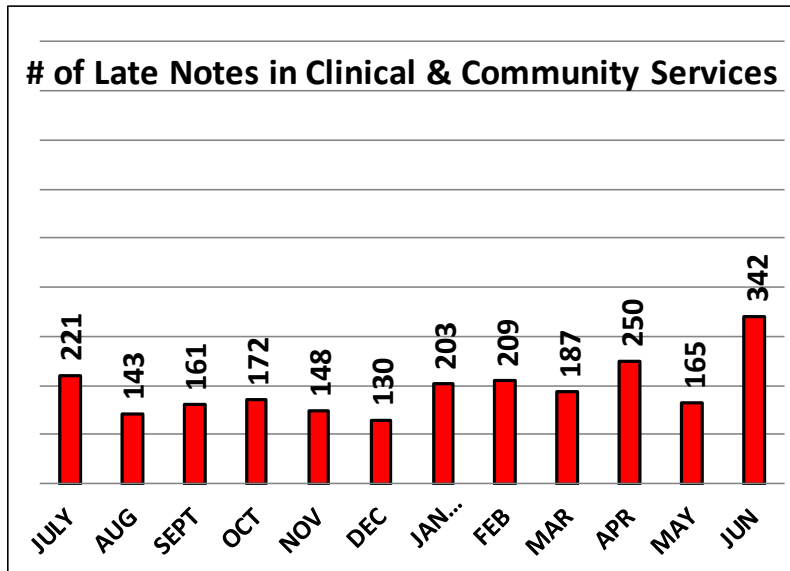
Clinical & Community Services	1768
Crisis & Intensive Services	494
Total	2262

Unduplicated Count of All clients Served at WMH 4088

% of Unduplicated Clients Completing an OQ/YOQ 55%

Total Number of Late Notes for Clinical & Community Services Division

342



Leadership/Allied Agency Participation/Initiatives/Successes

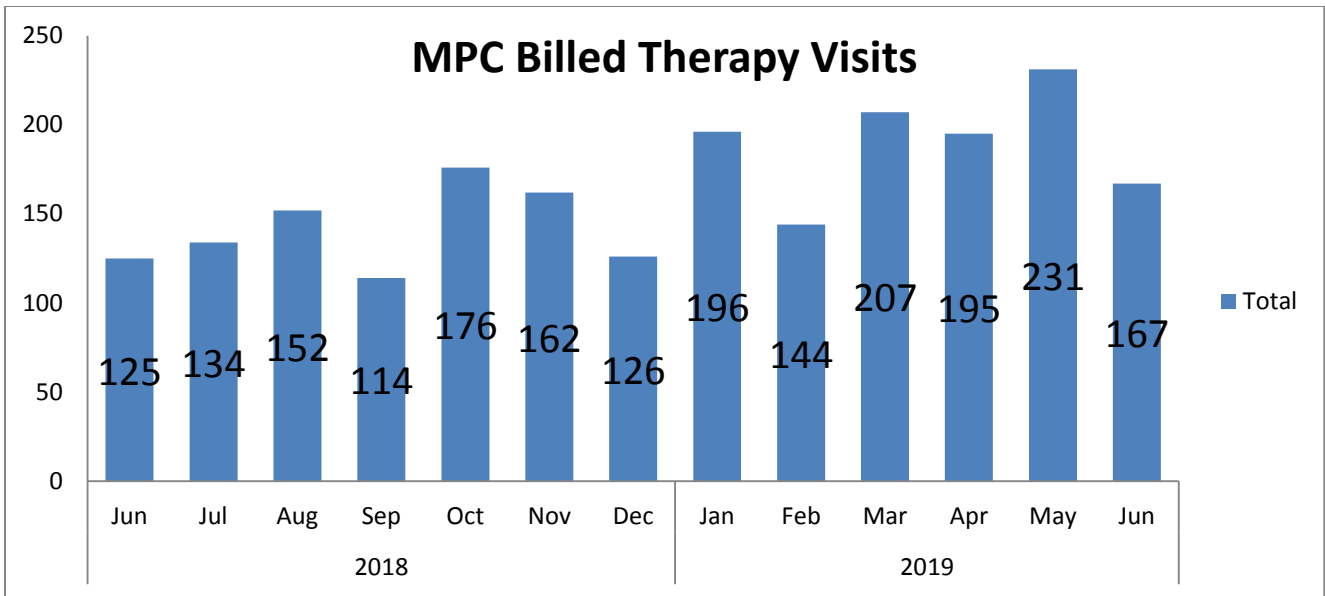
<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		X
Does this report contain an expansion of existing Services?		X
Have any services been decreased or discontinued?		X
Have you opened a new clinic location		X

Employee Recognition

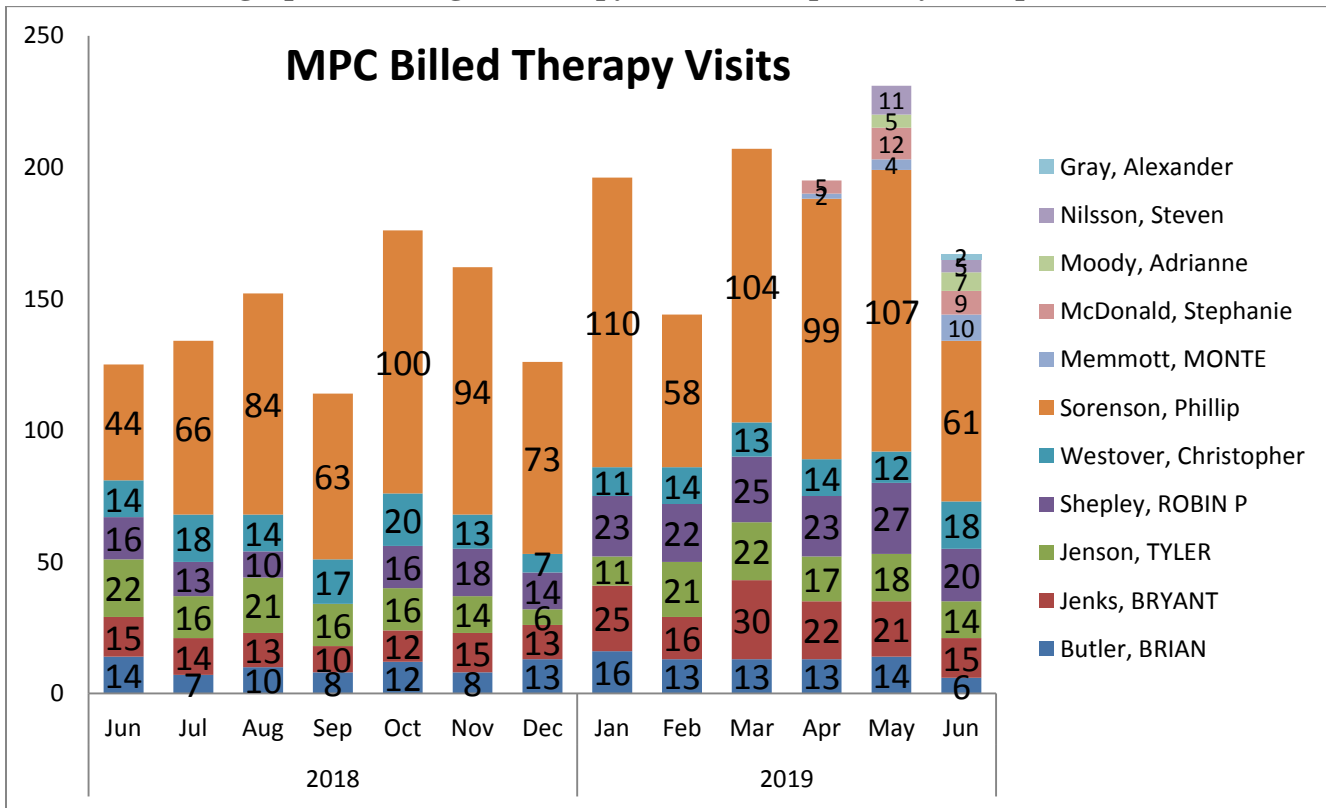
Executive Director Brief

**Mountain Peaks Counseling
Performance Indicators**

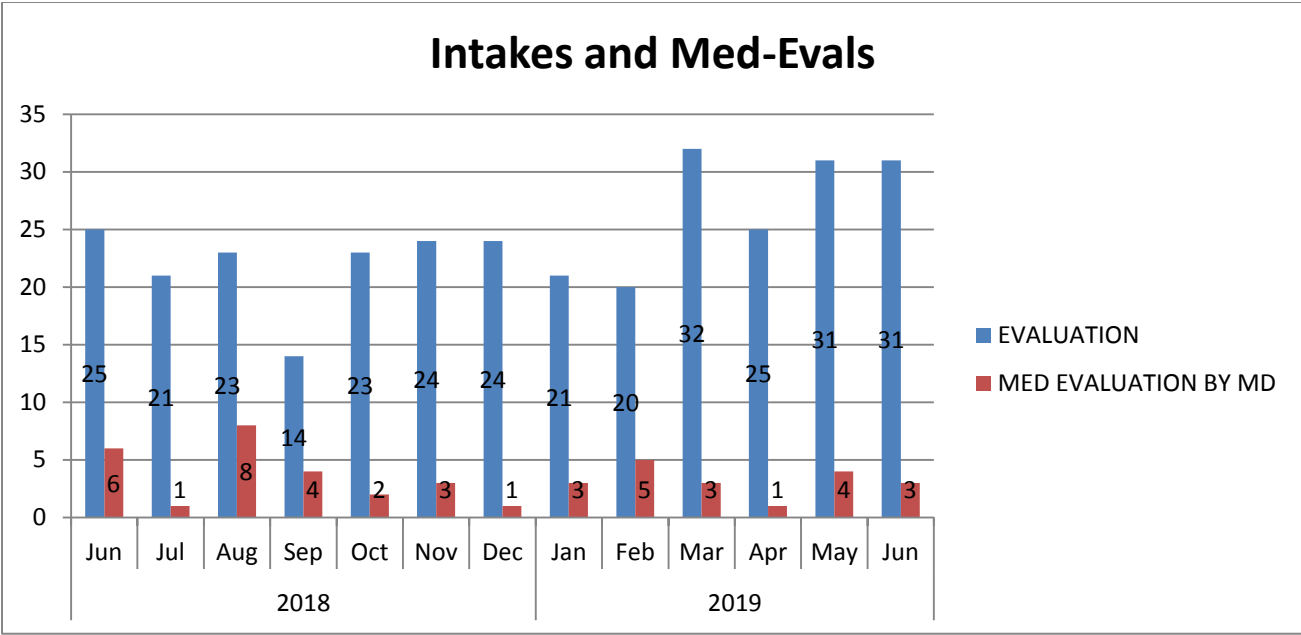
The graph below indicates the number of clients who kept their scheduled appointments at MPC



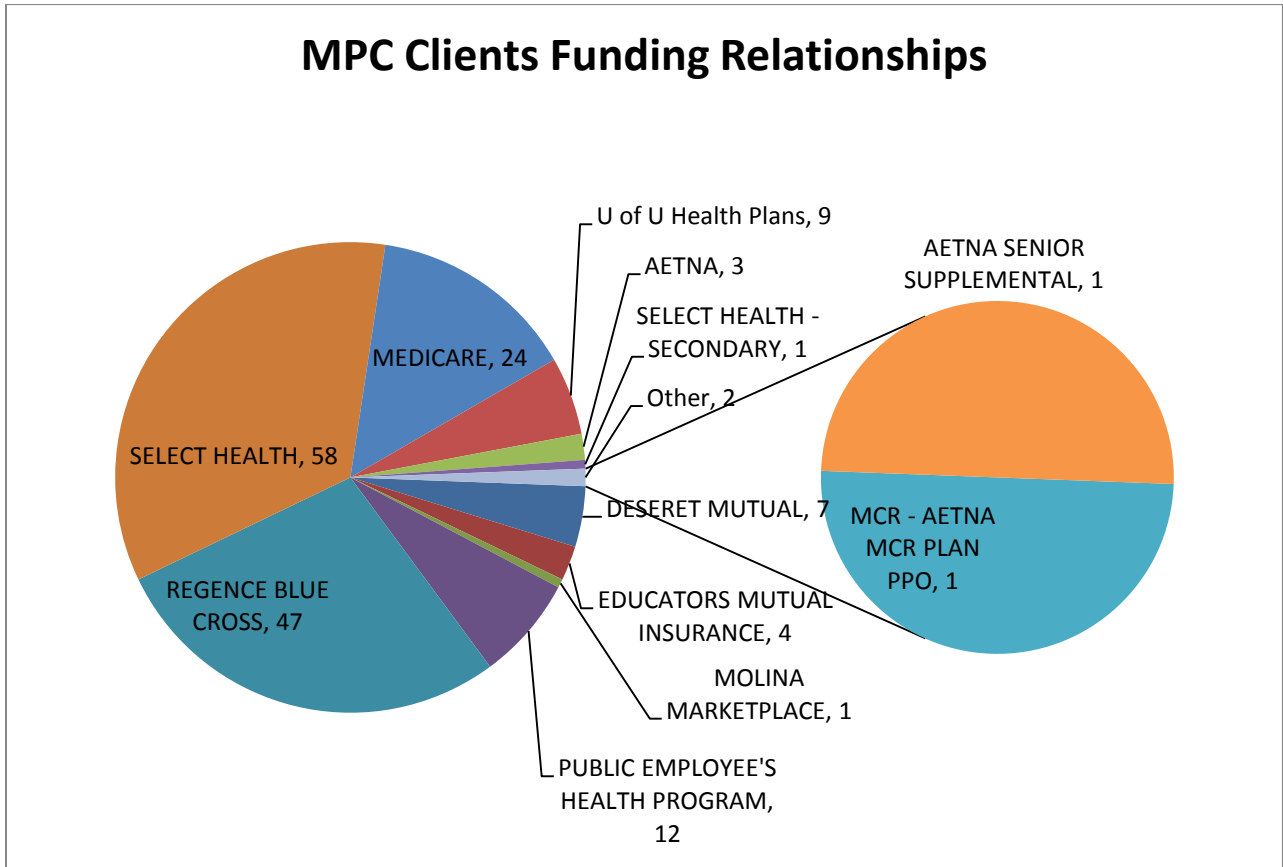
Below is a new graph indicating the therapy sessions completed by therapist:



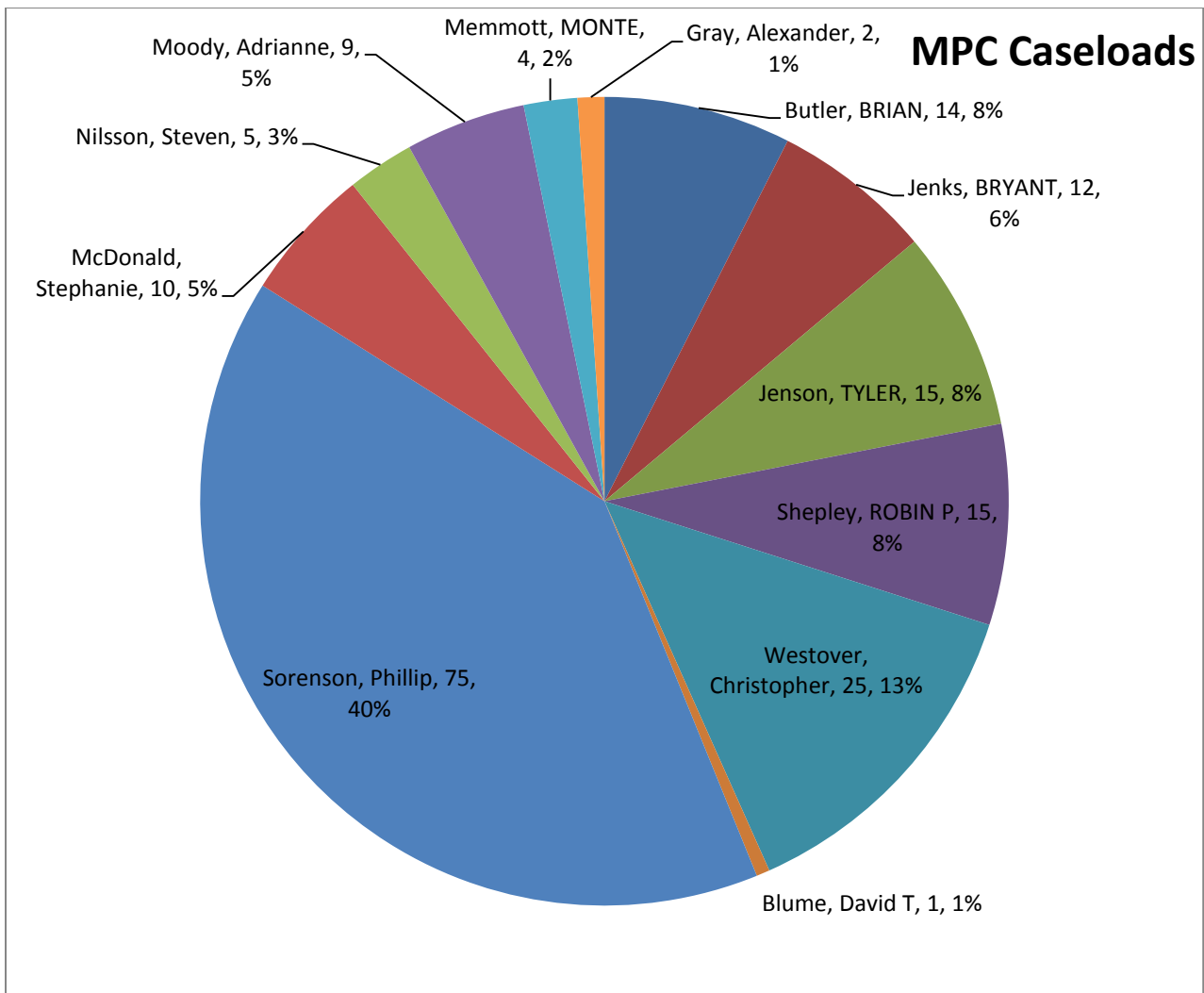
Below is a graph of the number of intakes by month.



Below is a graph of the insurances that we take and the number of clients with insurance. The “Other” section is broken out to show the specifics of “other”. For the purposes of this report, I did not include miscellaneous insurances or payer sources that only have 1 -2 clients, making the chart clearer.



Below is a graph that shows breakdown of caseload by provider. Phil, our daytime provider is carrying about half of the total clients enrolled. We continue to steadily increase in case load numbers.



Leadership/Allied Agency Participation/Initiatives/Successes

I have received 2 separate emails regarding Brooke Hawkinson and her performance as the CTA in MPC. Clint recognized her for her attention to his caseload and how she puts together a good schedule for him and is very easy to work with and complimented her on her follow through. Steven Nilsson reported that Brooke makes a special effort to reach out o his case load to make reminders ar to resolve other business related issues. He was very appreciative of her follow through as well.

It is important to note that the total number of sessions is down from last month. When ever Phil, who carries the largest caseload and works full time, is gone on vacation for a week, it impacts the numbers significantly. He took a week off in June. It is good to the intake numbers are staying consistent at over 30 per month.

We have an old therapist who is asking about contracting with us for part time work in the day time for therapy at MPC. After letting the dust settle with bringing on these 5 new therapists and they are up and running smoothly, I will be submitting the approved recruitment request for a contracted worker and we will start advertising more actively. Along with this, Jaime Housekeeper is recruiting another prescriber to add a couple of hours as a contracted prescriber for MPC as the need has increased.

I recently had a meeting with the director of LDS family Services in the American Fork Office and he was unaware of our services and especially that we have a prescriber. He would like to add us to his referral list and we will do so as we can have more access to daytime therapists as that is where his need is. They are currently referring out 50% of their clients.

We have been grateful to have 2 therapists, Adrienne Moody and Alex Gray, who are working 4 - 10 hour shifts during the week and are available during the day on Friday, when we are a little slower at South Campus. Adrienne has also taken on a critical role as she specializes in younger clients, but is also very happy to work with the older clients. She has even volunteered to go and do an in home service for an elderly woman who just had a stroke and has difficulty mobilizing.

