Over this last month we worked on developing our budget for FY 2020. With the assistance of several pivot tables developed by our finance department, our budget process is much more streamlined. We are able to drill down into any line item to identify where funds were expended in previous years and for what purpose. The main challenge in our budgeting process remains the lack of Medicaid rates at this time. In a recent conversation with Medicaid, we were informed that our Medicaid rates “most likely” would be available by the end of May. As the issue of delayed Medicaid rates has been an ongoing issue (in fact, over the last 12 years we received rates in a timely manner only 2-3 times!), our UBHC leadership group has agreed to initiate a conversation with Dr. Miner, the Executive Director of the Utah Department of Health, to explore what can be done to address this apparently systemic issue. The historically delayed rates have been less of an issue in previous years, as Medicaid would by and large meet the budget demands of the LMHAs. However, this pattern did not hold last year, escalating the delayed rates to a critical issue in our budgeting process.

Following, a graph depicting the levels of staff meeting their clinical service delivery expectation.
Crisis and Intensive Services Division

Performance Indicators

Percent of Staff Meeting Productivity Standard

- 100% or more: 79%
- 95%-99%: 12.98%
- 90%-94%: 6.11%
- less than 90%: 20.61%

Number of Employees Percent of Clinical staff

- FY 2018
- FY 2019

Units of Service for Crisis and Intensive Services Division

- July: 66,913
- Aug: 71,942
- Sept: 73,619
- Oct: 68,802
- Nov: 54,911
- Dec: 49,462
- Jan: 69,849
- Feb: 63,405
- Mar: 77,646
- Apr: 71,516
- May: 76,428
- Jun: 70,031

- FY 2018
- FY 2019
Please note that the significant drop in the client count starting in January 2019 is due to the re-organizaiton of our Divisions.

**Highlights:**

- March 4, 2019 Wasatch Mental Health once again sponsored and conducted the Regional Coordination meeting with many of our community partners. This meeting came about after HB 239 was passed which allows school districts to not refer truancy to court. This month we problem solved with Utah County Substance Abuse treatment And Prevention on how to help youth better access their services. We were also able to thank the committee for their support at the CWIC meeting and with Ann Williamson to increase funding for Vantage Point Youth Services.

- GIANT Steps held a very successful charity auction on March 22 at the Provo City Library in the Historic ballroom. We would like to thank Commissioner Lee for attending! We would like to recognize the Friends of GIANT Steps chairperson, Rachel Stuart, for planning and executing an excellent auction.

- Since October 2018, Grandfamilies staff has worked in partnership with an orthodontist in Mapleton to provide free orthodontia services to some of our Grandfamilies youth. Fast-forward to March 2019: Staff received a telephone call from a grandmother who attended the Grandfamilies program in 2018. She called about her 13 year old granddaughter who received free orthodontia services from this orthodontist in Mapleton. The grandmother was so appreciative of this opportunity. She said, “I am over the moon from this.” The grandmother went on about how nice the doctor’s staff was to her and her granddaughter and how thankful she was for the Grandfamilies program. The partnership with this orthodontist was made possible because of a grandfather who attended the Grandfamilies program several years ago and made the initial connection with the orthodontist.
April Unduplicated Clients served in Family and Specialty clinics:

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Adults</th>
<th>Youth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFC</td>
<td>138</td>
<td>595</td>
<td>733</td>
</tr>
<tr>
<td>Payson</td>
<td>198</td>
<td>281</td>
<td>479</td>
</tr>
<tr>
<td>AFFC</td>
<td>289</td>
<td>481</td>
<td>770</td>
</tr>
<tr>
<td>WCFC</td>
<td>156</td>
<td>61</td>
<td>217</td>
</tr>
<tr>
<td>WFC</td>
<td>708</td>
<td>41</td>
<td>749</td>
</tr>
<tr>
<td>Med Services</td>
<td>1043</td>
<td>182</td>
<td>1225</td>
</tr>
<tr>
<td>Psych Services</td>
<td>85</td>
<td>106</td>
<td>191</td>
</tr>
<tr>
<td>Crisis</td>
<td>78</td>
<td>6</td>
<td>84</td>
</tr>
</tbody>
</table>

**New Vista Youth Services**

*MARCH REPORT:* The total number of units of service for March is the best we have **EVER** had for the month of March.

**New Vista Financial Report**

We saw another dip in February, similar to December. We had a good rebound in January after the difficult December, we anticipated that our March key indicators will look even better, because our March numbers are better than our January key indicators.
**Highlights**

- The youth at New Vista continue to work on their “Spirit Dolls”. The Spirit dolls are assisting the youth in processing and addressing their own personal trauma. The therapists along with the spirit dolls are helping the youth identify and write about the qualities they want to have after their trauma so they can look forward to the future.

- The New Vista youth worked hard this past month in YSD group to complete a service project for Giant Steps. They were able to make some decorative balls out that Giant Steps used at the annual auction. The youth were excited to see the outcome of their hard work when the project was completed. The youth enjoy providing service to others and they also did clean up on the grounds of Park View.