Financial Report:

The number of notes that were more than two weeks late last month is: 12

Number of OQ/YOQs administered: 134

Number of unduplicated clients who completed an OQ/YOQ: 99

Number of unduplicated clients served : 119 (20 were youth)

Employee Movement Chart

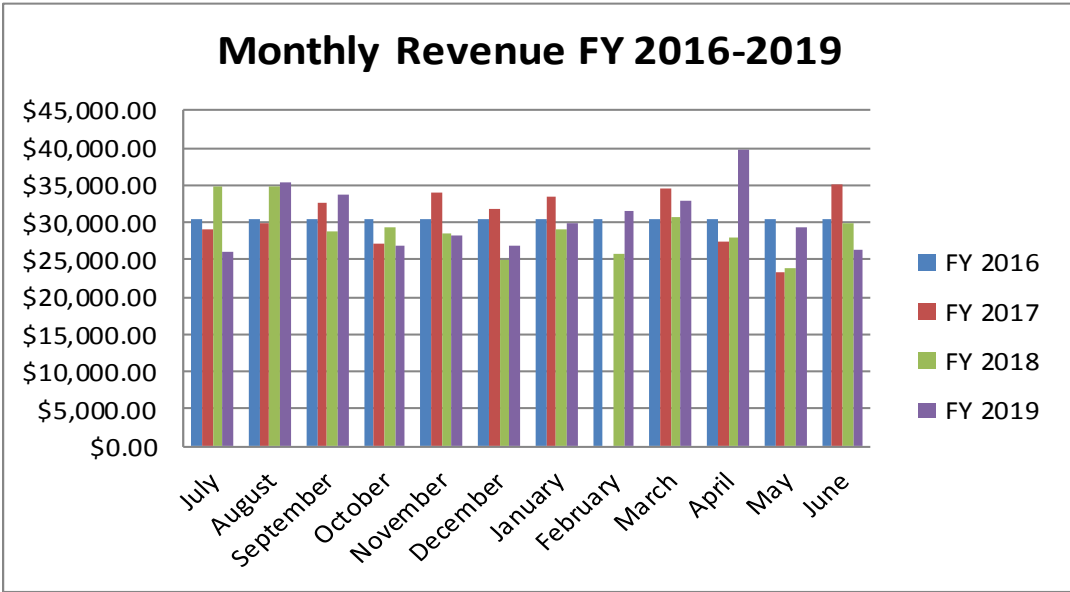
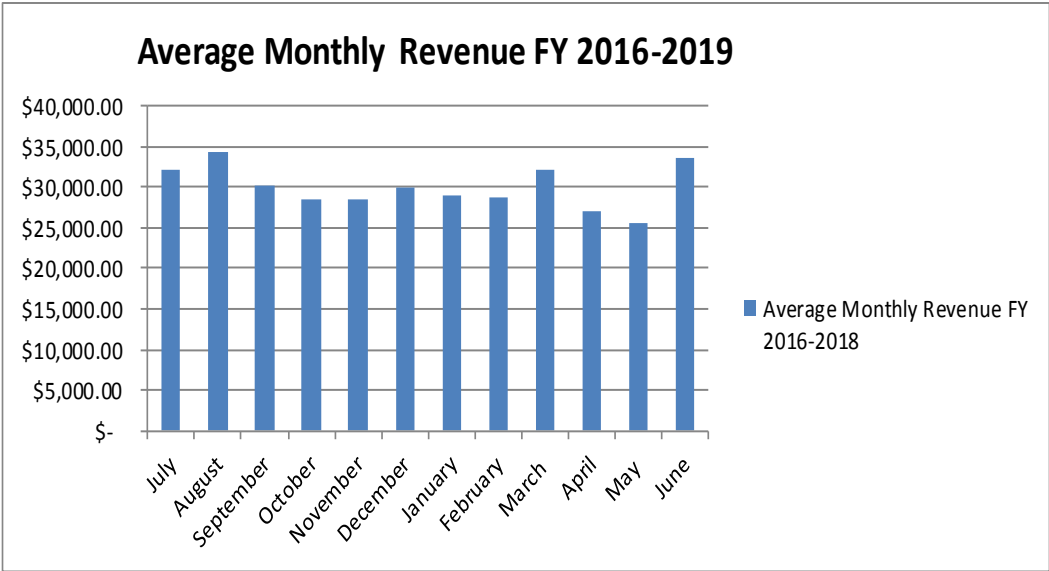
Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills

Please check yes or no to the following questions for this report	Yes	No
Does this report have any new services added?		X
Does this report contain an expansion of existing Services?		X
Have any services been decreased or discontinued?		X
Have you opened a new clinic location		X

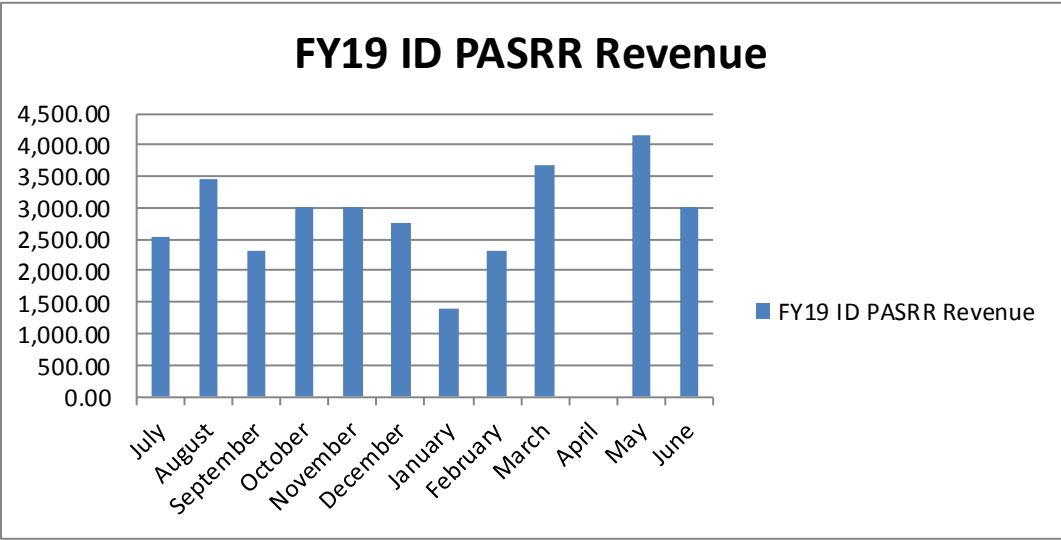
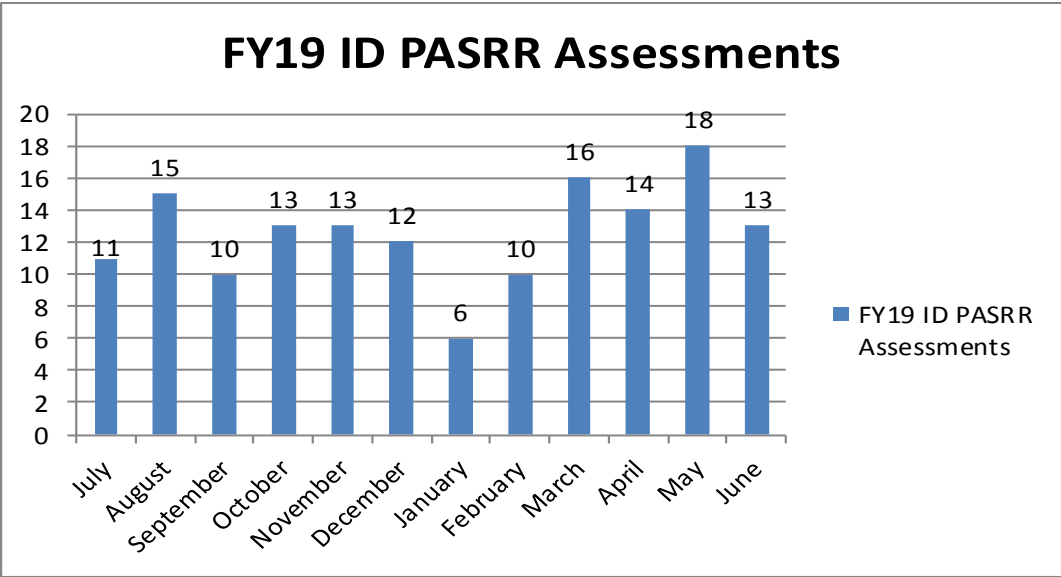
Westpark Family Clinic
Representative Payee Services

Performance Indicators:

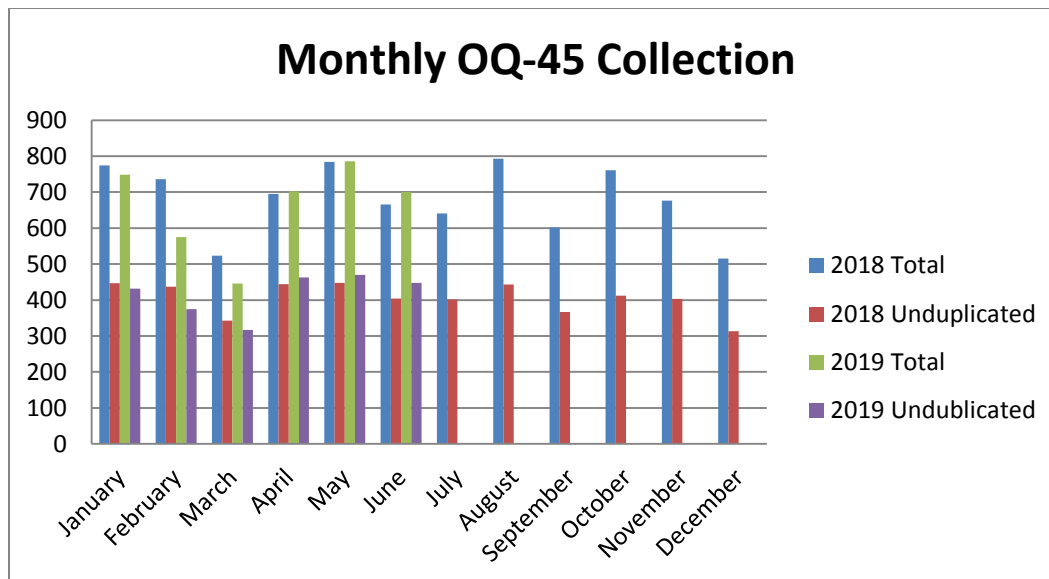
In June, PASRR staff completed 76 PASRRs for generated revenue of \$26439. Below are two graphs that show the revenue for PASRRs in the past 3 fiscal years and the current year monthly revenue as well. The first graph shows the average monthly revenue for each of the fiscal years and the revenue for each month in FY19. The second graph shows the 4 fiscal years revenue by month. From these graphs, one can see what months of the year are the highest and lowest for each year as well as if this year is starting out higher or lower in relation to past years.



MH PASRR staff continues to provide IDRC PASRR evaluations for individuals who have intellectual disabilities. In June 2019, PASRR staff completed 13 IDRC PASRRs for generated revenue of \$3000.73. Below are two graphs that track the number of these PASRRs and what the revenue for it is.



The number of OQ/YOQ questionnaires collected in WFC collected 700 OQ/YOQ questionnaires during the month of June. This is down by 86 questionnaires from the 702 administered in May. Of the OQs collected this month, 448 were unduplicated, which is down from 470 unduplicated questionnaires last month. Despite the overall questionnaires being down, the number of daily administrations this month increased to 35 per working day, which is up by 0.83 questionnaires per day compared to May. The per day questionnaire statistic is expected to rise as more staff are available to see clients over the next month.



In addition to focusing on the collection of outcome questionnaires, we are also working to maintain high utilization of the information obtained from the OQs to enhance our clinical practice. This month's random sample of two therapy notes from each clinician that sees clients in WFC revealed that an outcome questionnaire was administered in 13 out of 16 cases for a sample administration rate of 87.5%. Of the cases in which an OQ was administered, the clinician performing the therapy session referenced the OQ score in his or her note in 14 out of 16 cases or 87.5% of the time.

This month, we continued tracking client treatment progress within the clinic as indicated by the Y/OQ. On average, those clients who took the OQ-45 in the WFC this month had initial scores of 82.97 and current scores of 75.64, showing mean improvement of 7.33 points. Of these clients, 36% currently show improvement on the OQ-45 with 46% and 18% showing no reliable change and deterioration respectively.

Those clients taking the YOQ-2 in the WFC this month had average initial scores of 63.83 and current scores of 45.33, showing mean improvement of 18.5 points. Of these clients, 58% currently show improvement on the YOQ-2 with 25% and 17% showing no reliable change and deterioration respectively.

On average, those clients who took the YOQ-SR in the WFC this month had initial scores of 57.2 and current scores of 44.9 showing mean improvement of 12.30 points. Of these clients, 60% currently show improvement on the YOQ-SR with 30% and 10% showing no reliable change and deterioration respectively.

In an effort to increase the use of S.M.A.R.T. objectives on IRPs, WFC has been discussing the importance of using such objectives and providing training on how to do so in many of its weekly meetings. An audit of two notes per therapist for each therapist who sees clients in the WFC is being performed each month to determine whether or not the training and the reminders have been effective at improving the quality of objectives being used on the recovery plans of clients who are currently attending treatment. This month's audit showed that 87.5% of July's sample had at least one concrete and measurable objective on the recovery plan. This is the same percentage recorded in the previous month. Due to the small sample size, it is difficult to draw any conclusions; however, this information is given for a reference point to achieve our overall goal to use S.M.A.R.T. goals. An increased emphasis will be placed on this initiative during the coming month.

During the last quarter (beginning with the pay period starting on 3/31/2019 and ending with the pay period ending 6/22/2019), WFC staff with productivity standards achieved a total of 5163.60 productive hours, which equates to 100.6% of the department's cumulative productivity standard. With the addition of new staff overall productivity month over month decreased 0.6% compared to the previous month. During the last quarter, 13 employees met or exceeded their productivity standards, 2 employees met between 95 and 100% of

their productivity standards, 1 employee met between 90 and 94% of his or her standard, and 7 employees met less than 90% of their productivity standards. The slight decrease in productivity observed appears to be related to the inclusion of new or transferred employees in the analysis who are working to build their caseloads.

During the same period of time, RPS staff with productivity standards achieved a total of 872.98 productive hours, which equates to 106.3% of the department’s cumulative productivity standard. This is a 4.4% decrease compared to last month. This is likely due to one new employee working with RPS. During the last quarter, three RPS employees met or exceeded their productivity standards. Two employees met between 95 and 100% of their standard. One employee met less than 90% of his productivity standard.

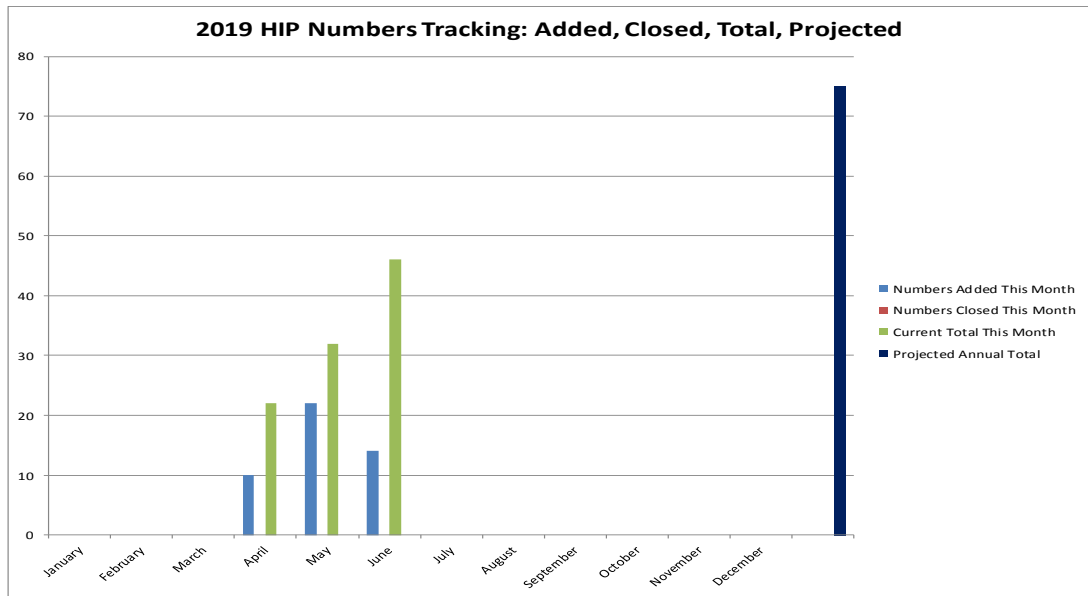
The following are the numbers from our three Mental Health Courts in Utah

Mental Health Courts in Utah County:	Number in the program:	Graduates:	New Clients Accepted:	Clients who dropped out or removed from program:
4 th District Court:	20	0	2	1
Provo Justice Court:	8	0	3	0
Orem Justice Court:	5	0	0	0

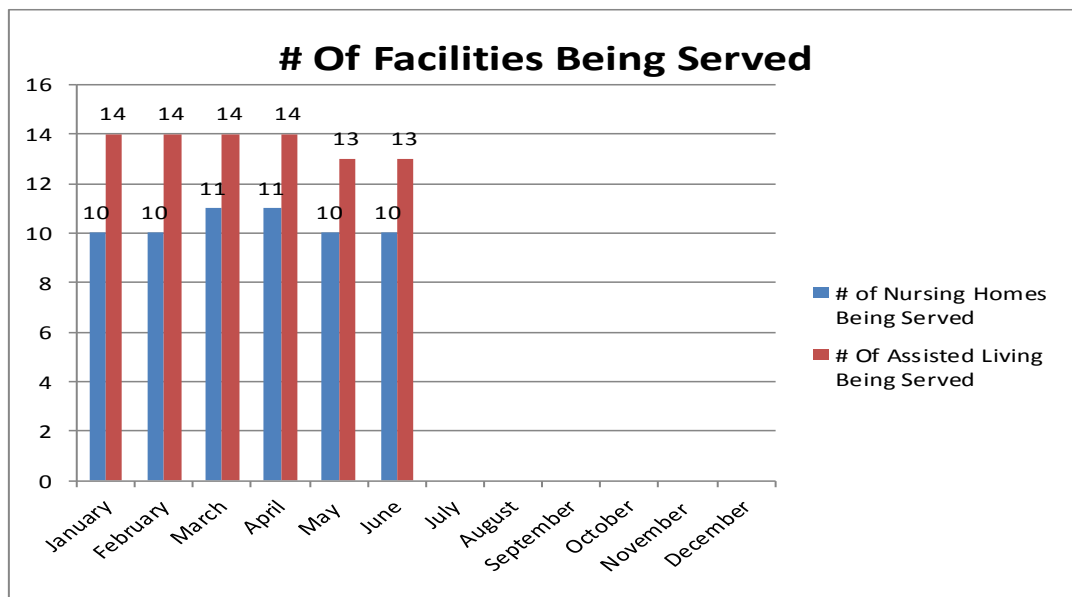
Leadership/Allied Agency Participation/Initiatives/Success:

Our success story for this month comes from a staff in our Representatives Payee Services. She wrote, “A client came to RPS this morning and staff made a comment that he seemed happy this morning. He said that he was because he had come to Christ and has been sober for three weeks. When asked what made a difference, he replied that he finally asked for help - that he had been in LDS Hospital for a week and IRT for a week and that he felt better and they sent him home and that he was looking forward to it being four weeks then five weeks then six weeks that he is sober.”

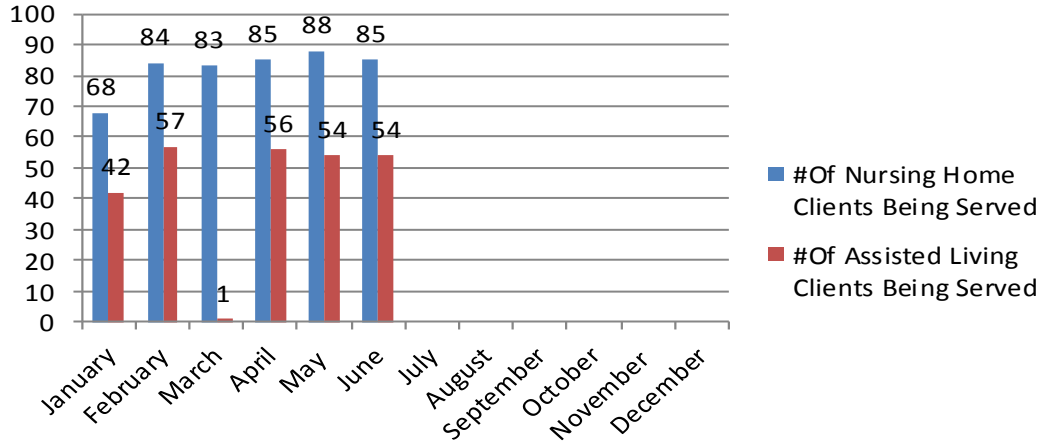
Wasatch Mental Health and the Provo Mountainlands health Center have been selected by the Division of substance Abuse and Mental Health to receive a Federal Integrated Health Grant. This Grant is designed to insure that clients with severe mental health and medical health challenges get the care they need. It is also the goal that WMH and Mountainlands Health Center work seamlessly to provide this care. In as much as the grant requires that certain number of clients be seen each year, a graph will be added to this report for the next five years to track the growth. It is expected that in the first year 75 clients are to be assessed and services provided where appropriate.