- We currently have 19 Day Tx youth with 2 after school youth that attends 1 day a week. We started 2 new youth this past month and have 3 additional youth we are assessing for day treatment. We also assessed 2 additional youth that New Vista treatment team determined would just continue with outpatient therapy as they were doing well in their main stream schools.

**Aspire Academy**

**MARCH REPORT:** Our bed occupancy remains in the high 80% to 90% range for the sixth month in a row. As of this report we are at our max capacity.
Aspire Academy Financial Report
We’ve had another good financial month in February. Our bed days were up and that was reflected in our financial report.

Highlights:
- We currently have 13 residents at Aspire. We are staffed with 17 HSW’S, 2 full time therapists, one part time intern, and a full time case manager supervisor.

- In the Month of March we had 2 admissions and 3 discharges. Two of the three residents who were discharged stepped down into foster home and to New Vista for a step down support.

- In addition, during the month of February 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, and self esteem groups. The Case manager is continuing with the group Seeking Safety group.

- This month the girls finished a “mini term” at Summit High School. All of our girls passed their classes. We had 5 girls with a GPA of 3.5 or higher. In addition, Summit also arranged for The Grassroots Theater to come to Aspire and they preformed the play Romeo and Juliet. In addition, they also did a theater workshop with our girls. Our girls enjoyed the experiences and skills that the actors used during the plays and were excited to participate.

**Provo Family Clinic**

![Provo Family Clinic New Intake & Established Client Attendance FY 18-19](image)

- We have noticed as the length of wait time for new intake and ongoing appointments has increased, we tend to have increased numbers of failed appointments. We are just starting to discuss ways we can lessen that trend, but we believe that is the reason for the increase in failed new intake appointments we had in March.

<table>
<thead>
<tr>
<th>Monthly Total OQ and YOQ</th>
<th>Adult</th>
<th>107</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children/Youth</td>
<td>622</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>729</td>
</tr>
</tbody>
</table>

Through **February 28, 2019** PFC’s budget shows a profit of: $46,754
Stride and XCEL - Partial Day Treatment Programs

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

Stride Program Discharges:
- North County Stride: 2 graduations
- Provo Older Stride: 4 graduations
- Provo Younger Stride: 1 graduation
- Payson Stride: 3 graduations

Financial Status

Through **February 28, 2019**, Stride’s budget shows a profit of: $32,696
Through **February 28, 2019**, XCEL’s budget shows a loss of: ($16,141)

GIANT Steps

**Highlights & Program Updates**
- The Friends of Giant Steps held its 10th Annual Charity Dinner & Auction. The event was sold out and we appreciated the attendance and support of our CEO, Juergen Korbanka, PhD, our County Commissioner, Bill Lee, and many others. Rachel Stuart did a spectacular job organizing the event.
- We held a child transition meeting in the Nebo School District. Nebo staff expressed many positive things about our program.
- The Giant Steps waiting list currently includes 158 children, 35 of which have Medicaid insurance.

**Community Involvement**
- Participated in a UVU Autism Conference planning meeting
- Attended WMH Youth Advisory Board meeting (monthly)
- Participated in Autism Resources of Utah County Council (monthly planning meeting)
- Attended Critical Issues Conference planning meetings
Positive Comment from Employee at Giant Steps
- Email from Parent: “I wanted to thank you for the class tonight. All of the classes are wonderful and helpful but this one really spoke to the heart. Sometimes we need a reminder of the beauty in all the chaos and struggles. To stop when we are just trying to survive and give gratitude to my little angel for making me a better person who has a life even though with challenges is unique in such a special way. I never anticipated what his autism would be like or doing it by myself so resonating with somebody's words who knows the good, the ugly, and the magic of our life is a true blessing. We are so grateful far beyond what words can express for giant steps. It has changed our life. You are all earth angels and I'm so happy that my son has you on his side. Thank you!!!!!!!”

Upcoming Dates / Events
- Giant Steps Graduation – Friday June 28th, 2019 at 11:00 am (Foothill Elementary School.)

Billable Units of Service
Current Month – 27,199 units of service were provided to Giant Steps clients/families.
Last Year Comparison – 23,521 units of service were provided in the same month last year.

Financial Information
- Fiscal Year-to-Date Income Gain (Loss)* – ($75,681.77)

Vantage Point

Average Length of Stay 2018-19

Turn Away Stats
Accept: 82

Reasons for Turn Away
- Full on Boys: 12
- Full on Girls: 14
- Decided not to come: 12
- Refer to Crisis: 6
- Suicide Risk: 2
Leadership/Allied Agency Participation/Initiatives/Success

- We are getting ready for our kitchen remodel. Vantage Point received some CBDG grant monies this past year to help with the cost. We have been in desperate need for many years so it is really exciting that this project is underway.

- Another exciting event is that a community group has selected us to remodel the rest of the building. Yes, the rest of the building! We can’t believe it! They propose that they will have it all done in 3 days and will start on May 31st. We can’t wait to see what they can do.

CY FAST- Respite

Respite is a service that can truly be therapeutic to young people as well as therapy. It gives them an opportunity for mentorship and the parents get a break. It enhances the parent-child relationship and can help the overall relationships and atmosphere in the home. Currently individual respite can be offered up to 3 months or ongoing via group respite. Drop in times are Tuesdays & Thursdays 3-5pm. To participate, the child has to be open to services and parents must call ahead.

CY FAST

Respite families 11
Total new: 280

CY-FAST continued cases: 40
FRF cases: 12

PREP

We have expanded our services with CHR or Clinically High Risk. This extension of PREP allows us to accept and monitor younger clients who may be reporting some psychosis symptoms but do not test or qualify for a psychotic disorder. Clients must be at least 13 years old to qualify for tracking. Services include assessment and supports identified with the client in a stepped care model.

We were recently also awarded Healthy Transitions Grant from the Department of Health and Human Services and SAMSA in the amount of $1,000,000 statewide. This will be divided between the PREP programs in the state and centers. Part of the grant amount can and will be used for occupational therapy, staff training, as well as some indirect costs to be determined.

<table>
<thead>
<tr>
<th>Program Overview</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>PREP</td>
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<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Total # of clients: 39</td>
</tr>
<tr>
<td>Adults (over 18) 35</td>
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<tr>
<td>Adolescent clients (16-18 yo) 4</td>
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<tr>
<td>Youth Clients (under 16) 0</td>
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<tr>
<td>Funding sources:</td>
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<tr>
<td>PCN/None</td>
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<tr>
<td>Medicaid</td>
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<td>Expanded Medicaid</td>
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<td>Private Insurance</td>
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<td>Private Pay</td>
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<table>
<thead>
<tr>
<th>Involved in work</th>
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<tbody>
<tr>
<td>% involved at work</td>
<td>51%</td>
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<tr>
<td>Involved at school</td>
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<tr>
<td>% involved at school</td>
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<th>FEB</th>
<th>MAR</th>
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<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
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</thead>
<tbody>
<tr>
<td>Refused/Dropped out</td>
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<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Further Testing referral</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Screening in process</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Screened out (other)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>SIPS completed/screened out</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>SIPS completed/monitoring</td>
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<td>2</td>
<td>1</td>
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<tr>
<td>SIPS completed/ongoing tx</td>
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<td>0</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Referred/Transferred out</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Number of total unduplicated clients served last month:** 54

**Number of OQ/ YOQs administered:** 59

**Number of unduplicated clients who completed an OQ/YOQ:** 41

**CRISIS SERVICES**

**Total Crisis Calls FY 19**
Inpatient Psychiatry

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.

![Bed Days FY17, FY18, FY19](image)

Inpatient stays waiting for USH Hospital bed placement

The following graph represents 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. **Total cost for FY 19 thus far is $369,600.**

![Inpatient Stays awaiting USH FY19](image)

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

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. The following graph illustrates the total number of youth and adult involuntary civil commitments to Wasatch Mental Health for each month in FY18 & FY19.

Leadership/Allied Agency Participation/Initiatives/Success
Success Story
Mobile Crisis Outreach or MCOT is under way. We had a client that we had not seen or heard from in quite some time. This was worrisome to the crisis staff so we asked Provo PD to meet our crisis staff on scene as we did an outreach. There was no answer at the door, and the landlord let us in the apartment. Unfortunately, this story has a sad ending as the police and our staff found this client had passed away. There were no signs of obvious suicide or foul play, she had some very serious health issues. We are sharing this story because the Provo PD has responded to this client’s residence dozens of times for trivial matters. The officers conducted themselves in a professional manner and at no time acted frustrated to be at the client’s home again. This client’s passing was not necessarily a surprise to crisis staff, however, it has been somber at the ROC this week. We are grateful for coordinated efforts and ongoing relationships with local police departments.

Clinical & Community Services Division

Percent of Staff Meeting Productivity Standard

- 100% or more: 46
- 95%-99%: 9
- 90%-94%: 13
- less than 90%: 22

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: 4297
Adult Clients Served: 2590
Child/Youth Clients Served: 1707

Number of OQ/ YOQs administered:
Clinical & Community Services Division: 3189
Crisis & Intensive Services Division: 1095

% of Unduplicated Clients Completing an OQ/YOQ: 58%

Mountain Peaks Counseling
The graph below indicates the number of clients who kept their scheduled appointments at MPC.

Below is a graph of the number of intakes by month.
Below is a new graph that shows breakdown of caseload by provider. Phil, our daytime provider is carrying about half of the total clients enrolled. Both he and the evening provider are at capacity and we are holding off on new intakes until we can get the new provider up and running.