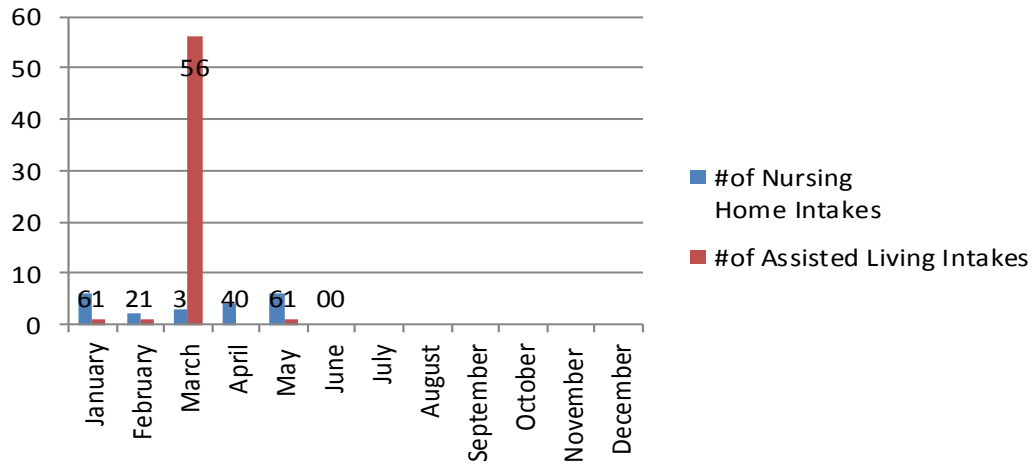
We are keeping track of our clients served in nursing homes and assisted living to insure we staff the needs correctly. Below are a few graphs that show the numbers of clients and facilities we are serving. There are always a few intakes and a few discharges but the numbers appear to be fairly stable.



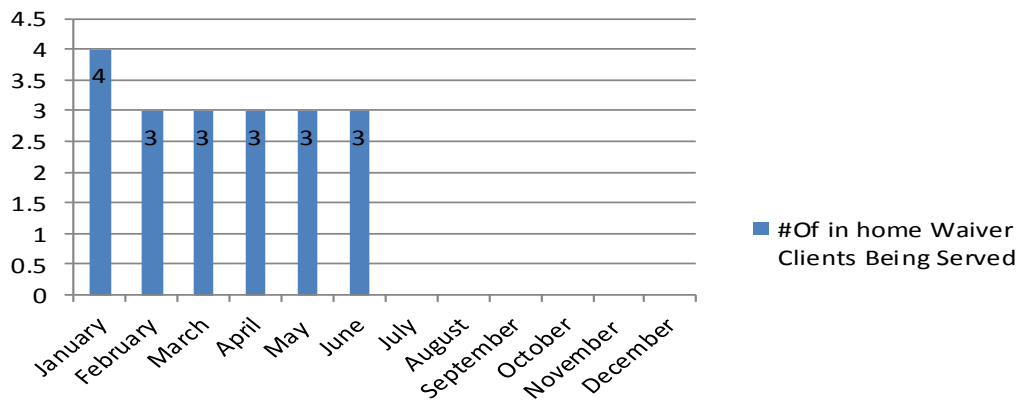
Of Clients Being Served



Of Intakes

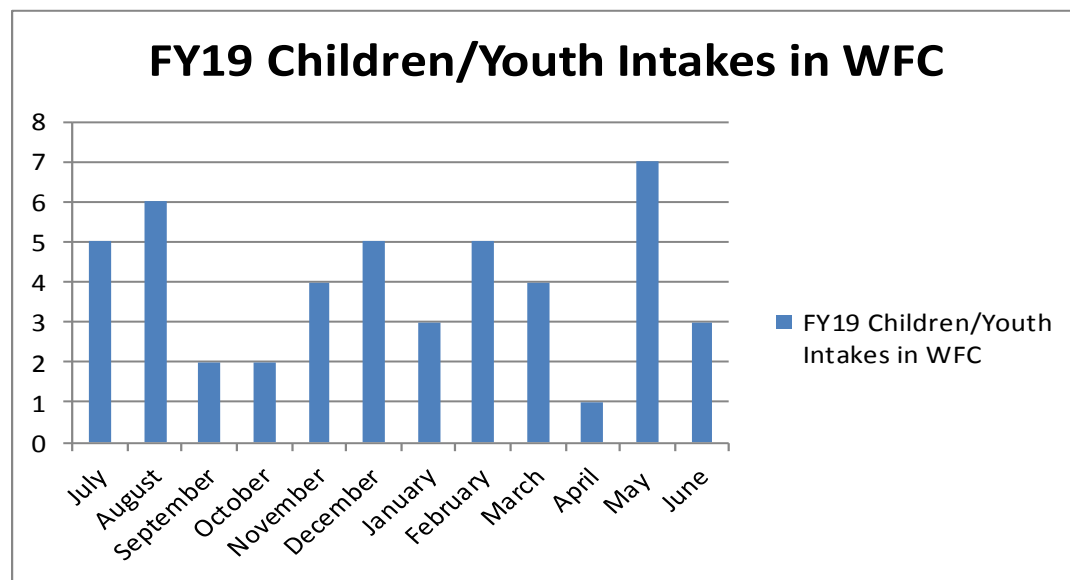
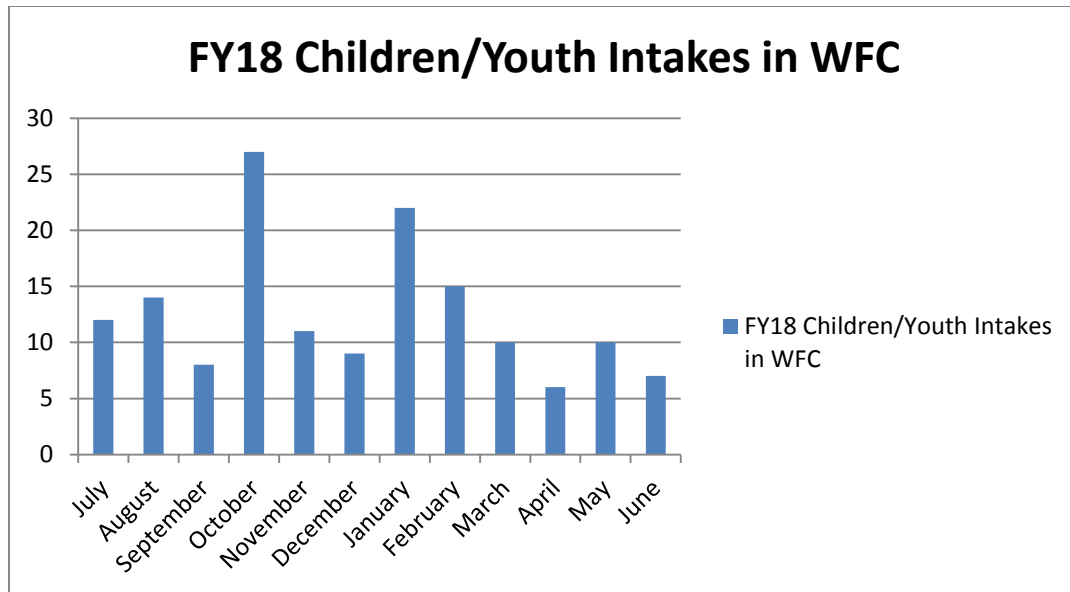


In Home Waiver



Since WFC became a family clinic in November of 2015, we have been tracking the number of intakes performed for children and youth. The graphs shown below demonstrate the increases and decreases we have

had in the past 1.5 years. Some months ago, the PFC and WFC program managers and the Adult and Family Services Division Director met to discuss right sizing and referring kids to PFC unless they request WFC. Since that time, most of the children and youth intakes have been referred to PFC and the number of kids we have seen in WFC has decreased.



Due to the increased intake volume since the Medicaid Expansion, WFC therapists continued to complete 1 intake per hour as needed in order to accommodate for the increased intake volume. In the past, we reported on the utilization rate of the therapist completing intakes. With the increased intake volume and switching to 1 hour intakes as needed, we will not be reporting on the utilization rate.

During the last month, a total of 77 walk-in intakes were performed, 0 nursing home intakes, and 3 DV/MHC assessments were scheduled/completed. Intake volume decreased by 8.33% compared to May. Of the 77 walk-ins, 30 or 38.96% had Medicaid Expansion as their primary insurance. Medicaid Expansion continues to account for 35-40% of new walk-in intakes. The number of clients who could not be accommodated for an intake on the day of their first contact with WMH remained at 0 during the month of June despite the increases in volume because of the shortened intake times. Ema Romberg, WFC’s intake specialist also worked to coordinate and to recruit available clinicians to perform extra intakes when all available clinicians during a given intake session were filled. Staffing patterns for the month of July have changed to better accommodate

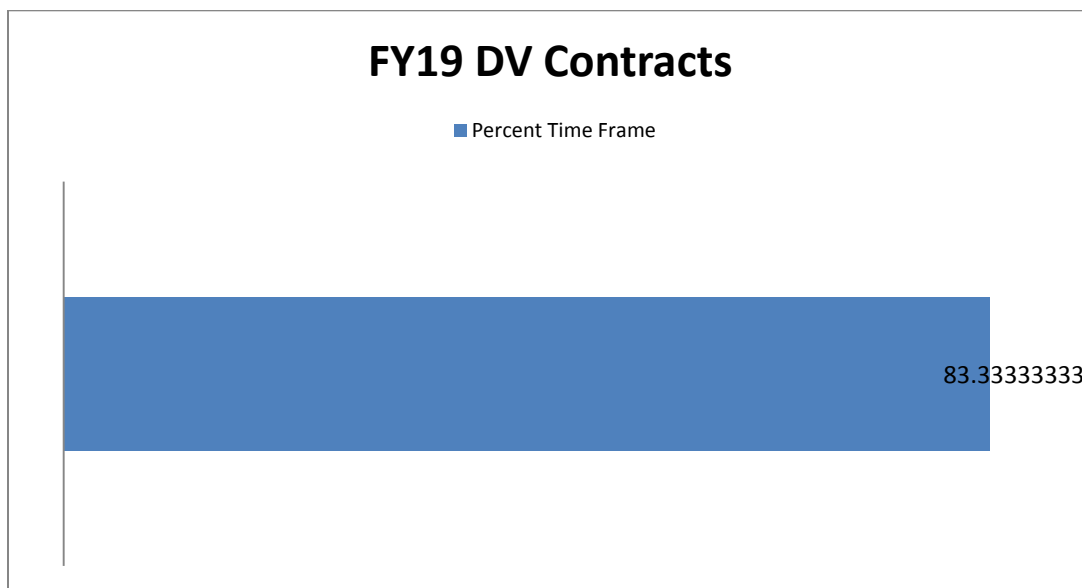
high usage times for walk-ins. It is hoped that the change in staffing will not require further recruitment of other clinicians.

Looking over the data from May, after the 84 intakes were completed, there were 57 clients who scheduled an appointment with a therapist of which only 38 kept their appointments. One is still scheduled for the future. There were an additional 16 that did not schedule an appointment with a therapist or a prescriber after the initial intake. There were also 11 clients that only scheduled and saw a prescriber only. This means that after an initial intake evaluation was completed, 53.57% of the clients have not returned for therapy services. This percentage decreased by 7.3% in April, however, it still remains high. The clients who scheduled an appointment to see a therapist had to wait an average 17.47 days before seeing a therapist for a follow-up appointment. The wait time is down 2.71 days than the previous month due to the addition of staff. This wait time should continue to decrease over the next 2 months with the addition of the new therapists. The long wait period may account for the lack of appointments scheduled and high no show rates. This data will continue to be collected in efforts to see if we can reduce this percentage.

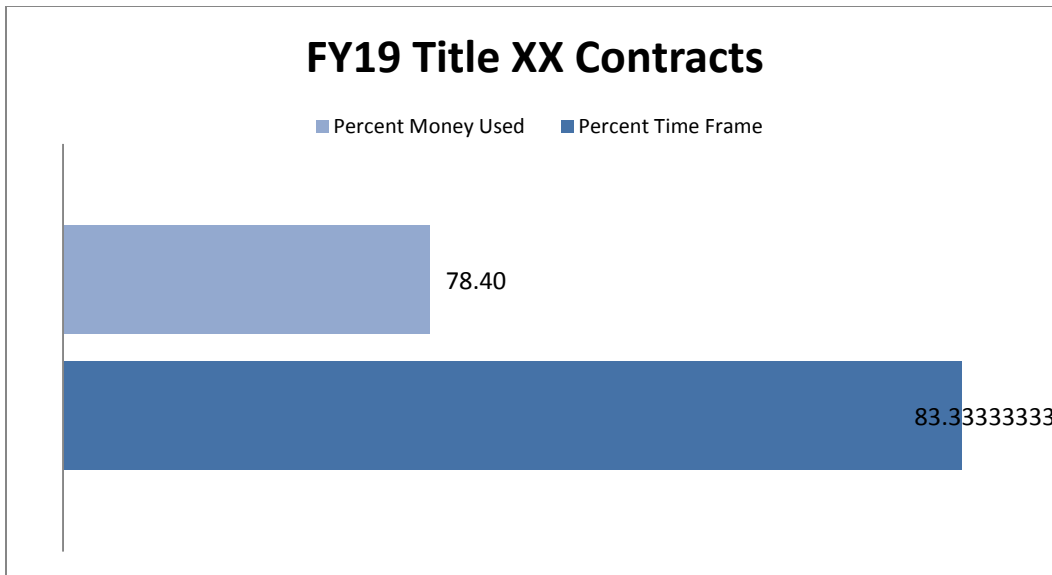
In May 2019, WFC had 19 late notes. During this same timeframe RPS had 7 late notes. The Program Manager continues to instruct and train staff about the importance of concurrent documentation and that notes need to be done within the first day or so of the interaction. Our goal is to get our late notes to 0.

Financial Report:

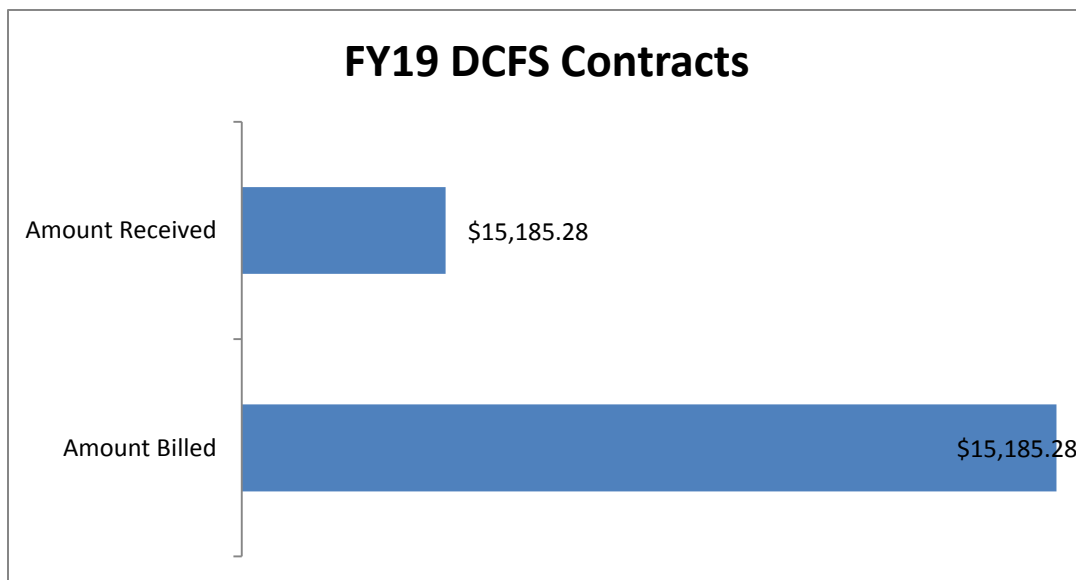
Three contracts are monitored indicating the contracts that WFC is responsible for and how much has been spent thus far in the fiscal year. The goal is to use the money evenly so the funds are exhausted in late June. The first is for the Domestic Violence Contract and what percentage of the money has been used. Since our last client on the contract finished in late April, and we are no longer taking the contract, this graph will be deleted from the next fiscal Year’s Report. due to end of fiscal Year pressures, updated information about this contract is not available.



The second contract is the Title XX money showing how much of the budget has been used. Due to end of fiscal year pressures, updated information about this contract is not available. However, all the funds have been used.



The DCFS revenue reflects the report that the billing office staff has shared about how much money WFC has billed DCFS so far this fiscal year. Due to end of fiscal year pressures, updated information about this contract is not available.



<u>Questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		<u>X</u>
Does this report contain an expansion of existing Services?		<u>X</u>
Have any services been decreased or discontinued?		<u>X</u>
Have you opened a new clinic location		<u>X</u>

Staff Changes

Employee Name	Employee ID	Discharge (D/C) New Employee(N/E)	Licensure/ Position	Work phone #	Special Language Skills

Executive Director Brief:

Medical Department

Executive Director Brief

Medical services had a successful end to the fiscal year, with all providers diligently addressing their various deadlines. To address last minute needs and requirements while maintaining business as usual is challenging, and I am proud of my team for their success this year.

Kelsie Balmforth had some delays in the licensing process, but received her license on 7/12/2019 and will be starting her prescriber clinics at Payson Family Clinic, Provo Family Clinic, and Westpark Family Clinic on 7/15/2019. Moving Kelsie into the Provo Family Clinic will necessitate a change to Tom Yee's schedule, pulling his last PFC day and moving it to AFFC. We will do this transition several weeks from now to minimize the number of clients needing to be rescheduled.

Employee recognition

Cari and Tom were recognized for stepping in when the opening CTA was delayed.

Late notes for June - 194.