<table>
<thead>
<tr>
<th>MPC Caseloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butler, BRIAN, 19, 11%</td>
</tr>
<tr>
<td>Jenks, BRYANT, 18, 10%</td>
</tr>
<tr>
<td>Jenson, TYLER, 18, 10%</td>
</tr>
<tr>
<td>Shepley, ROBIN P, 18, 11%</td>
</tr>
<tr>
<td>Westover, Christopher, 20, 12%</td>
</tr>
<tr>
<td>Sorenson, Phillip, 77, 45%</td>
</tr>
<tr>
<td>Blume, David T, 1, 1%</td>
</tr>
</tbody>
</table>

**Leadership/Allied Agency Participation/Initiatives/Successes**

- We have added 4 new evening contracted therapists, anticipating there will be some influx of individuals seeking treatment with Medicaid expansion. These 4 therapists will also complete their private insurance credentialing and also see private insurance clients to relieve some of the growth we are experiencing in MPC.

- We will be putting together a proposal to recruit an additional contracted employee to come work day time hours to help relieve some of the daytime pressure of growth. This individual will not be a full time WMH employee but one who can contract privately and work as many hours as needed or desired according to the flow of clients.

**Number of OQ/YOQs administered:** 170
**Number of unduplicated clients who completed an OQ/YOQ:** 88
**Number of unduplicated clients served:** 119 (20 were youth)

**Westpark Family Clinic**

- In March, PASRR staff completed 91 PASRRs for a generated revenue of $32,829.
- WMH PASRR staff continues to provide IDRC PASRR evaluations for individuals who have intellectual disabilities. In March 2019, PASRR staff completed 16 IDRC PASRRs for a generated revenue of $3693.20.
- The number of OQ/YOQ questionnaires collected in WFC decreased significantly this month due to administering the MHSIP questionnaires. WFC collected 446 OQ/YOQ questionnaires during the month of March. This is down by 129 questionnaires from the 575 administered in February. Of the OQs collected this month, 317 were unduplicated, which is down from 403 unduplicated questionnaires last
month. The number of daily administrations this month decreased to 21.2 per working day, which is down by 9.1 questionnaires per day compared to February. Two factors account for this reduction. The first is that the WFC is currently short-staffed, which is leading to an overall trend of decreased OQ collection this year. The second is that the MHSIP/YSS surveys were administered in the WFC this month (with 244 surveys administered) in place of an OQ/YOQ the first time a client came into the clinic during the month.

- 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 each 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 75% of March’s sample had at least one concrete and measurable objective on the recovery plan. This represents a decrease of 17.9% compared to last month’s audit. It is unclear whether this decrease is due to the small sample size or if it is suggestive of an actual decline in S.MA.R.T objective use. Increased emphasis will be placed on this initiative during the coming month.

- During the last quarter (beginning with the pay period starting on 12/23/2018 and ending with the pay period ending 3/16/2019), WFC staff with productivity standards achieved a total of 4203.42 productive hours, which equates to 102.6% of the department’s cumulative productivity standard.

- During the same period of time, RPS staff with productivity standards achieved a total of 720.71 productive hours, which equates to 110.1% of the department’s cumulative productivity standard.

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

<table>
<thead>
<tr>
<th>Mental Health Courts in Utah County:</th>
<th>Number in the program:</th>
<th>Graduates:</th>
<th>New Clients Accepted:</th>
<th>Clients who dropped out or removed from program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th District Court:</td>
<td>20</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Provo Justice Court:</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Orem Justice Court:</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Leadership/Allied Agency Participation/Initiatives/Success:

- Wasatch Mental Health and the Provo Mountainlands Health Center have recently 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. Since services are to begin in May, the first graph showing the number enrolled in the program will be shown in the June 2019 for May 2019 report.

- Walk-in intake volume increased marginally while utilization decreased slightly during the month of March. During the last month, a total of 43 walk-in intakes were performed, filling most of the 61
available slots, for a total utilization rate for the month of 70.5 percent. This is down 2.7 percent from the utilization rate observed in February but remained well above the point where performing intakes was beneficial to clinician productivity on average. The number of clients who could not be accommodated for an intake on the day of their first contact with WMH increased to 1 in March.

**Wellness Recovery Clinic**

**Average length of time (in days) between initial phone call and scheduled intake**

The number for the last month was 1.43 days from first phone or walk in contact to first appointment.

![WRC AVERAGE DAYS FROM CLIENT CALL TO CLIENT APPOINTMENT CONTINUOUS](image)

**Leadership/Allied Agency Participation/Initiatives/Success**

As we anticipate the funding to end June 30, 2019, we are working hard to determine who in the WRC may qualify for the new expansion Medicaid. We identified 65 individuals in late March and Tom Robertshaw is helping those who qualify to apply. Some of them were PCN Medicaid and automatically got approval letters already beginning early April. Of the 65 identified, we are referring 4 to Housing, 1 to Payson, 19 to AFFC and 42 to WFC. Tom has done a great job working with these clients and even the new intakes we have done over the last 2 weeks to inform them of what is happening and how we will be able to care for them going forward.

The hard part of the WRC closing is telling those who fall in the gap of not qualifying for Expansion Medicaid, that we cannot serve them any more. We are making lots of referrals to Mt Lands for medications and mental health services. There are not many resources in the community that can do what the WRC did for so many years. It was a program that was able to serve thousands of clients and assist them in receiving great mental health care at no cost to them. I would say we even saved countless lives as they came to us destitute and at their lowest times and we helped them on their path to recovery.

**Number of total unduplicated clients served last month:** 117

**Number of OQ/ YOQs administered:** 150

**Number of unduplicated OQ/YOQ:** 67

**Medical Department**
No significant concerns within the department of Medical Services were reported for the month of March. It was announced on March 21st that Kelsie Balmforth accepted an offer for the Child and Youth APRN Prescriber position. Kelsie interned with Wasatch Mental Health while completing her APRN program and staff are excited for her to return to this organization. She will begin working with us the first part of June 2019. It is not decided where she will be spending her time within the organization. Discussions were ongoing throughout March regarding where prescribers working at the WRC will spend their time following the closure of the WRC following Medicaid Expansion. Payson Family Clinic expressed a need for a prescriber but the issue was still undecided by the end of March. Tom Parkinson and Dr. St.Pierre began to help cover for Dr. Houskeeper while she is on FMLA in regard to keeping track of this department. The Wellness Coordinators continue to be busy, with all of their productivity levels well above 100%. No issues regarding overdue Relias tasks were noted for this department in March 2019. Several prescribers within Medical Services demonstrated a notable increase the number of late notes after decreasing their number of late notes in February. However, one clinician also demonstrated a significant decrease in the number of late notes.

**Psychological Testing/Interns/Form 20m**

March of 2019 saw Dr. Jaime Houskeeper begin her FMLA with Dr. Amedee St.Pierre taking over as interim supervisor of the department along with absorbing some of Dr. Houskeeper’s duties as Program manager. No significant difficulties have arisen with this transition as of the end of March. The department would like to congratulate current intern Shannon Cayer on her acceptance of a residency position within this department.

Psychological Assessment Services continues to receive ample referrals for psychological testing. Kim has been required to schedule clients up to two months due to lack of availability. In order to help alleviate some of this wait time, several options have been discussed and plan to be implemented. Our psychology interns have been requested to take on a larger burden of testing, especially as they begin looking at winding down their caseloads in the last quarter of their internship. We have also begun contacting Dr. Allred on a more regular basis in order to provide him with testing referrals. Materials to begin doing testing for Spinal Cord Stimulators and Bariatric surgery were ordered and received.

Psychological Assessment Services has begun to encounter more individuals who have been directed toward Wasatch Mental Health from the DSPD and have been told they can get testing needing to qualify for DSPD services through us. These individuals have been informed of rules and restrictions per Medicaid preventing us from doing this testing. We have begun tracking the names of individuals working at DSPD that are disseminating this information.

In March we received a total of 84 referrals for testing, with 23 of these being referrals for Adult Testing and 61 being referrals for Child/Adolescent Testing. 30 of the received referrals were for assessment for Autism Spectrum Disorder, which is 34.71% of the referrals received in March 2019.

Below are the preliminary billable total hours for interns along with a break-down of services provided by intern for the entirety of their internship up until the end of the month of March 2019:

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<th>EVL</th>
<th>EVLD</th>
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<th>FTC</th>
<th>GBM</th>
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<th>IT</th>
<th>IBM</th>
<th>PT</th>
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<td>$378,639.00</td>
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<tr>
<td>$378,639.00</td>
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<td>$0.00</td>
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</tbody>
</table>
**Care Team Services**

Rachel Greenberg has begun working the front desk providing Spanish speaking services for our Mountainlands and Westpark Family Services clients. The front desk staff at the West Park Family Clinic continue to work hard to cover positions for individuals who are out on leave or for positions that have not been filled. Becky Tyler from the WRC will be joining the front desk staff at WFC which will certainly help with the strain. The staff at Westpark also continue to work hard in preparation for the anticipated increase in clients seeking services as part of the Medicaid Expansion. Discussions have been in place to allow Supportive Housing Services and the Food and Care Coalition absorb some of the extra clients we anticipate at this clinic.

**Outside Providers/Mountainlands**

Mountainlands was open 20.5 days in March 2019

- %Appointments Kept---72%
- %Appointments Canceled---14%
- %Appointments Failed---14%
- %Appointments Kept Follow-up's---89%
- %Appointments Kept New Clients----11%

**Summary:**
March’s numbers were very similar to February. There was a small drop in the number of appointments scheduled and kept per day, but the percentages of appointments kept, canceled, and failed were almost identical. The only notable change was that almost all of the failed appointments (14 of the 16 failed) were for clients who have case managers. In 2018, we averaged only 63% of failed appointments being for those clients who have case managers as compared to 88% in March 2019. There was a 12% increase in the number of appointments scheduled per day over March 2018 and an 8% increase in the number of appointments kept per day.