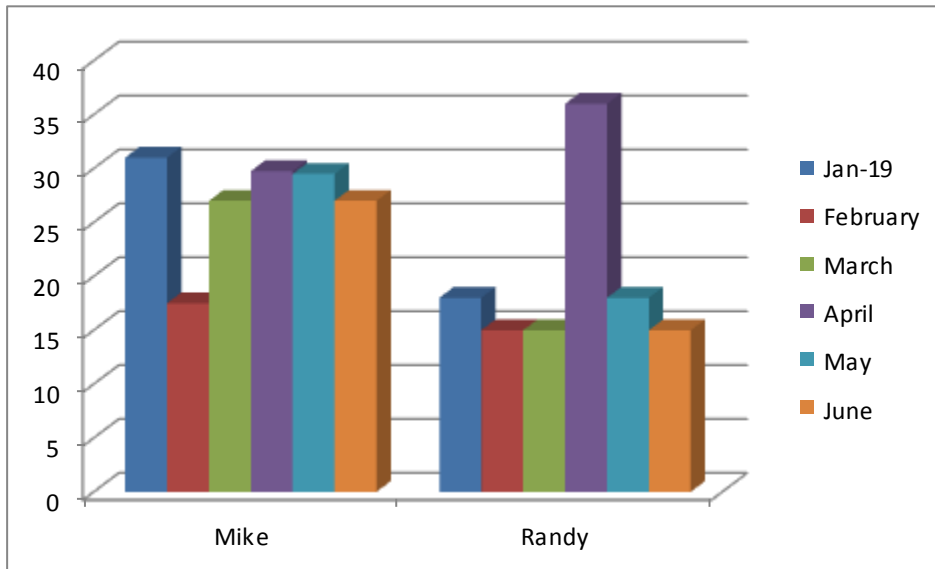
Psychological Testing/Interns/Form 20m

Executive Director Brief

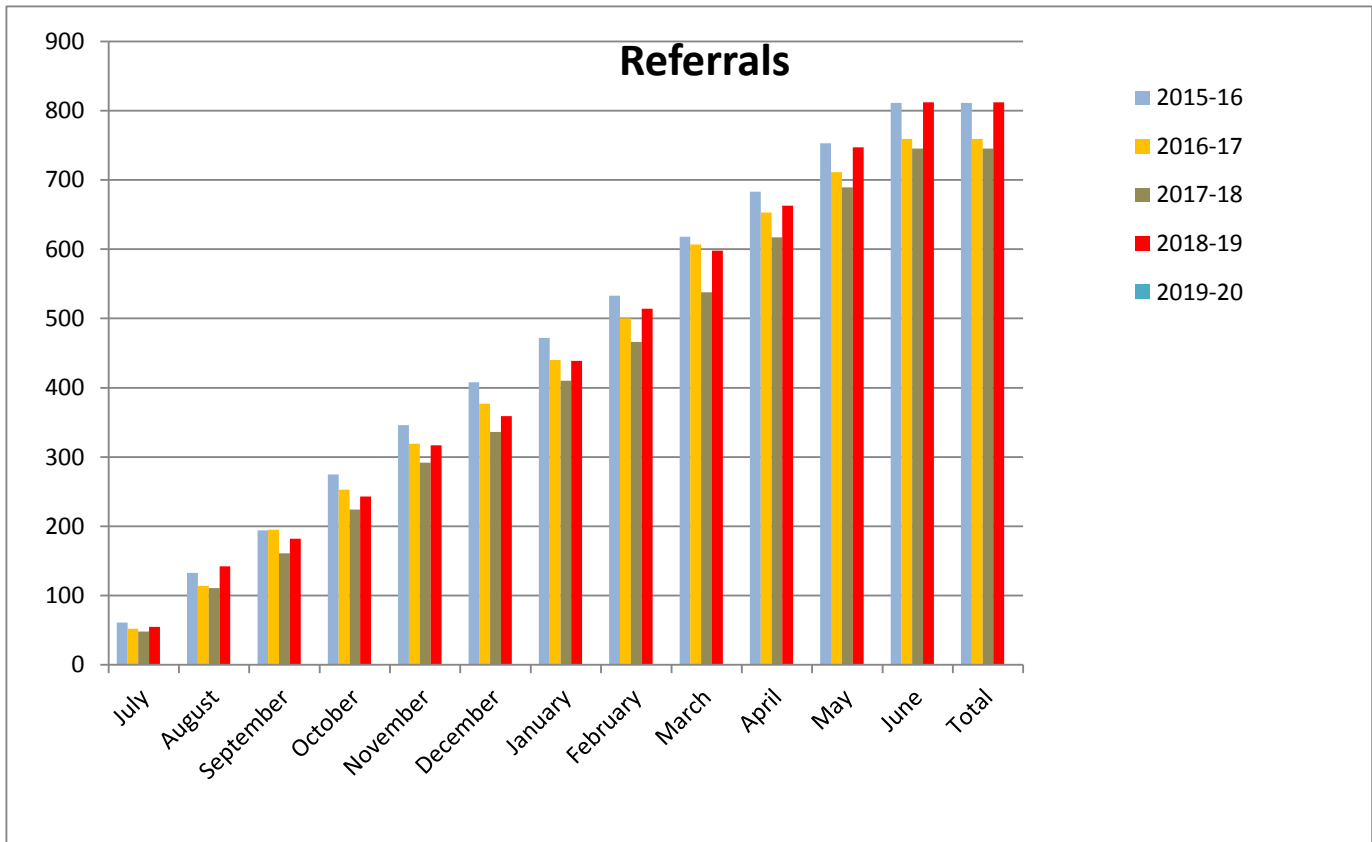
As noted previously, our extern graduated in June. We may have an additional extern starting in September if his school goals proceed as he wishes. Psychology interns kept busy through the month of June, having only one week of internship remaining by the time July started. They have since graduated and the incoming cohort has started training. Overall, it looks like a promising group thus far. Now that we have 6 interns again, we will have two placed at AFFC, and one each at PFC, WFC, PAS, and Payson.

Lubnaa went out with a bang at WMH, having a significant challenge in which circumstances required she seek ongoing supervision, consultation with other professionals, and consultation with the law. A child therapy client of hers reported a number of grooming and abusive behaviors from a former (and scheduled to be a future) teacher. She successfully maintained rapport with the child and the highly guarded parent while gathering sufficient information to determine whether a report would need to be made. Her circumstance will be used as part of an ethics training for the incoming intern cohort in the near future.

Below is the number of hours of testing billed by psychologists not housed within PAS proper.

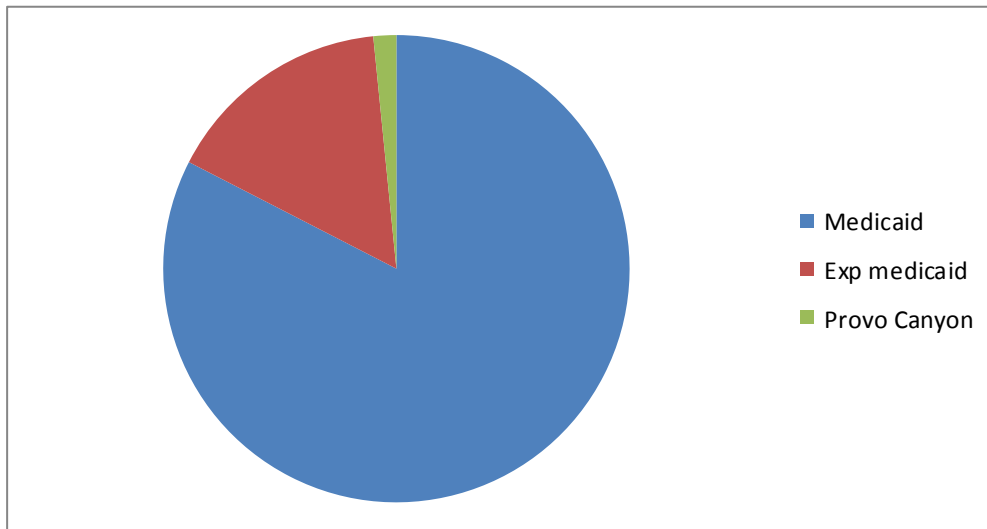


Below are the tables related to the number of referrals PAS has been receiving. We set a record for the most referrals received to date within the department (a record by one!).

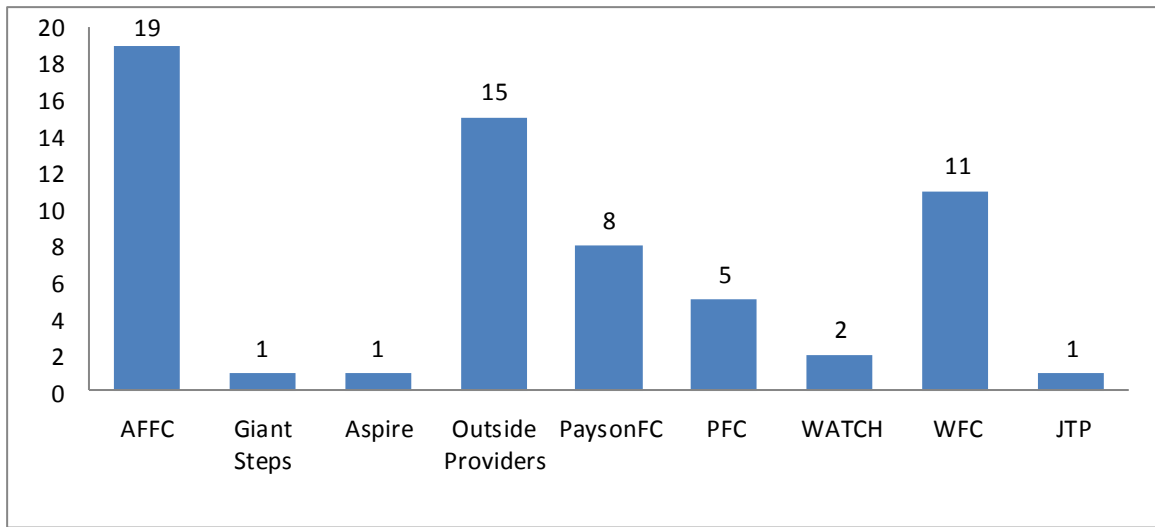


In June, 2019 we received a total of 63 referrals. Of the 63 total referrals for the month, 41 were children. We had 18 autism referrals this month.

The pie chart below demonstrates the funding source of our referrals. For the moment, we are tracking expansion Medicaid separately until we can see whether there are any trends associated with those folks:



With medicaid referral sources outlined in more detail:



Below are the preliminary billable total hours for interns along with a break-down of services provided by intern:

EVL	EVL D	FT	FTC	GBM	Group	IT	IBM	PT		TCM		TOTALS	Total hours
\$22,357.50								\$49,720.00				\$116,830.00	814.68
\$33,000.00	\$1,155.00					\$63,855.00		\$19,425.00				\$122,375.00	761.24
\$25,987.50	\$2,805.00	\$1,755.00	\$195.00			\$88,115.00		\$24,300.00				\$144,123.75	928.12
\$19,511.25		\$2,210.00						\$47,212.50				\$154,022.50	998.01
\$0.00	\$0.00	\$0.00				\$0.00		\$0.00				\$0.00	0
\$0.00	\$0.00	\$0.00	\$0.00			\$0.00		\$0.00	0.00	0.00		\$0.00	0
												\$537,351.25	3502.05

Here are the total number of submitted reports per intern through the end of June:

Totals
17
13
22
17
69

Employee recognition

Amedee and Mitch were recognized for taking on high priority cases at Provo Canyon School and Aspire Academy.

Late Notes for June - 3.

Outside Providers/Mountainlands

Mountainlands was open 19.5 days in June 2019

#Appointments scheduled---134

Scheduled Appointments w/ TCM—83 (62%)

#Appointments Kept---105

#Kept Appointments w/TCM---65 (62%)

#Appointments Canceled----12

#Canceled Appointments w/ TCM---7 (58%)

#Appointments Failed---17

#Failed Appointments w/ TCM---11 (65%)

#Scheduled Appointments per day---6.9

#Kept Appointments per day---5.4

Kept New Client Appointments----12

% Appointments Kept---78%
 % Appointments Canceled---9%
 % Appointments Failed---13%
 % Appointments Kept Follow-up's---89%
 % Appointments Kept New Clients----11%

Summary: June continued to show an increase in the number of appointments scheduled as well as the number of appointments kept per day by WMH clients at Mountainlands. However, we did see a return to a more usual percentage of failed appointments at 13% in June as compared to 5.5% in May. New client appointments remain steady. As compared to June 2018, we saw a 36% increase in the number of clients scheduled per day and a 45% increase in the number of appointments kept per day.

There were no outside provider audits for June.

Care Team Services

Executive Director Brief

Care Team Services is plugging along and doing well with no significant changes during the month of June. Care team assistants are working to established more structured schedules for themselves rather than making plans on the fly. This is helping the group keep up with the multiple simultaneous demands they have been facing.

Employee recognition-

Rachel was recognized for seeking support at important times as crises and behavior management concerns presented themselves at the front desk.

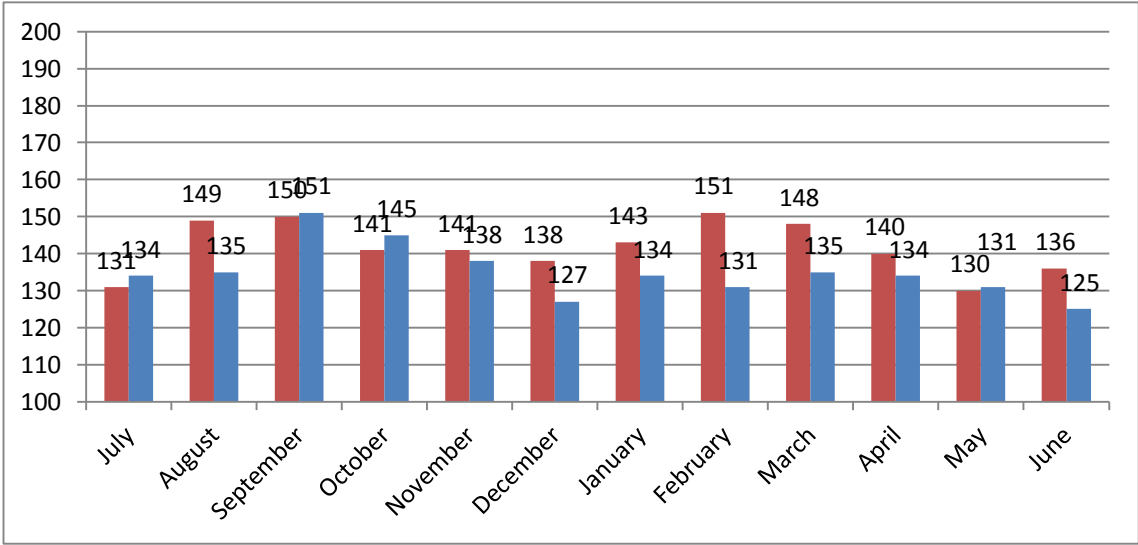
<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		<u>X</u>
Does this report contain an expansion of existing Services?		<u>X</u>
Have any services been decreased or discontinued?		<u>X</u>
Have you opened a new clinic location		<u>X</u>

Employee Movement Chart

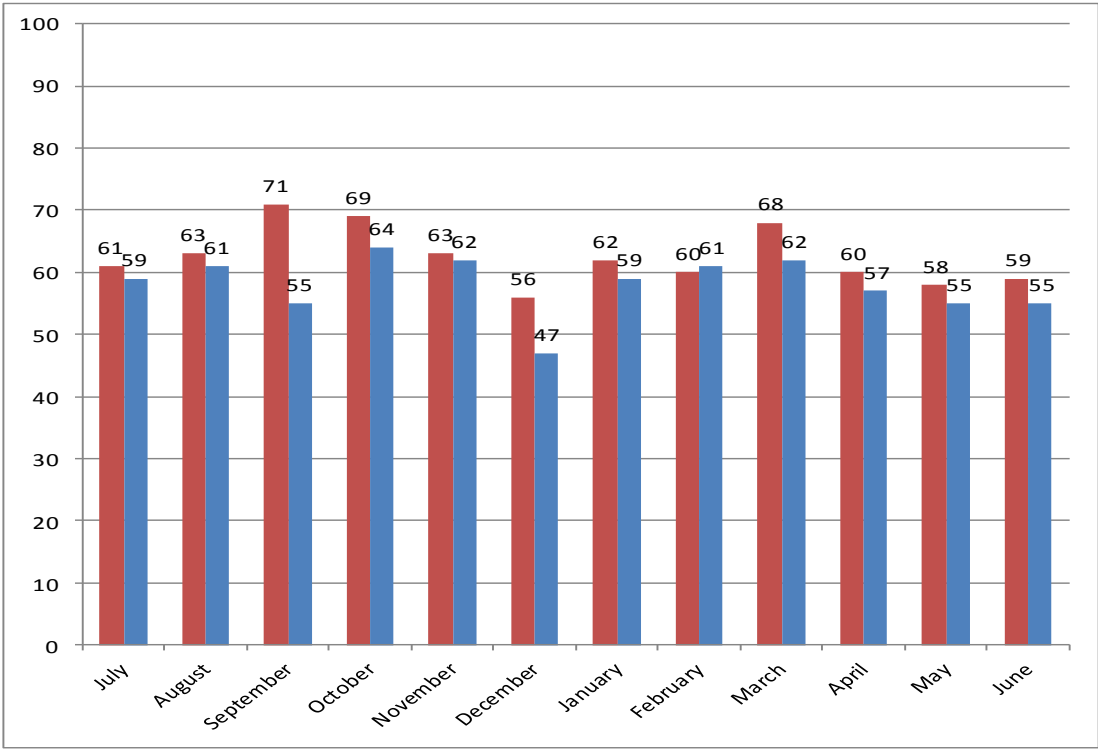
Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills
Sean Aaron		D/C	psychology extern		

**Wasatch House
Performance Indicators**

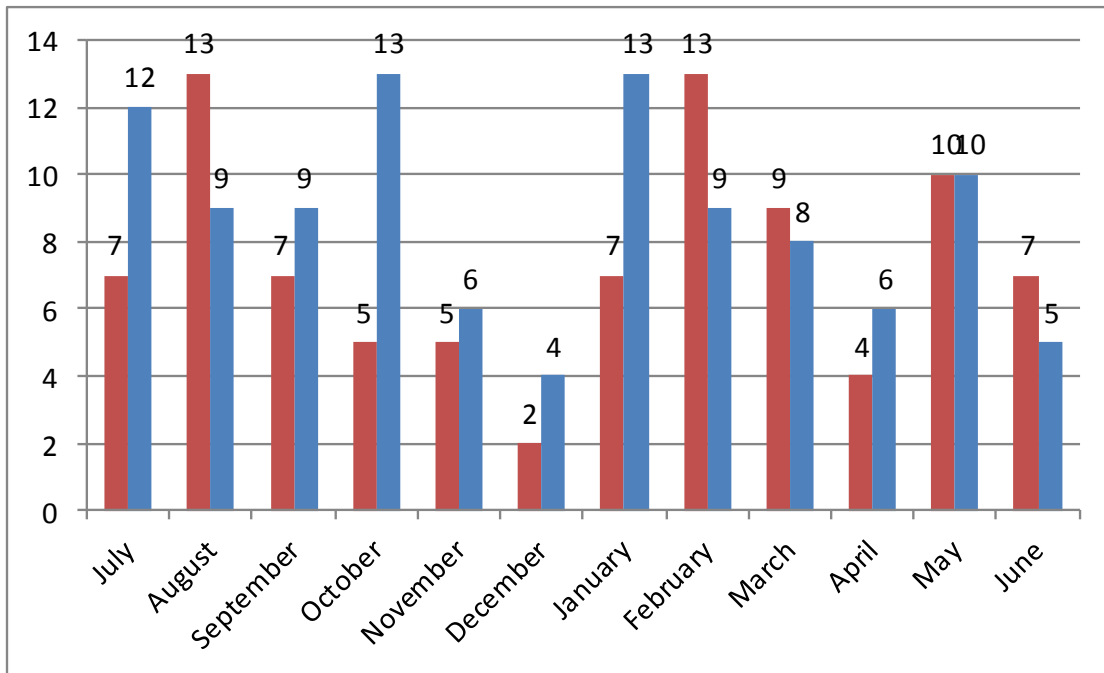
FY 19 Unduplicated Number of Clients Served (compared to FY18)



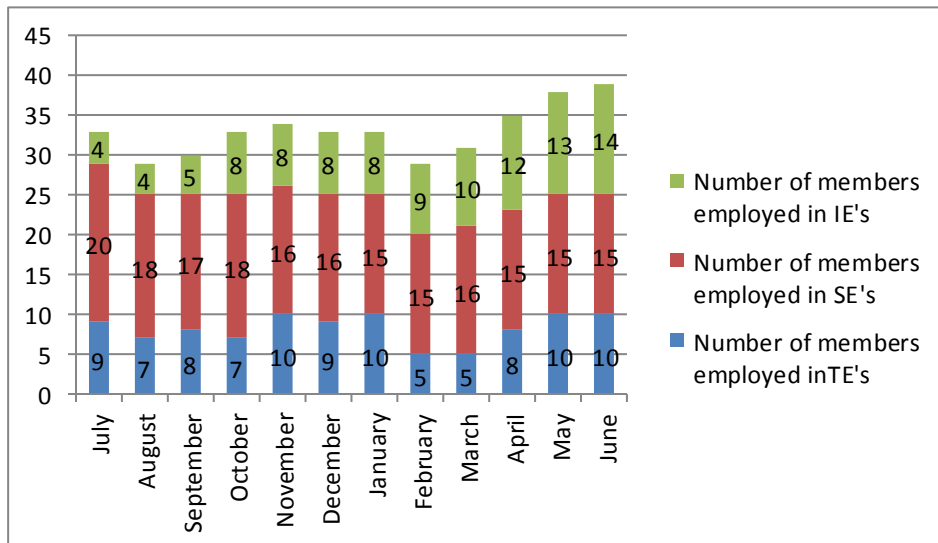
FY19 Average Daily Attendance (compared to FY18)



FY19 Orientations (compared to FY18)



FY19 EMPLOYMENT



Leadership/Allied Agency Participation/Initiatives/Success

Our employment numbers this month are the highest they have been during the entire fiscal year at 39 members employed! This is 67 percent of our Average Daily attendance of 58!

Financial Report

None at this time.