**Wasatch House**

**FY 19 Unduplicated Number of Clients Served (compared to FY18)**
Leadership/Allied Agency Participation/Initiatives/Success

- Kyle Cook was able to renew a clerical TE at All Around Dental in Payson.

- Brian Butler and Emily Land met with the Housing Authority of Utah County to discuss creating 2 new TE’s there, one clerical and another with landscaping. We received a positive reception there and are hopeful that we can finalize it this month.

- Brian Butler, LCSW along with 2 Clubhouse members presented on mental illness and independent living at the State Independent Living Conference. The presentation was given over 2 separate sessions to IL staff throughout the state. We received positive feedback especially about the member’s recovery stories that were shared.

Number of total unduplicated clients served last month: 135

Number of OQ/ YOQs administered: 43 MSHIPS

WATCH//JTP Program

JTP- Unduplicated number served (compared to FY18)

![Graph showing number served per month]

Leadership/Allied Agency Participation/Initiatives/Successes

Stephanie McDonald, LCSW reports the following:

Calie Adams, SSW and I worked with a man that had been incarcerated 11 times. We began meeting him in jail on his 10th booking setting safety plans and future goals. Client was resistant in the beginning and encouraged to change his safety plan on his 10th booking several times. However, he did not. Client was released and immediately relapsed. Client was then booked again in UCJ on new charges a week later. That first meeting in jail on the 11th booking the client stated, "I should have listened." We discussed with the client that it was his treatment and he directed the process. Client was then willing to complete "assignments" with full accountability. Client was released after a few months, continued to follow through with treatment, was able to seek employment, complete substance abuse treatment, was reintegrated...
with his child and eventually successfully terminated treatment after meeting all of his treatment goals. Client then came in approx. 1 year later to visit but was unable to meet with his treatment team and left note behind stating, "I had the day off and was in the area and wanted to say hello. I am still doing amazing. Thanks for everything."

- We have set up Walk-In clinics every day for any individual in the community seeking help to apply for Medicaid expansion. These clinics have both morning and afternoon times to accommodate as many people as possible. In addition to these walk in clinics with the case managers, we have aligned our therapist walk-in times to immediately see any potential client who has applied for Medicaid and reports a need for mental health treatment.

**Financial Report**

We completed the Homeless and Community Development RFP for Motel Vouchers and Street Outreach early even with a quick turnaround time. We were then disappointed to hear that it was reopened to address new requirements that were due within 3 days. We will be working on this over the weekend as it is critical to receive this funding.

**Supported Housing Services**

![SRT Bed Day Capacity Percentage Graph]

**Leadership/Allied Agency Participation/Initiatives/Success**

A success story for a housing client.

We recently received a referral for a WRC client that is now on Medicaid. Within a couple weeks of her coming to Level 4 we were able to get her approved to move into an apartment through the Housing Authority of Utah County. She has no income except for $200 a month from an alimony agreement from her ex-husband. With this housing assistance her rent will be 30% of her income. We will continue to work with SSI to get her approved for income benefits.

We had another success story:
We had a client living in a housing project owned by Utah County Housing. This client is very fragile and has been homeless for a long time. When we moved her into housing, her roommate was abusive emotionally and made threats to her. It was causing great distress. We were able to find a spot for her at SRT in Payson and move her in just a few short days. Utah County Housing was able to transfer her housing to section 8 housing and continues to serve her and even allowed her out of the lease as the landlords with short notice. Pricilla, in UHAC, has been fantastic to work with and has been very flexible in helping us get housing for so many clients.

**Number of total unduplicated clients served last month:** 129

**American Fork Family Clinic (AFFC) & School Based Services**

**Successes:**

Sheri Rowley’s experience after Randy Huntington’s De-briefing training. A young child was hit by a car and killed near a school a couple of weeks ago. Here are her words:

“As we worked on helping the school and area deal with the aftermath, I was asked to meet with all the neighborhood kids and parents…dealing with seeing the girl and the loss, etc. Randy Huntington had just come and presented to us with our Alpine School District interns on Understanding Trauma Reactions and Crisis. Having that refresher, of debriefing with people after a traumatic experience, helped me be prepared to meet with this group of kids and adults and feel like I wasn't just floundering. We were able to process through and got reports back that it was very helpful, and some of the kids were able to open up that hadn't talked yet about the situation.”

**# of total clients served last month:** Total: 766   Adult: 289   Youth: 477

**Number of YOQs/OQs administered:** YOQs: 387   OQs: 247

**Unduplicated number of YOQs/OQs:** YOQs: 263   OQs: 142

**Groups in AFFC**

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

**Employee Growth and Development**

Elizabeth Feil, LCSW, has been coming in March to train our staff in TBRI—Trust Based Relational Intervention. She has done an excellent job by explaining things plainly and using experiential activities to learn the concepts.

**CIT Academy**

We are looking at April 29-May 2, 2019 for our next CIT Academy.

**Payson Family Clinic & School Based Services**

**Successes**

Lynette Beard has been working with a 14 year old the last 8 months on problems with suicidal ideation and the parents divorce. The mother gave the following feedback:
"Thank you for your help in working with my daughter through this really hard time. I feel she is coping better and smiling more. I feel like I'm starting to get my daughter back."

**# of total clients served last month:**
Total: 479  Adult: 198  Youth: 281

**Number of YOQs/OQs administered:**
YOQs: 355  OQs: 180

**Unduplicated number of YOQs/OQs:**
YOQs: 230  OQs: 115

**Groups in Payson**
DBT
Parenting the Traumatized Child
Strengthening Families
School Based Skills groups

**Providing Excellent Customer Service**

**Economic Stability**

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<tr>
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<td>970</td>
<td>1,149</td>
<td>1,000</td>
<td>820</td>
<td>1,086</td>
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<td>Kept Appointments</td>
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<td>81%</td>
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<tr>
<td>2017/18 kept appts</td>
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<td>767</td>
<td>704</td>
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<td>793</td>
<td>673</td>
<td>727</td>
<td>657</td>
<td>776</td>
<td>642</td>
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</tbody>
</table>

**Community Meetings and Presentations**
Nebo Clinical Staffing—Myriam Bardsley, Chelsea Seegmiller
Restorative Intervention Team—Myriam Bardsley
Blue Ribbon—Chelsea Seegmiller

**Wasatch County Family Clinic**

**Performance Indicators**
Total Unduplicated Clients Served in March: 217

**Adults:**
Youth:

March Med Appointments with Prescriber:
Number of YOQs/OQs administered:  
YOQs: 285  OQs: 1413

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

Leadership/Allied Agency Participation/Initiatives/Success:

- Efforts are in place to more effectively bridge services between the jail system and mental health services upon discharge from incarceration. Our therapist will be screening for inmates who are also residents of Wasatch County. With Medicaid expansion in play, our case manager will complete the necessary paperwork with inmates to qualify them for Medicaid upon discharge from the jail. Jared Rigby was able to contact a county attorney to look into having probation include a requirement for follow up with mental health services. The jail team will communicate when targeted inmates discharge to ensure the Wasatch Mental Health team can quickly and effectively follow up and connect the individual with services. This coordination is in its preliminary stages.

- Despite being down one therapist focus this month has been on maintaining fluid delivery of services. The team has been able to effectively shuffle responsibilities. WCFC is again providing full service to the county jail inmates. The new WCFC drug court team is currently training in preparation for the departure of the last veteran drug court team member. A rotation program has been implemented to ensure uninterrupted delivery of our Moral Reconation Therapy (MRT). MRT is a required element for drug court clients to graduate from the program. Efforts are in action to identify eligible clients for Medicaid Expansion and to link them with the WCFC eligibility specialist. Additional efforts are being made to improve the WCFC intake process by utilizing case managers to acquire initial evaluation information via the MHEVL billing code.
Clinical Performance and Compliance

Clinical Consultation Group Tracking

Significant progress has been made on developing processes and tools to monitor clinician participation in the clinical consultation groups, as well as the outcomes of the deteriorating clients that are the focus of the clinicians that are involved in the groups. An attendance form showing whether or not clinicians assigned to the consultation groups are present at each group meeting (or alternatively, if they are absent, excused, or on vacation), has been placed in the shared drive. Group leaders have been trained on how to complete it, and most group leaders have started doing so. Additionally, a client tracking form has been developed for each clinician participating in the groups. This will allow clinicians to more closely monitor the subset of their clients that are at risk for negative treatment outcomes, and outlines the steps that should be taken (consistent with Wasatch Mental Health’s clinical consultation model) to address the needs of those clients. This sheet also contains a space for clinicians to document how many sessions they are recording each week. This information will be combined with report information on total client encounters for each clinician in order to determine the percentage of sessions recorded each week. These tools will be rolled out to the consultation groups during the coming month.

Leadership/Allied Agency Participation/Initiatives/ Successes

Medicaid Expansion Preparation

We worked on preparing the Care Team Assistants (CTAs) throughout the agency to be ready to serve clients that would be accessing WMH services pursuant to the Medicaid expansion. We developed a website tool that would screen interested parties and direct potential expansion clients to WMH outpatient clinics for additional assistance with becoming eligible.

Outcome Improvement Initiative Application

On April 17th, a four hour workshop was held at the end of the Generations conference focusing on improving the clinical outcomes of agencies through the adoption and use of evidence based practices. Specifically, the workshop addressed the importance of adapting the administrative structure of the organizations in question to prepare for evidence based practices to be successfully implemented and maintained. At the end of this presentation, the assistant director of the Division of Substance Abuse and Mental Health announced the “Outcome Improvement Initiative.” The initiative includes a $15,000 grant for agencies wishing to work collaboratively with the division over the course of the next year and four months to implement an evidence based practice in their organizations. As this initiative dovetails with quality improvement efforts at WMH that are already planned and/or underway, it was determined that WMH would submit an application to participate. The application was prepared and submitted, with the request to be considered in both the urban (Utah County) and rural (Wasatch County) categories.