<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		<u>X</u>

Does this report contain an expansion of existing Services?		<u>X</u>
Have any services been decreased or discontinued?		<u>X</u>
Have you opened a new clinic location		<u>X</u>

Number of total unduplicated clients served last month: 125

Number of OQ/ YOQs administered: 57

Number of unduplicated clients who completed an OQ/YOQ: 38

Total Late notes for Last Month: 0

Personnel Changes:

Employee Movement Chart

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills
Joel Craft		D/C	SSW		
Julianne Winder		N/E	Employment Specialist		
Bryce Carter		N/E	Clubhouse Generalist		

Employee Recognition

None this month.

Executive Director Brief

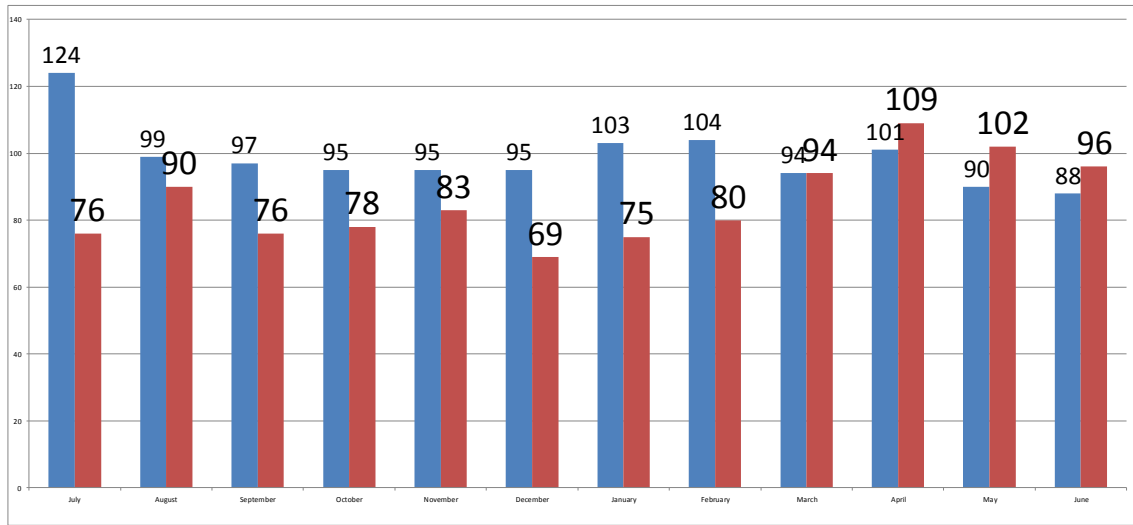
None this month.

WATCH/ /JTP Program

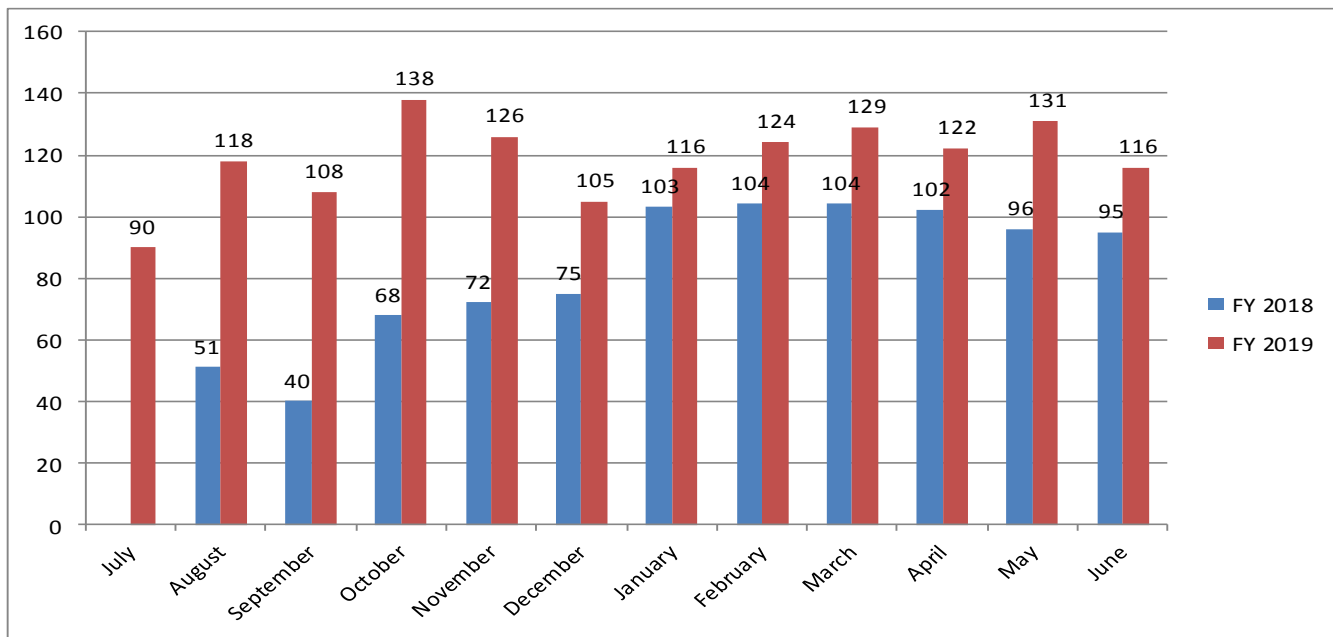
Unduplicated number of clients served in the WATCH Program

The WATCH program served 102 unduplicated individuals in June. JTP served 131 unduplicated individuals as well.

WATCH-unduplicated number served (compared to FY18)



JTP- Unduplicated number served (compared to FY18)



Leadership/Allied Agency Participation/Initiatives/Successes

Jarom Williams, Peer Support Specialist, received the following note from one of his clients:

“Thank you for always being there for me. I could never have made it without the support you have given me. I have had the most wonderful people encouraging me and you have stood out as one of the biggest supporter(s) I could ever imagine to have had you in my life. I know I forget a lot of things but you have stood out in such a way I could never forget. Thank you again for that.”

WATCH and JTP increased our intakes from 29 in March to 37 in April and **46 in May**. This tapered off significantly in June back to baseline levels at 28.

Since April 2019, Case Managers have helped 52 individuals apply for Medicaid expansion. Many if not most have been approved.

Financial Report

Please check yes or no to the following questions for	Yes	No
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<u>this report</u>		
Does this report have any new services added?		<u>x</u>
Does this report contain an expansion of existing Services?		<u>x</u>
Have any services been decreased or discontinued?		<u>x</u>
Have you opened a new clinic location		<u>x</u>

Number of unduplicated clients who completed an OQ/YOQ:

35 of 96 clients served completed an OQ in WATCH. 43 of 116 JTP clients completed a survey. .

Number of OQ/ YOQs administered:

59 OQ's were completed this month in WATCH. 70 OQ's were completed in JTP.

Late Notes

WATCH had 0 late notes and JTP had 0 in the month of May.

Staff Changes

Employee Name	Employee ID	Discharge (D/C) New Employee	Licensure/ Position	Work phone #	Special Language

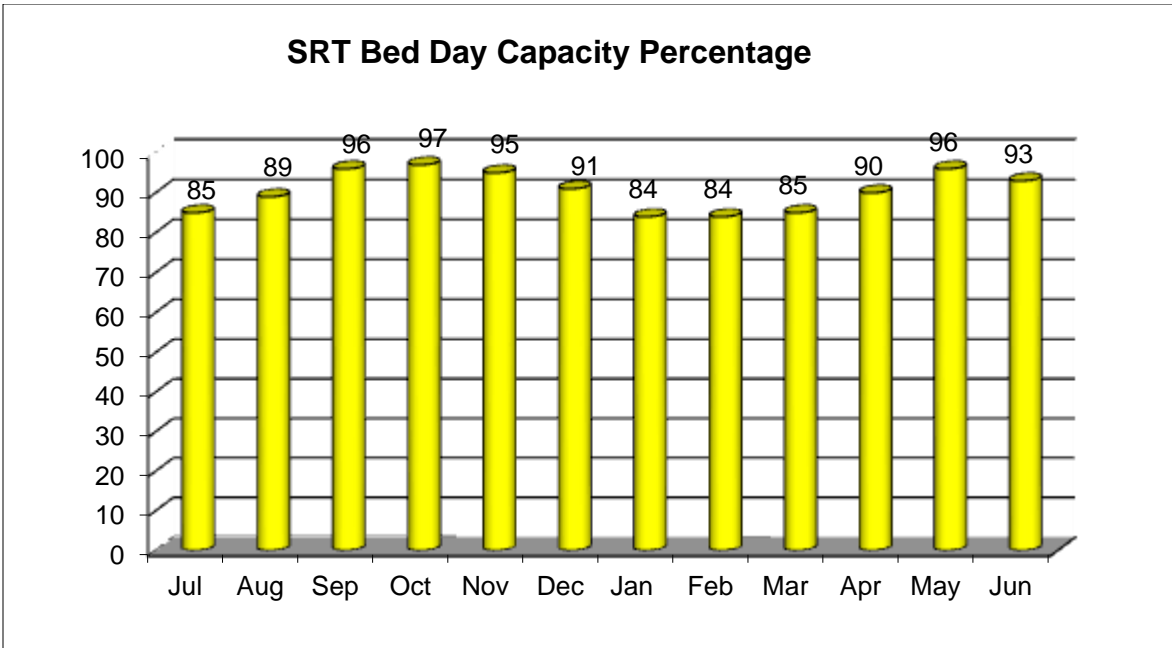
Staff Recognition

Jarom Williams will be given a movie ticket for the recognition he received from his client mentioned above.

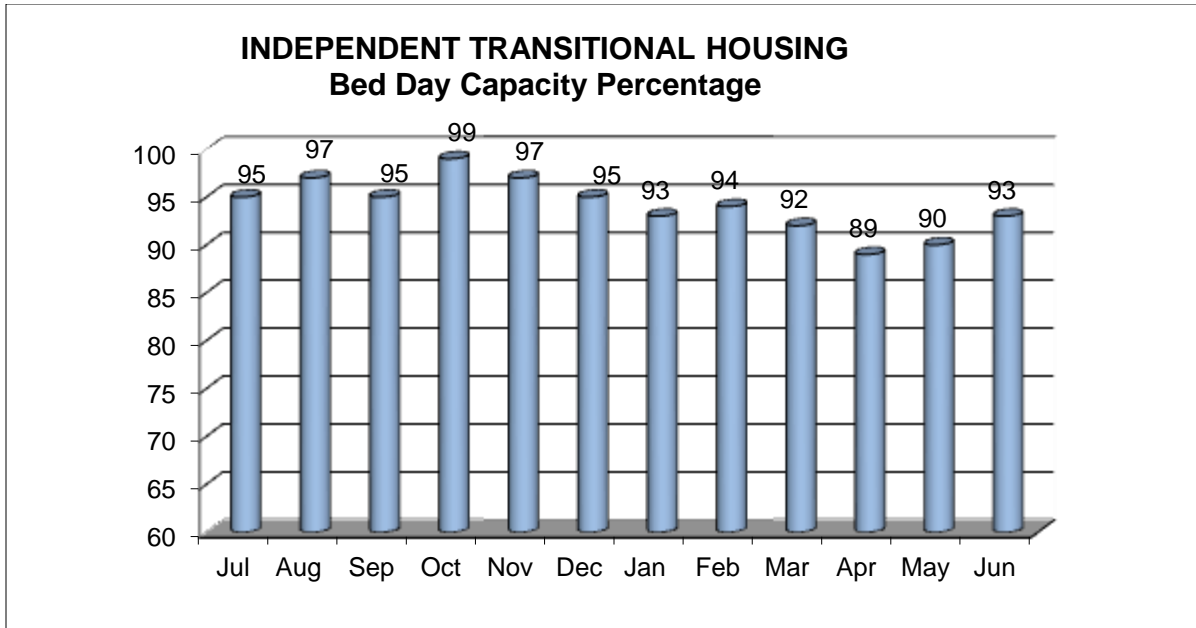
Executive Director Brief

None this month.

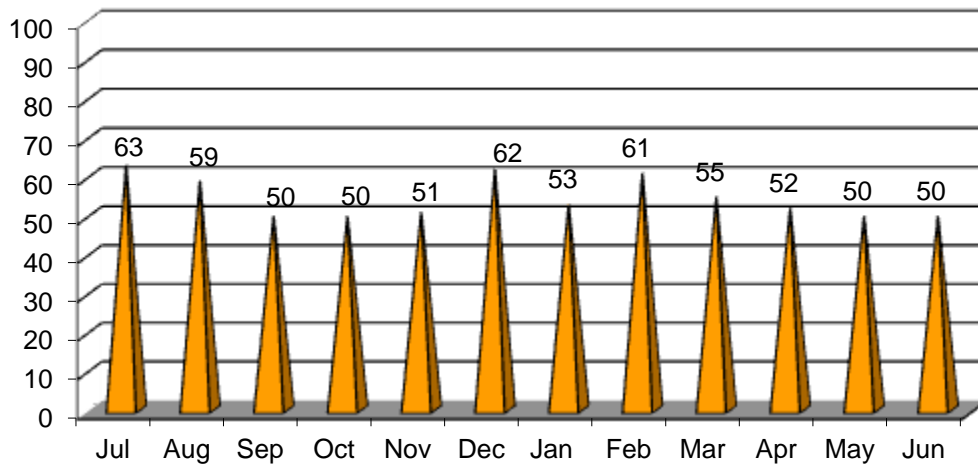
Supported Housing Services
Performance Indicators



Note: this is all of housing; including; The Duplex, Yarrow, Mapleview and Payson independent. The major drop was due to a client death and others moving out to more independent housing. These beds should be filled next month.



Alpine House Bed Day Capacity Percentage



Leadership/Allied Agency Participation/Initiatives/Success

The remodel is completed at Alpine House and they are accepting screenings for potential new residents. Females have not been living there as there was not a bathroom available for them to utilize. Now we are accepting new male and female applicants and we have a few screenings already set up. This will help in providing some housing for those in need.

Within the last 3 months we have lost 6 of the 7 case managers here in Supportive Housing. It goes without saying that this was a big blow to service delivery to the clients, not to mention moral being low. 4 of the case managers left for reasons of improving careers to more flexible schedules to work for an expecting mother, others moved to work closer to home in Salt Lake County and 2 of them quit largely because of feeling overwhelmed and burnt out. We have replaced 5 of the 6 and are waiting for an applicant to finish school to start in August when she graduates. Ned Campbell has worked hard at training them and we have received some help from the Fast Team, Nicole Bastidas and Diane Dopp, in training and completing work assignments. These new hires are eager and bright and we will be up and running within a few months to full speed and we can start implementing the skills bases services we have tried so hard to get off the ground this last year.

Financial Report

<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		<u>X</u>
Does this report contain an expansion of existing Services?		<u>X</u>
Have any services been decreased or discontinued?		<u>X</u>
Have you opened a new clinic location		<u>X</u>

Number of OQ/ YOQs administered: 85

Number of unduplicated clients who completed an OQ/YOQ: 57

Total Late notes for Previous Month: 3

Number of total unduplicated clients served last month: 131

Personnel Changes:

Employee Movement Chart

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills
Christine Armas	3506	N/E	SSW	801-373-7443	None
Natalie Stringham	3514	N/E	SSW	801-373-7443	None

Executive Director Brief

A SIR was created for Jennie Reese, CTA at South Campus:

Thank you a million time over but you did it again. You volunteered to work 2 - 11 hour long days to cover last minute for your partner at the front desk so she could go do some last minute personal family things. This was just a reflection of your commitment to your teammates and to the center. Thank you

American Fork Family Clinic (AFFC) & School Based Services

Excellence in Mental Health Care:

Successes:

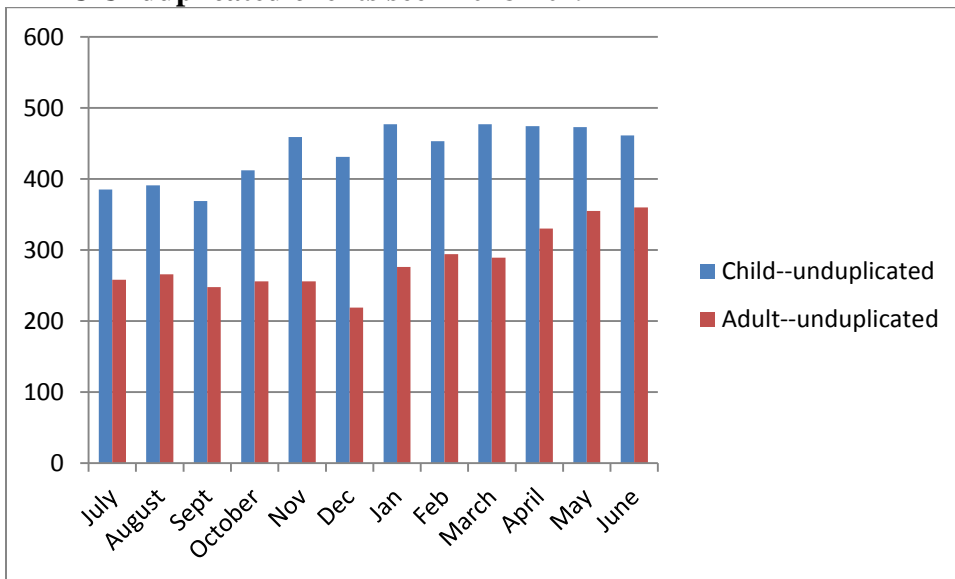
Parent report: “We have had a great experience. We were able to get in fairly quickly and that was important for our foster son. Hanna has been great and has made good progress with our son.”

Number of total unduplicated clients served last month:

Total: 821 Adult: 360 Youth: 461

Fiscal year 2018-20189

AFFC Unduplicated clients seen 2018-2019



Number of YOQs/OQs administered:

YOQs: 352 OQs: 286

Unduplicated number of YOQs/OQs:

YOQs: 252 OQs: 168

Number of POQs administered:
23

Late notes for the month
5

Groups in AFFC

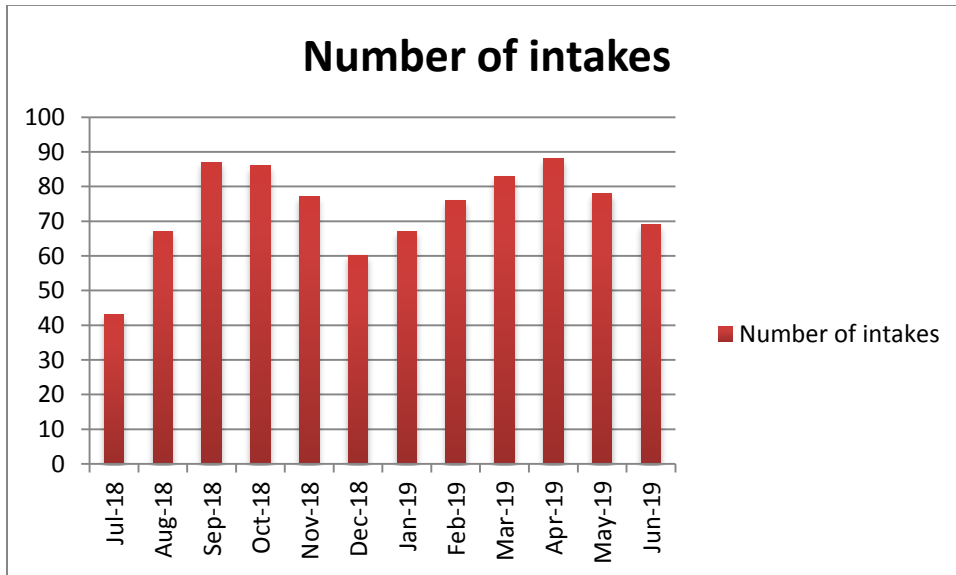
Child/Parent Relational Training and Kids group
Parenting the Traumatized Child
DBT group
Mindfulness

Providing Excellent Customer Service

Client response: “All members of the staff have been helpful, professional, and understanding. I really appreciate the calm demeanor of them while they work in scheduling, wait list and management of my cases.”

Economic Stability

We have done 106 more intakes July18-June19 than we did July17-June18.



Financial Report

<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		x
Does this report contain an expansion of existing Services?		x
Have any services been decreased or discontinued?		x
Have you opened a new clinic location		x

Employee Growth and Development

Staff or interns leaving

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills

CIT Academy

We are planning to do our next CIT Academy in November 2019.

Community Meetings and Presentations

American Fork SAFE Schools—Samuel Ashton

North County Coalition—Kellie Byars

Executive Director Brief

Payson Family Clinic & School Based Services

Excellence in Mental Health Care:

Successes

A mother said, “My son stays on task more and his homework is neater because he slowed down. He also has opened up to me more which has been really great. I have really enjoyed his therapist and he really likes it.”