Webcam Piloting

At leadership request, we started piloting the use of a webcam (as opposed to the stand-alone video cameras that we have been using) to record sessions. The early results are positive. The audio and video quality is more than adequate, and the interface is more user friendly than is the case with the video cameras. The form factor of the device is smaller, and subsequently less
intrusive/recognizable than is the case with the video cameras. With the use of USB extension cables, the webcams could be placed conveniently in most offices, and could be easily moved to accommodate situations other than session recording (such as recording supervision where one might want to record the supervisor and supervisee watching another session).

**Human Resources**

**Training**

There are currently two cohorts in the new supervisor/manager training program with a total of 31 employees participating. In April we will wrap up the in class portion for the first cohort and in May a new cohort will start. The next group consists of 17 employees with 10 of them currently working in a supervisor or manager capacity.

**Employee Turnover**

We don’t see any unusual trends with our turnover at the current time.

![Employee Turnover Chart]

**Credentialing**

This is a new section that might be of interest. It shows the work that our credentialing expert manages, and how many of our providers are credentialed with the various carriers. In March we

<table>
<thead>
<tr>
<th>Credentialing</th>
<th>Medicaid</th>
<th>Molina</th>
<th>Regence</th>
<th>PEHP</th>
<th>EMI</th>
<th>Aetna</th>
<th>U of U</th>
<th>Select Health</th>
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<tr>
<td>Total</td>
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**Recruitment**
The average rank will be a number greater than 1 with the understanding that as the number is larger than 1, we are not actually onboarding our top candidate. The average step is of interest to me as it points out the prior experience of the starting employee. I would expect the average step to jump around from month to month depending on if we are hiring more entry level positions vs management.

<table>
<thead>
<tr>
<th>Positions Filled</th>
<th>Average Selection Ranking</th>
<th>Average Step</th>
<th>Average Days Posted</th>
<th>Average Days From Posting to Selection</th>
<th>Average Days from Posting to Start Date</th>
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<td>6</td>
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<td>2.00</td>
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<td>32.2</td>
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<td>May</td>
<td>11</td>
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<td>9.71</td>
<td>14</td>
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<td>2.00</td>
<td>8.4</td>
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<tr>
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<td><strong>3.36</strong></td>
<td><strong>27.81</strong></td>
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</table>

**Postings Over 30 Days:**

- FT Maintenance Specialist: 205 days
- FT Therapist (CY-FAST): 205 days (person selected decided not to take it)
- FT Psychologist: 121 days
- FT HSW (Aspire): 71 days
- FT Therapist (WCFC): 50 days

**Accounting Department**

Forecaster has been updated for use in preparing the FY2020 budget.

We are continuing to explore options to further automate our A/P processing through new software. We have participated in software demonstrations for both A/P and HR and are impressed with what is available.

**Billing Department Report**

- Audited all open "non-Medicaid" clients (2133 clients) for Medicaid expansion beginning April 1.
- Identified 139 clients who will be rolled over from PCN to Expansion Medicaid effective April 1.
- Identified 106 current clients who are eligible for Targeted Adult Medicaid that the billing department was previously unaware of.
• Identified 584 current clients with no Medicaid number entered into Junction. On going auditing on these clients for a potential Medicaid match. Out of the 201 clients audited so far, 59 have had a Medicaid # added to the chart.
• Identified need for CTA training/emphasis to look for a potential Medicaid number/eligibility, and not just take the client's word that they are not eligible.

**IT Department**

• Near the end of March, programmers shut down the dual entry in the old billing tables and the new billing tables. Everything went very smoothly. Also, during March, programmers added an icon of a shot needle to clinical notes to help nurses identify notes when injections have been provided.
• Providers were given a new tool in group notes that allows them to insert a client note if they've forgotten to add it.
• Met with the programmers to discuss rollout of provider overlaps for group reporting. Decision was made to roll it out on Monday, April 8. With validation in place for group reporting and clinical notes, many of the problems of overlapping time should be greatly reduced, however, any services reported in the skills development module won't be caught because the infrastructure isn't in place. We will need to generate reports to ensure there isn't any overlapping time for the skills development module.
• The IT dept. decided the best time to upgrade the SQL server's operating system and the SQL server software. The plan is to upgrade the operating system on Saturday, April 13. The server's current OS is Windows 2012 and the upgrade will bring it to Windows 2016. We'll leave the server alone for a week or two so if there are any problems, they can be resolved. Once we're confident that the new OS is running smoothly, we'll upgrade SQL Server software. After the upgrades, we'll be synchronized with Weber's system and the programmers won't have to worry about backwards compatibility.