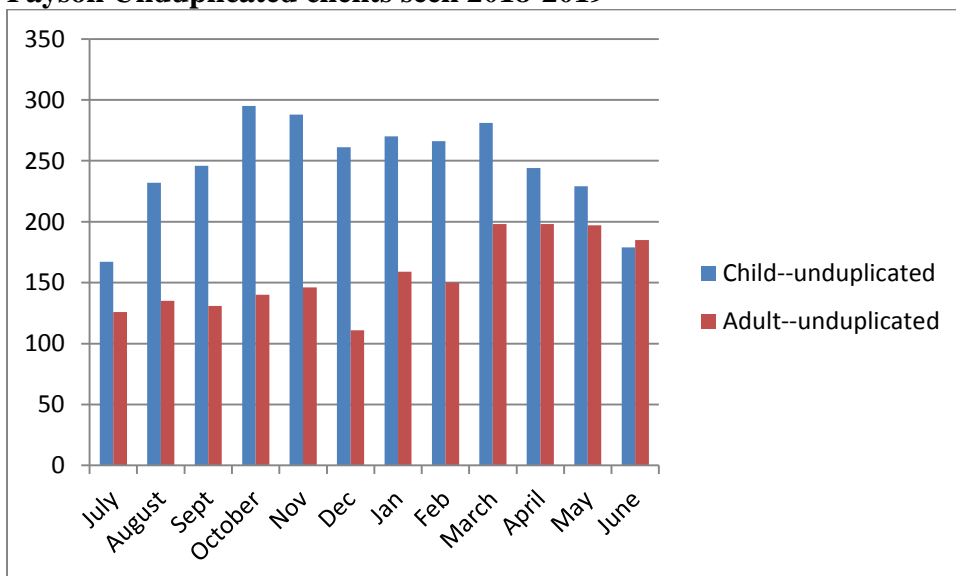
Youth Client report: “My therapist helped me realize that my thinking is getting in the way. For example I stopped making the decision of going or not going to school the night before. My therapist made me commit to wait until the morning to make that decision when I felt more relaxed. I went from missing 3 to 5 days a week to not missing at all. My parents are very happy, and me too.”

Number of total unduplicated clients served last month:

Total: 364 Adult: 185 Youth: 179

Fiscal year 2018-2019

Payson Unduplicated clients seen 2018-2019



Number of YOQs/OQs administered:

YOQs: 242 OQs: 159

Unduplicated number of YOQs/OOs:

YOQs: 162 OQs: 106

Late notes for the month

17

Groups in Payson

DBT

Parenting the Traumatized Child

Strengthening Families

School Based Skills groups

Providing Excellent Customer Service

Economic Stability

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Appointments Made	754	1,007	970	1,149	1,000	820	1,086	870	909	982	912	726
No Shows	148	231	227	196	194	140	200	140	141	167	126	138
Kept Appointments	606	776	743	953	806	680	886	730	768	815	786	588
Percent of Attendance	80%	77%	77%	77%	81%	83%	82%	84%	84%	83%	86%	81%
2017/18 kept appts.	526	691	688	767	704	558	793	673	727	657	776	642

935 more kept appointments in 2019 compared to 2018

Intake Data

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Intakes Kept 2018-2019	31	51	59	75	45	34	67	57	42	42	32	39
Intakes failed	0	0	0	0	0	0	0	0	0	0	0	0
Percent of Attendance	#REF!	100%	#REF!	100%	#REF!	#REF!	100%	100%	100.00%	100%	100%	100.00%
2017-2018	32	30	69	59	46	29	73	50	40	38	39	30

29 more intakes were done in 2019 compared to 2018

Financial Report

<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		x
Does this report contain an expansion of existing Services?		x
Have any services been decreased or discontinued?		x
Have you opened a new clinic location		x

Employee Growth and Development

Payson Family Clinic hosted a Play Therapy training on June 14th sponsored by UAPT. There were over 40 attendees and Kayelyn Robinson did a great job organizing it to help it happen.

Staff or interns leaving

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills

Community Meetings and Presentations

Nebo Clinical Staffing—Myriam Bardsley, Chelsea Seegmiller
 Restorative Intervention Team—Myriam Bardsley
 Blue Ribbon—Chelsea Seegmiller

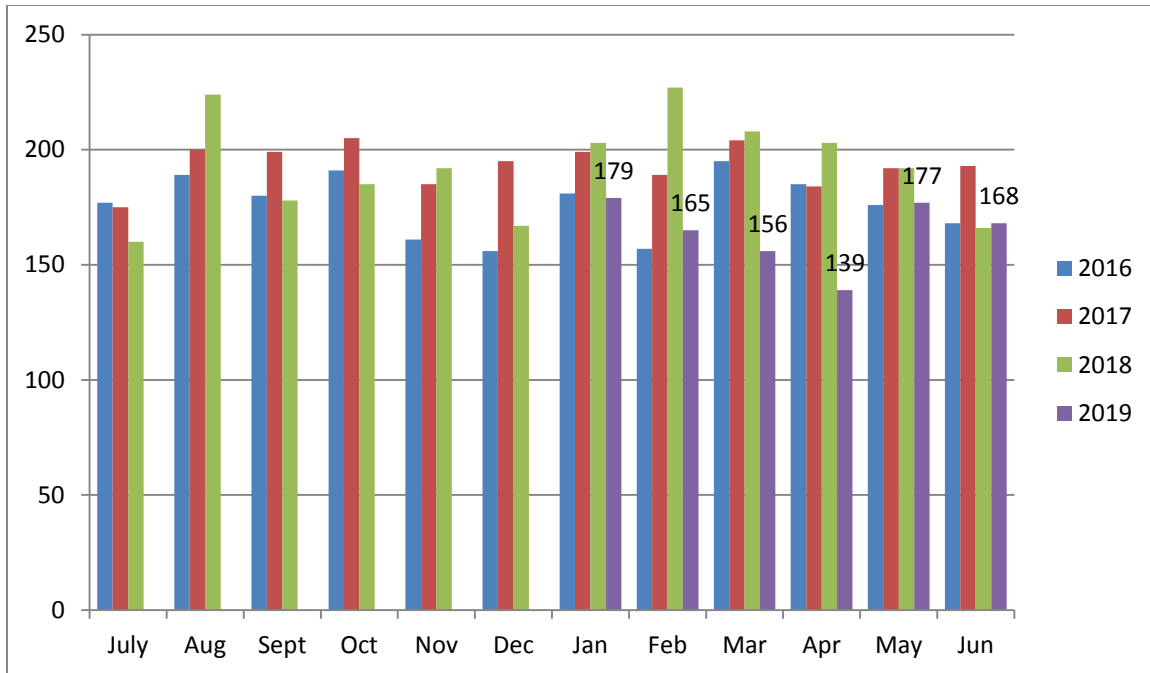
Executive Director Brief

Wasatch County Family Clinic

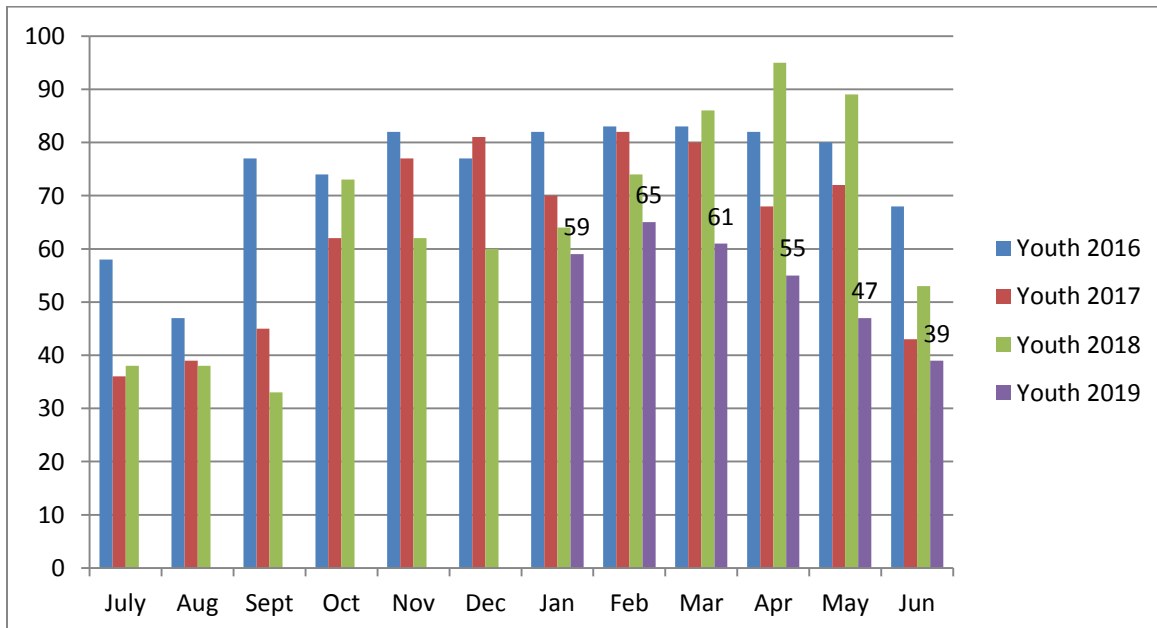
Performance Indicators

Total Unduplicated Clients Served in June: 207

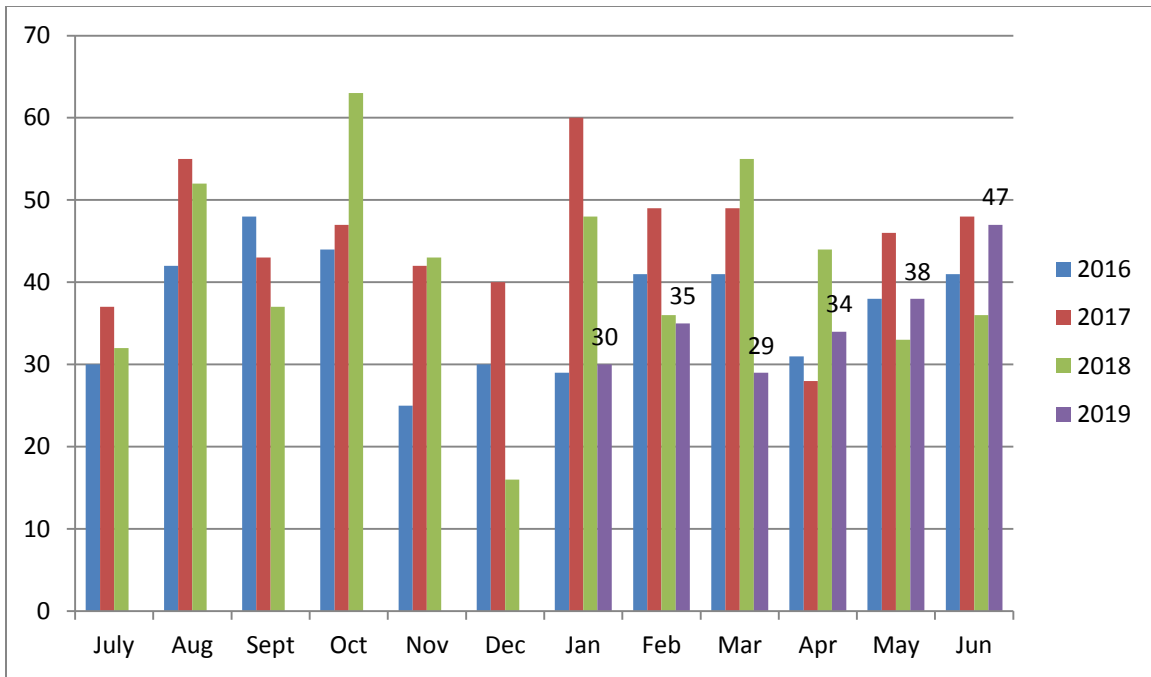
Adults:



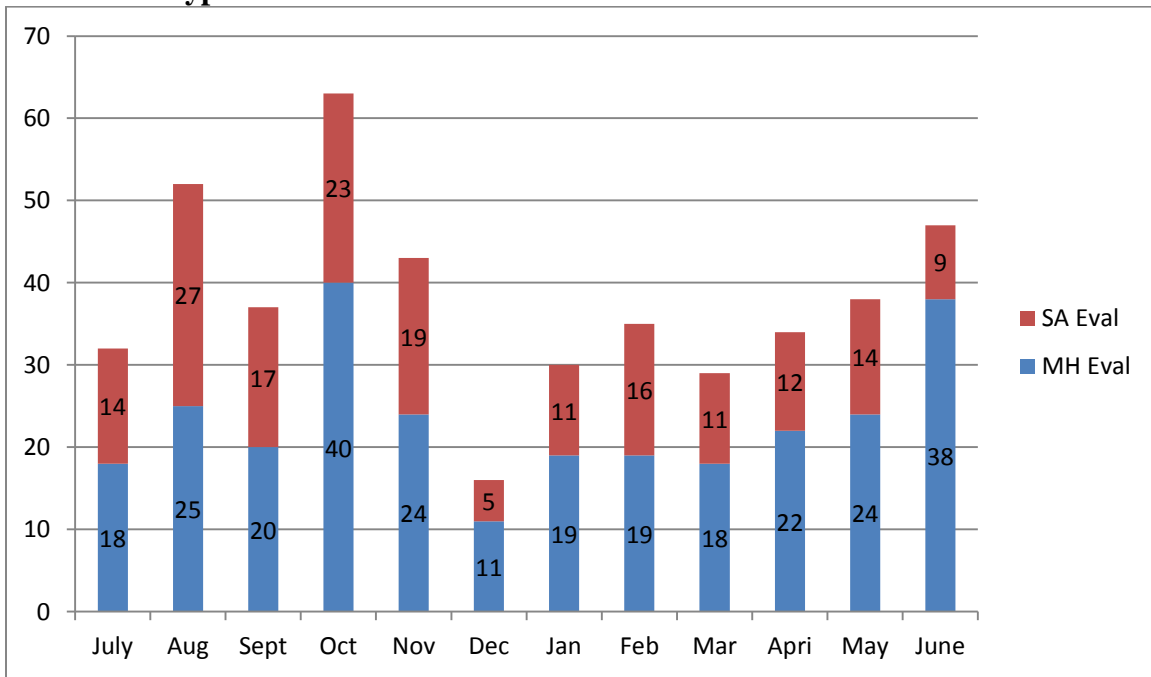
Youth:



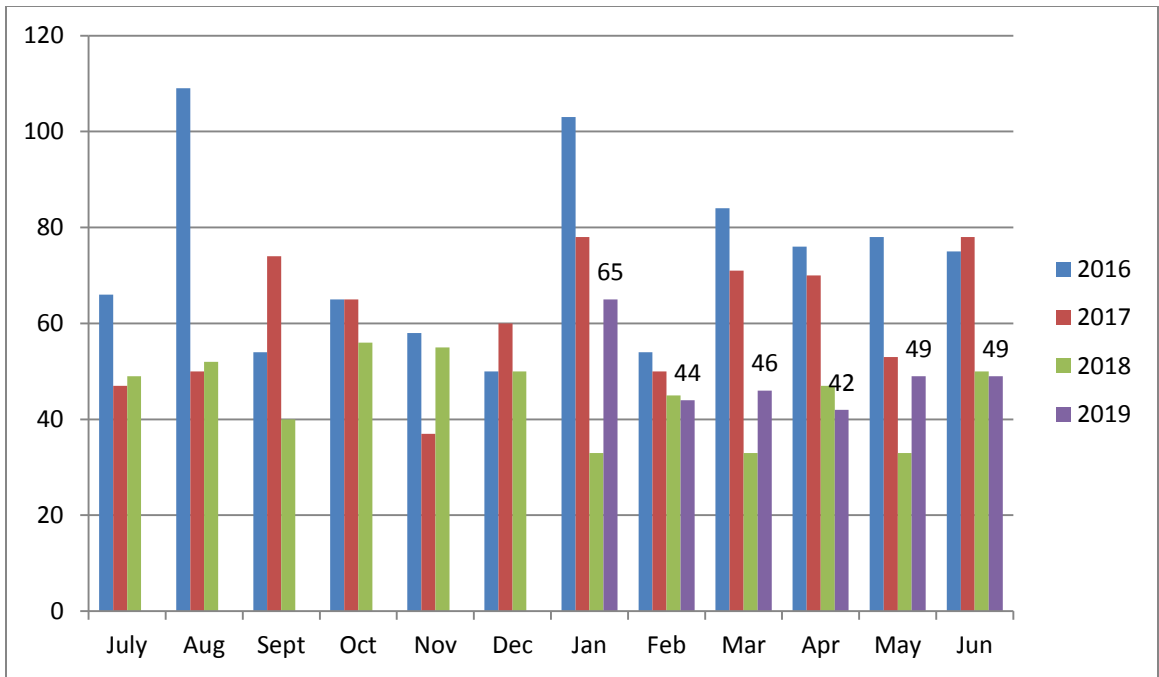
February Total Monthly Intakes: (EVL & SEVL)



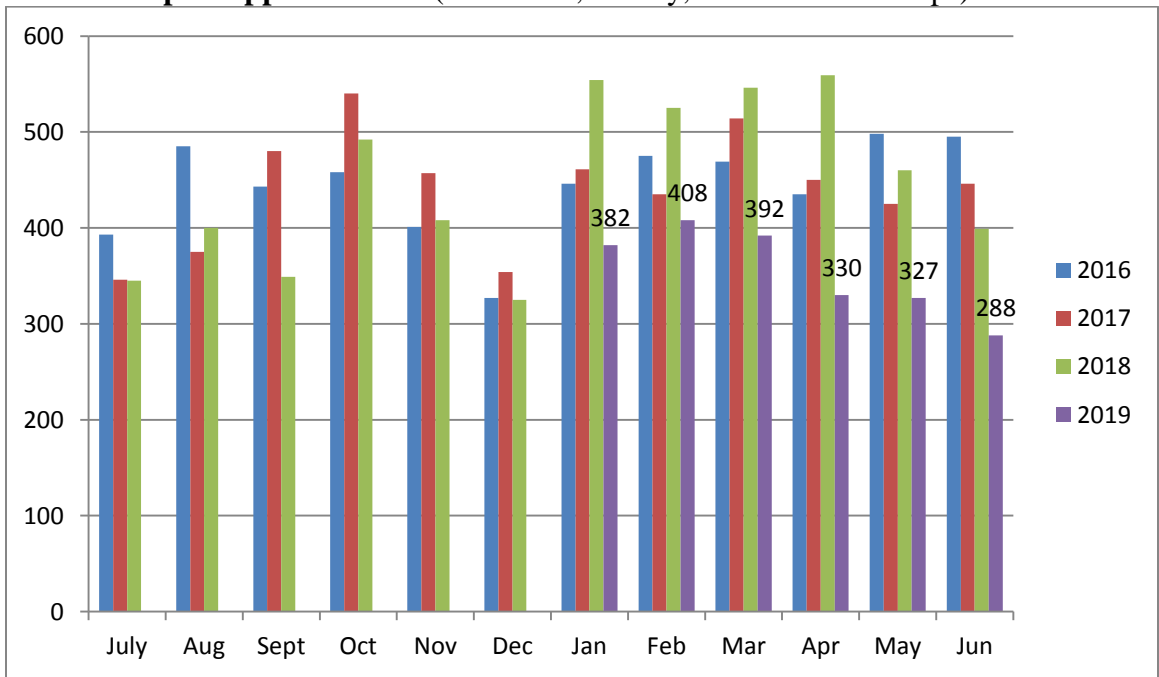
Evaluation Type:



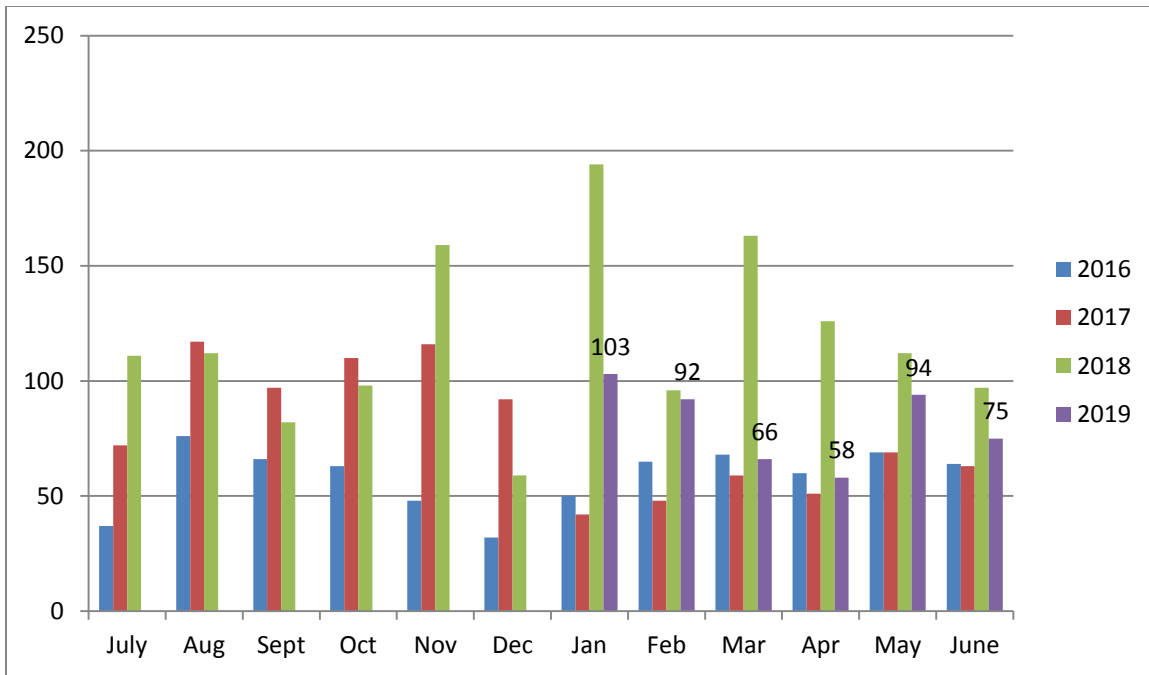
June Med Appointments with Prescriber:



June Therapist Appointments: (Individual, Family, Collateral & Groups)



June Case Management Contacts: (CM & TCM)



Number of YOQs/OQs administered:
YOQs: 157 OQs: 690

Number of PSOQs administered: 0

Unduplicated number of PSOQs: 0

Late notes for the month: 18

Groups at WCFC:

- | | |
|------------------------|---|
| Recovery Day Tx | School Skills Program |
| Drug Court Group | Gender Specific Male and Female SA groups |
| Relapse Prevention | Thinking Errors |
| Anger Management | MRT |
| Prime for Life | Why Try |
| Strengthening Families | SMART Recovery |
| Connections | |

Leadership/Allied Agency Participation/Initiatives/Success:

Our partnership with the Wasatch County Drug Court (WCDC) continues to be effective and strong. It has become evident in the WCDC that innovation in our approach will be necessary to facilitate the success of some the participants. As part of Drug Court participants are required to either finish their High School Graduation or acquire a GED. Due to varying barriers there is a clear need to aid some participants in this endeavor. The Wasatch County Family Clinic will therefore be pursuing grant money through the Wasatch Community Foundation. The intent of this money will be to fund tutoring support for Drug Court participants who struggle with the academic requirement of the program. Additionally, we anticipate that some of the funding will be allocated to purchase varying rewards for Drug Court members that can be earned by working hard to progress and comply with court mandates.

Financial Report:

Financial data for June 2019 was not available as of July 12, 2019. The below numbers reflect the financial indicators of the WCFC through May 31.

- May 31, 2019 Financials show a negative \$8,614.24 for the month.
- May 31, 2019 Financials show a positive \$174,005.93 Year to Date

<u>Please check yes or no to the following questions for this report</u>	<u>Yes</u>	<u>No</u>
Does this report have any new services added?		<u>X</u>
Does this report contain an expansion of existing Services?		<u>X</u>
Have any services been decreased or discontinued?	<u>X</u>	
Have you opened a new clinic location		<u>X</u>

For the time being we will only be sending case management level employees to the County Jail to facilitate groups. There will be no therapy services outside of possible occasional crisis sessions if appropriate.

Personnel Changes:

Employee Movement Chart

Employee Name	Employee ID	Discharge (D/C) New Employee (N/E)	Licensure/ Position	Work phone #	Special Language skills
Amy Buehler	3500	N/E	LCSW	435-654-3003	

Number of employees who are below 95% of the productivity standard:

For June 2019 there were 3 employees below the 95% productivity standard.

Executive Director Brief:

After a couple attempts Randy and I were able to connect with the County Sheriff, Jared Rigby. Sheriff Rigby expressed that he will not be able to enter into any form of a contract until the beginning of their fiscal year in January. Randy and I have agreed that we need to decrease services to the jail until we can establish a contract in January. Moving forward we will provide 2 hours a week of MRT, and 4 hours a week of skills groups that will both be run by a case manager level employee. This will equate to an approximate \$9,000 averaged cost between now and the end of December. We currently have approximately \$37,000 in JRI funding. We feel our relationship with the jail is important and want to provide support where possible, however, our decreased JRI funding requires we manage our resources closely.

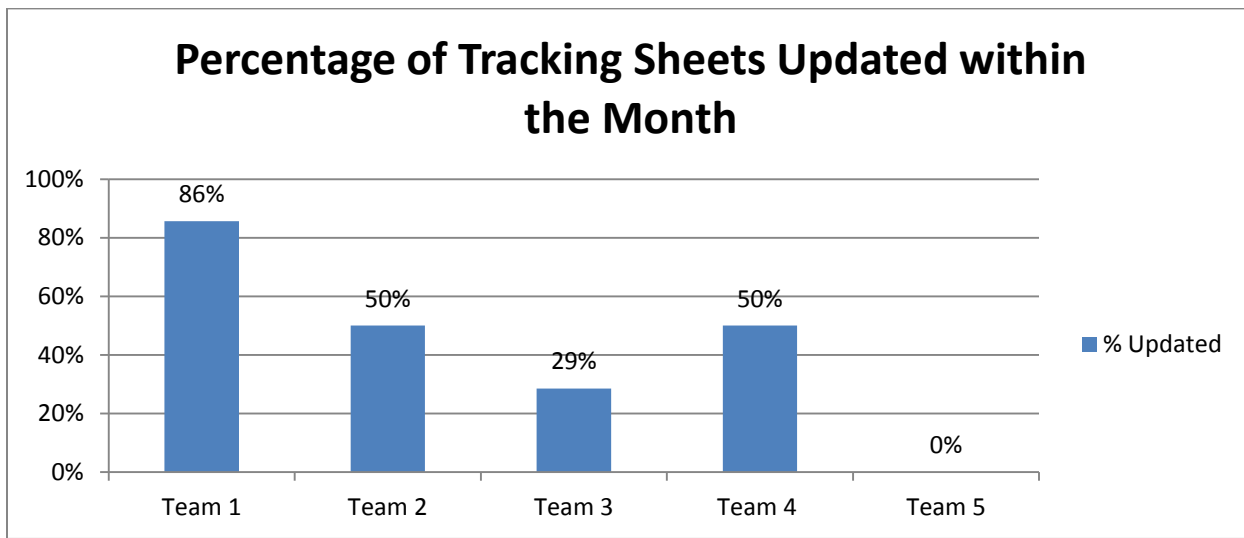
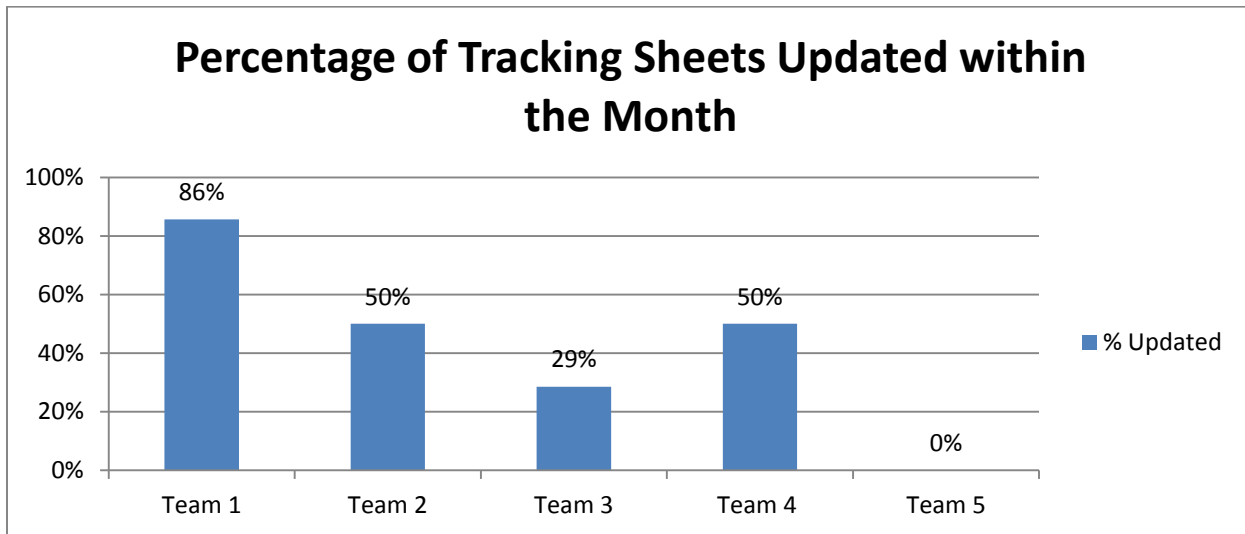
As discussed with Mike Davis, an important factor that will influence the available funding for the jail will be founded on how much they receive from the state to subsidize mental health services for state inmates. We hope to get clarity on this soon to help with the decision and negotiating process over the next few months.

June 2019 Monthly Report
Clinical Performance and Compliance
Performance Indicators

Clinical Consultation Group Tracking

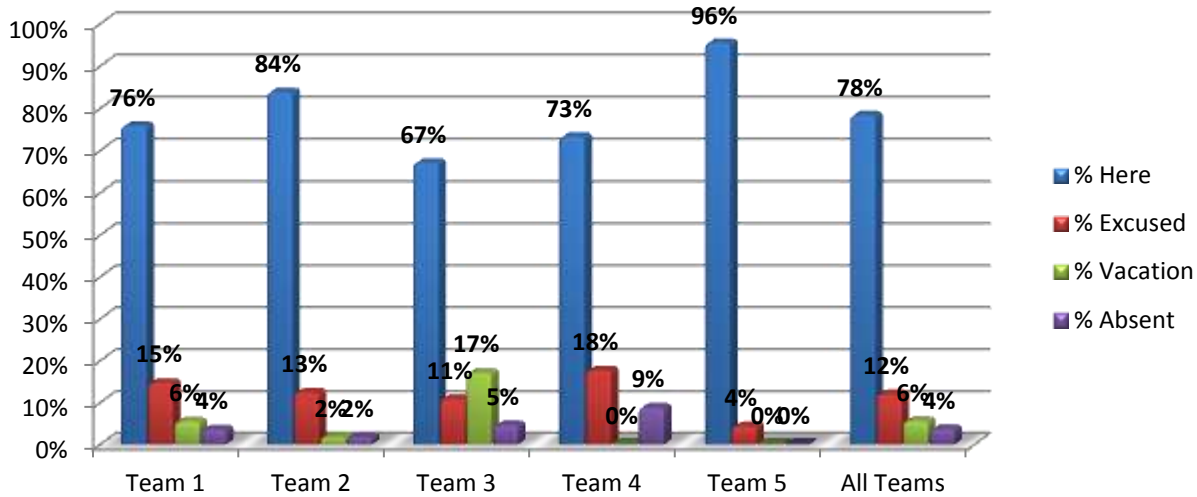
The tracking sheet designed to assist clinicians participating in consultation groups in maintaining their focus on deteriorated clients and on remembering to record their sessions has now been introduced to four of the clinical consultation groups. The fifth group (comprised of psychology interns) will begin using the tracking form after they are trained on it on July 31st. The chart below shows the percentage members from each clinical consultation group that have updated their tracking sheets within the last 30 days. It indicates good early

compliance, especially considering that two of the groups were introduced to the tracking sheet relatively late in the month.

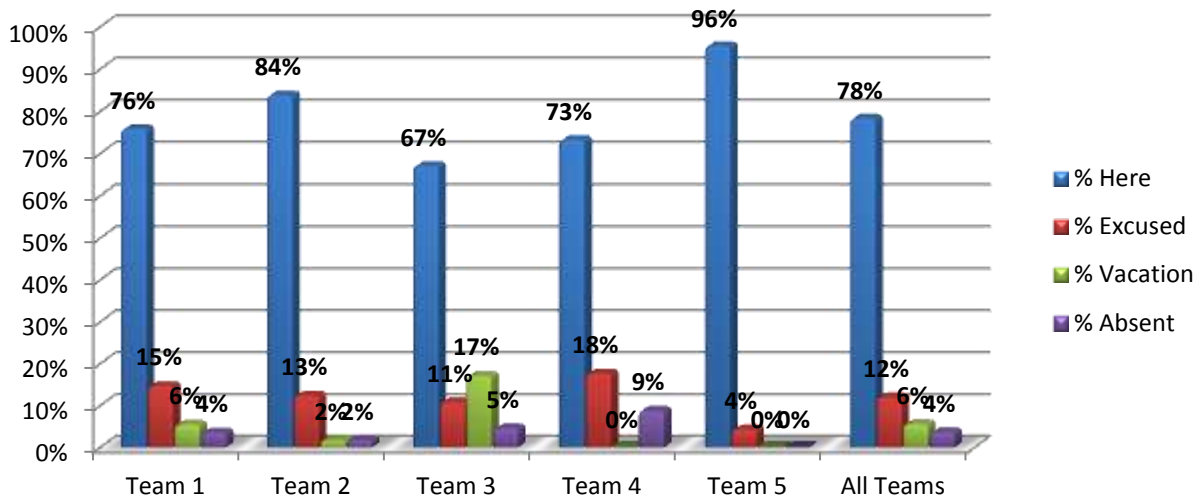


In order to determine whether the clinical consultation groups are effective at improving client outcomes, it is first necessary to determine whether or not clinicians are participating in the groups as designed. To this end, all clinical consultation groups continued tracking attendance this month. On average, attendance rates remained high and relatively stable, while rates of absenteeism (missing a consultation meeting without being on vacation or at another approved event) stayed low (at 4%).

2019 Clinical Consultation Group Attendance



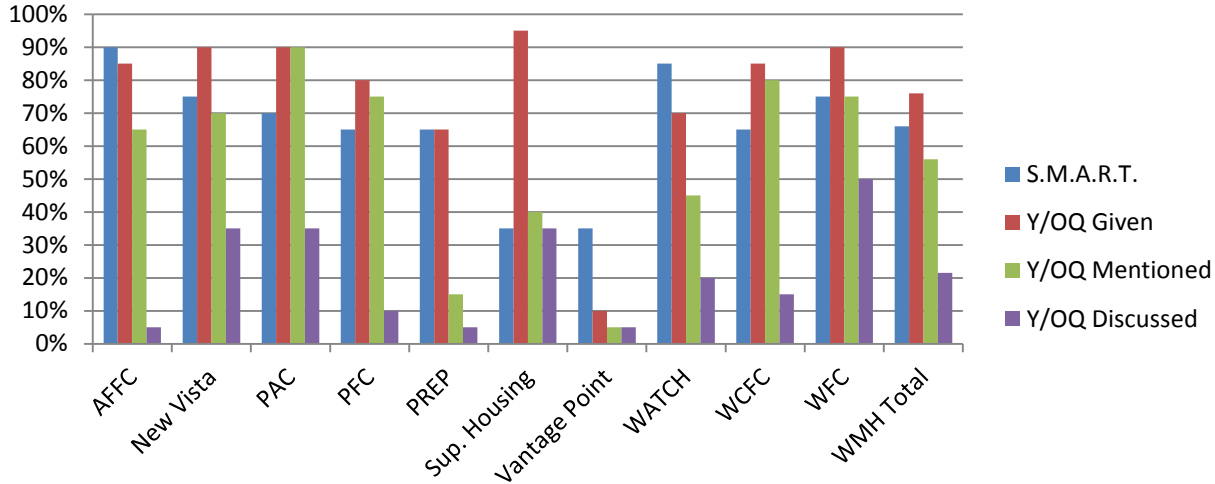
2019 Clinical Consultation Group Attendance



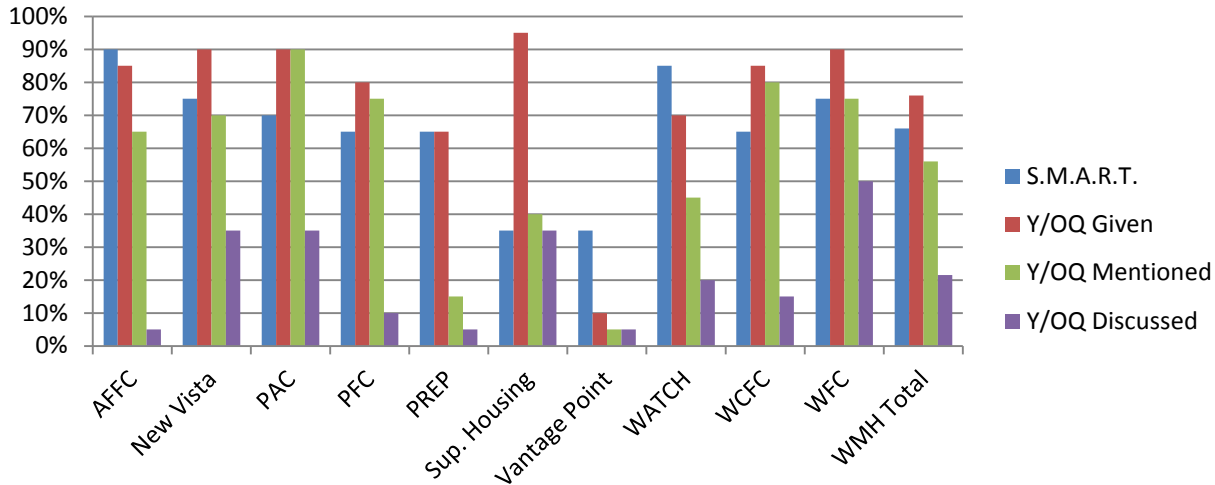
Y/OQ and SMART Objective Utilization

In an effort to maintain high rates of Y/OQ administration and S.M.A.R.T. objective utilization, and to increase the practices of referencing the Y/OQ in clinical notes and documenting that the instrument has been discussed with clients, an audit of notes and charts for clients receiving individual therapy is now being performed on a monthly basis. Notes/charts for ten departments that provide significant amounts of IT services (AFFC, New Vista, PAC, PFC, PREP, Supported Housing, Vantage Point, WATCH, WCFC, and WFC) were selected, with twenty notes from each clinic being sampled. In general, most departments are doing fairly well at administering Y/OQ questionnaires, and many clinicians are doing well at referencing the YOQ in their notes. The audit does suggest that there is some room for improvement in the area of having at least one SMART objective on the recovery plan, and significant room for improvement in the area of documenting that Y/OQ results have been discussed with clients.

June 2019 YOQ/SMART Objective Report

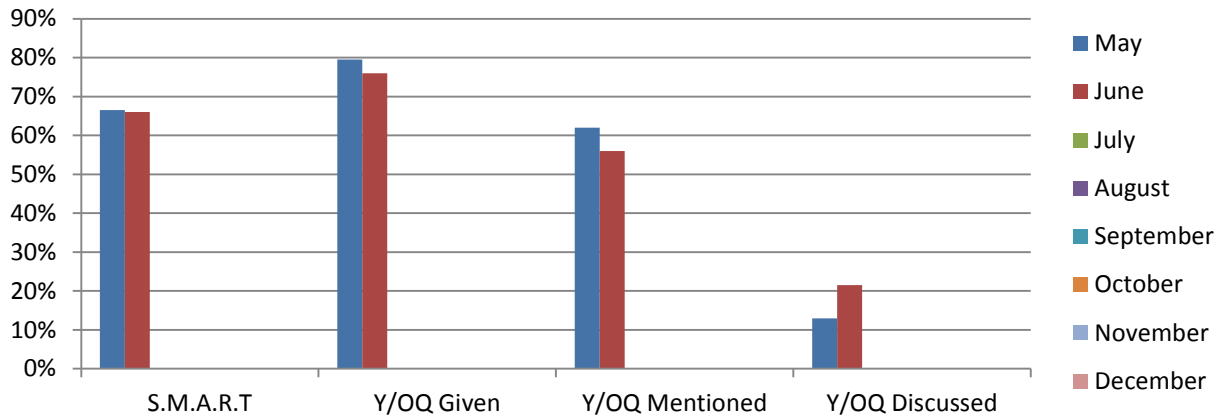


June 2019 YOQ/SMART Objective Report

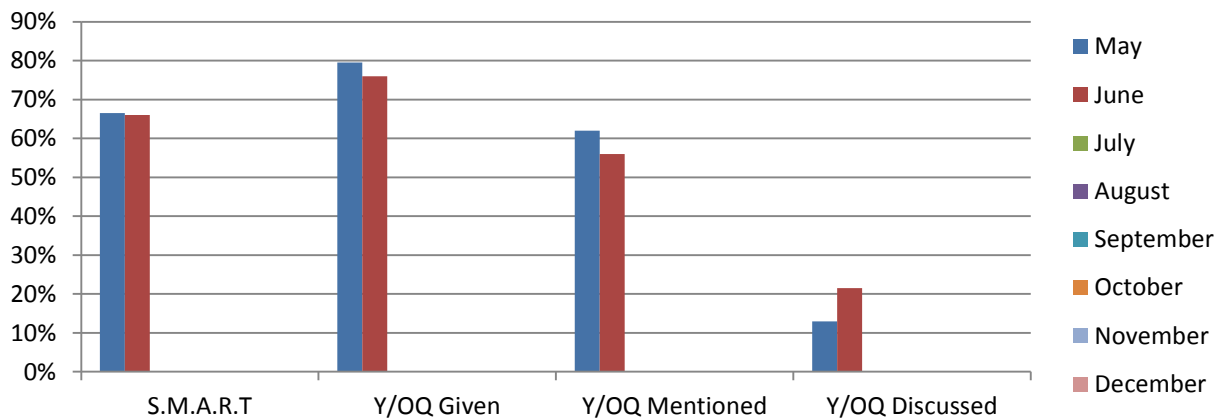


Compared to last month, agency-wide rates of SMART objective usage ($p=.76$), Y/OQ administration ($p=.15$), and Y/OQ being mentioned in clinical notes ($p=.08$), were statistically unchanged, while there was a significant increase in the number of times Y/OQ discussions with clients were documented ($p=.00015$). This improvement is likely due to increased focus on this objective by several managers throughout Wasatch Mental Health.

WMH 2019 YOQ/SMART Objective Report by Month



WMH 2019 YOQ/SMART Objective Report by Month



Leadership/Allied Agency Participation/Initiatives/ Successes

Outcome Improvement Initiative

During the month of June, three members of the executive team as well as the clinical performance and compliance manager attended an initial orientation and training required for participation in the Division of Substance Abuse and Mental Health’s Outcome Improvement Initiative (OII). The training focused on implementation science related to establishing new evidence based practices (EBPs) within an organization and on developing a plan that will increase the likelihood that an organization will be able to implement the new EBP successfully. Those present at the training will be following up with division representatives on a monthly basis throughout the remainder of the initiative.

Clinical Training

In an effort to assist the managers of all clinical departments in ensuring that their staff are trained in the use of the Y/OQ and in using SMART objectives, and to increase the efficiency and consistency of this training, these types of orientations are now being planned and provided on an ongoing basis. On June 26th, Elizabeth Feil and Bret Linton conducted a SMART Objectives orientation for new employees. Additional orientations for this topic as well as introductions to the use of the Y/OQ and the clinical support tools are planned for July 31st.

Executive Director Brief

We have discussed some of these ideas to a limited extent, but I wanted to mention a few of the things that I am planning to work on in my spare time in the near future. Please let me know if you have thoughts about how any of these initiatives could be improved or if they conflict with your agenda or are inconsistent with broader agency priorities.

YOQ via Text Message

Catherine had the idea of including a YOQ link in the reminder text that we send to clients the day before their appointment. I was quite excited about the idea. We have long had the ability for clients to fill out the OQ before coming in [for their appointments](#) through our website, but I think that providing a link in a text message would result in far more clients taking advantage of this option (it could also really help increase administration rates in school based services). The potential upsides are increased YOQ administration, and some easing of the CTA workload at the front desk. The potential downsides (as I see them) are that some clients might say “I did it on the text” when in fact they did not, and that some clients might take the questionnaire, answer “frequently” or “almost always” on the suicide question, and then not come in to their appointments, resulting in increased stress to clinicians and potential liability to the agency (this could be an upside as well in that we might be able to reach out to and help some people in need that would have fallen through the cracks without this initiative).

At any rate, Francis and I kicked around some ideas and decided that it would be too challenging from a programming perspective to have unique links sent to each client at this point. That means that we will have to include a generic link, and that clients will need to follow it, and then log in with their date of birth and medical record number. CTAs will need to be trained to provide this information, and clinicians will need to be trained to orient their clients to the option. The next step is to solicit the manager of one of the family clinics to pilot the project to see if it works well enough to roll out agency-wide.

Predictive Tool/Abbreviated Assessment/MI

[I took home a few main messages from the discussion we attended on the predictive tool: 1\) 94% of the intakes we do will be for short term or intermittent clients. 2\) Most of the short term clients will be with us for less than six sessions \(meaning that there will be a short window in which we can deliver an intervention\). 3\)](#) There is an opportunity here to make some changes that would be likely to accomplish several purposes including: improving customer care and customer satisfaction, allowing for cost savings and increased organizational efficiency, and making therapists jobs easier and more fulfilling.

I see that this could be accomplished by shifting the focus of the first session from being exclusively assessment toward being mostly early intervention. We could re-institute a brief history form that clients could fill out that would allow clinicians to meet state and Medicaid requirements for the assessment and to have basic background information. Clinicians would then meet with the client to explore the issues of presenting problem and primary diagnosis, and would begin to provide treatment. In most cases, the clinician would collaborate with the client to gain commitment to a short-term treatment plan (focused around a three session expectation). If the clinician sensed ambivalence about treatment (or if after the first session, the predictive tool showed that the person was likely to be an intermittent user) the clinician would use Motivational Interviewing skills to help the client resolve the ambivalence and develop motivation to change. Prescription of psychological testing, group therapy, and (in many cases) medication management would be left until after the initial three sessions.

My hope is that this type of plan would have several benefits: 1) Short-term users would receive more intervention and would have a greater reduction in symptoms (and OQ scores) during their time in treatment due to having one more “treatment” session and having it earlier than would otherwise be the case. 2) Intermittent users would be more likely to follow through with less expensive treatments and avoid crisis situations and hospitalizations. 3) Long term clients would receive a hopeful message in their first session and would be identified to receive more intensive services as needed shortly thereafter. 4) All clients would have a shorter and more meaningful first appointment with us (which would focus more on their needs than ours). 5) Clinicians would spend less time collecting information to “feed the junction monster,” leaving them more time to intervene. They would also lose less time to failed group screening appointments for clients that don’t follow through. 6) Based on the idea that early MI is the only EBP that Weber is implementing with a high rate of penetration, I have to assume that it is responsible for a significant proportion of the difference between their outcomes and ours. Therefore, I am also assuming that if we were to implement something similar, we could

gain some of the ground in outcomes that we might not get with our Y/OQ/Clinical Consultation Group approach.

In order to work on this, I would like to meet with Doran (as the expert on what the state and Medicaid do and do not require in the assessment) and a program manager (and perhaps supervisor) from a pilot clinic to work out the details. I would also like to go up to Weber and learn more about how they are doing assessments to get an idea of what elements might work for us. Please let me know your thoughts. I am especially interested in any thoughts you might have about which clinic would be best to use for the pilot.

CSSRS/Safety Plan Training

I think the next area in which we could standardize our training for most clinicians would be in the use of the CSSRS and safety plan development. I am planning to reach out to Kip to put together trainings that could be included as part of our standard introductory clinical training in the near future.

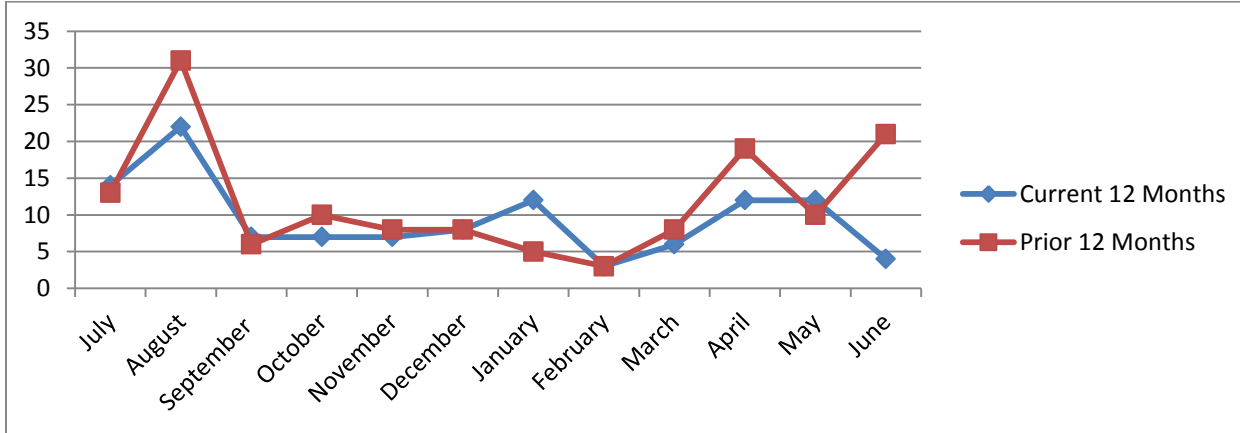
Human Resources Briefing Report

Training

In May we started the third class with 16 participants, of which, 10 are current supervisors or managers. The second class has two more classes left and will complete on July 11th.

Employee Turnover

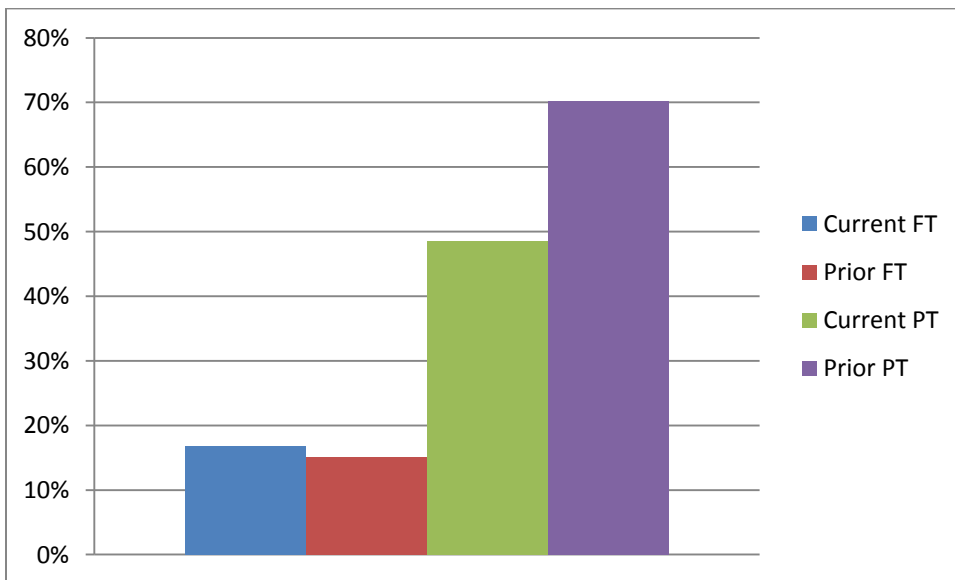
Last year we had a flood of interns leave in June. This year their terminations will be processed in July. However, in the current 12 months we have had 114 employees leave vs 142 from the previous 12 months and our overall turnover has reduced from 33% to 27%.



Turnover Calculation	Current 12 Months		
(Formulas are included)	Number of Employees Separated During Month	Average Number of Employees During Month	Turnover Rate (Monthly)
January	12	430	3%
February	3	430	1%
March	6	430	1%
1st Quarter			5%
April	12	430	3%
May	12	430	3%
June	4	430	1%
2nd Quarter			7%
July	14	430	3%
August	22	430	5%
September	7	430	2%
3rd Quarter			10%
October	7	430	2%
November	7	430	2%
December	8	430	2%
4th Quarter			5%
Annual			27%

Turnover Calculation	Prior 12 Months		
(Formulas are included)			
	Number of Employees	Average Number	Turnover Rate
	Separated During	Employees During	(Monthly)
	Month	Month	
January	5	430	1%
February	3	430	1%
March	8	430	2%
1st Quarter			4%
April	19	430	4%
May	10	430	2%
June	21	430	5%
2nd Quarter			12%
July	13	430	3%
August	31	430	7%
September	6	430	1%
3rd Quarter			12%
October	10	430	2%
November	8	430	2%
December	8	430	2%
4th Quarter			6%
Annual			33%

This graph shows the turnover by percentage of employees for the current 12 months and prior 12 months.



Credentialing

Our number of credentialed providers increased very slightly in the last month.

Credentialing								
	Medicaid	Molina	Regence	PEHP	EMI	Aetna	U of U	Select Health
New Providers Approved	26	2	1	2	2	0	33	3
Renewals	0	0	0	0	3	0	0	0
Pending	2	6	5	2	2	8	7	9
Total	426 approved	85	108	103	60	12	112	66

Recruitment

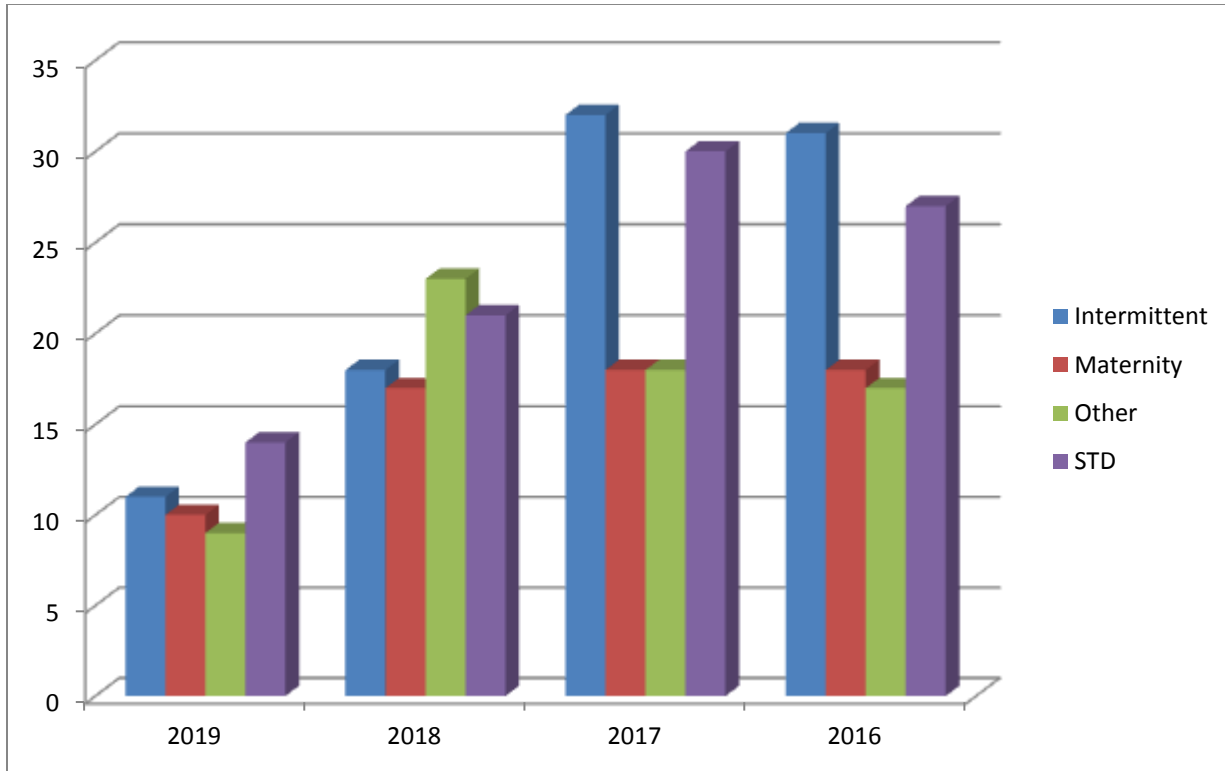
	Positions Filled	Average Selection Ranking	Average Step	Average Days Posted	Average Days From Posting to Selection	Average Days from Posting to Start Date
June	22	1.09	2.9	8.4	15	29.77
July	13	1.09	3.36	14.54	20.67	67.92
August	21	1.11	3.5	20.6	37.1	65.8
September	30	1.13	2.3	22.1	27.3	37.8
October	13	1.14	4.7	32.6	39.32	52.4
November	5	1.2	4.4	12.8	19.7	24
December	11	1	2.7	40.2	44.3	53.9
January	11	1.1	4.1	25.5	65.5	75.1
February	14	1	2.3	41.2	49.46	61.7
March	22	1	3.23	40	42.57	58.18
April	11	1.15	4.7	37.91	44.72	64.16
May	11	1.2	3.66	9.71	14	24.86
June	19	1.37	2.84	11.74	44.58	56.32
Average	15.73	1.12	3.44	24.41	35.71	51.69

PCN	WMH Employee	Indeed	Jobs.Utah. Gov	Handshake	Other
MT27	0	0	0	2	3
MT72	3	12	2	5	11
HSW42	0	0	0	0	0
AT16	4	20	3	3	3
ACT02	2	11	1	0	2
HSW105	0	0	0	0	0
MT09	0	1	0	0	2
XLA02	0	0	0	0	0
HR03	1	7	1	2	4
MT71	2	2	3	0	2
CM69	3	8	2	2	1
HSW80	7	20	0	2	7
CM60	1	0	1	0	1
AT04	1	6	0	0	0
CM84	3	2	1	0	1
CM55	2	6	1	1	0
HSW18	5	0	0	0	3
MT45	5	6	3	2	5
CM74	0	0	0	0	0
Total	39	101	18	19	45

Health Insurance

During open enrollment we had 11 employees switch from the Traditional insurance plan to the HDHP, and 4 switch from the HDHP to Traditional, for a net change of 7 to the HDHP plan.

FMLA Leave Usage



Current FMLA as of 6/10/19

Intermittent	9
Maternity	4
Other	2
STD	5
Total FMLA	20

Accounting Department

Kristlyn Peterson took over the accounting tech position and has integrated quickly to our team.

We were able to gather and enter all the June vouchers received from all the departments by or before the deadlines. We were able to work with several CTAs to assure that we received the documentation by the deadline. All AP checks and EFTs were entered and scanned by July 1st and were available for contract billing use.

All program managers have honored the agreement to not process any mileage that was not received by the June deadline.

We were able to meet all State DSAMH billing deadlines.

Billing Department Report

\$85,769.66 Medicaid payments were received in June for Expansion clients

\$69,191.73 Medicaid payments were received in June for TAM clients

We have run into one problem with the TAM/Expansion clients attending clubhouse. VTG services are being denied with the denial code "Procedure/revenue code is inconsistent with the patient's age". Medicaid has been contacted about it, but am waiting for a response.

Also with the MMD codes, the Medicaid FFS remits are coming back indicating that the client needs to make a \$4 copay for these services. This is an error, as no co-pay is required for mental health services. We've been working with Medicaid to get this rectified. As of the end of the month the Medicaid claim edit system has not been fixed. Medicaid has asked that we continue to send spreadsheets of claims affected and they will manually reprocess the claims.

With the help of the Junction Programmers, we have implemented new Medicaid eligibility verification procedures where an eligibility request will automatically be generated each evening when: a client is not showing Medicaid eligible, but an eligible service is rendered; a new intake is completed; and every week requests are sent to catch any others that may have slipped through. We are also working with the programmers to implement "real-time" eligibility verification in Junction (as opposed to using the Medicaid look up tool). The applications can be endless as programming for other payers (insurance, Medicare, etc) are added.

We left some money on the table with Wasatch County for Fiscal Year 2019. Both state substance abuse treatment and prevention grants were affected. The division has indicated that the prevention funds will roll over into this coming year.

IT Department

Junction programmers added validation to ensure providers can only deliver services based on their licensure. Before the validation was in place, we discovered Peer Support Specialists providing GT.

Programmers also added validation that looks at a client's SMI/SPMI or SED status before allowing a provider to write a TCM note. If SMI/SPMI/SED are yes, provider can write a TCM note but if status is no, provider will receive a message indicating client is not eligible for service.

New SDS module nearing completion. At testing phase with programmers asking that an group of users be created to beta test the module before it's released into production. Been receiving good feedback and sending it to the programmers.