

**TOOELE COUNTY
ANNUAL PLAN
FOR BEHAVIORAL HEALTH SERVICES**

**FISCAL YEAR 21
JULY 1, 2020 TO JUNE 30, 2021**

**GARY K. DALTON
BEHAVIORAL HEALTH ADMINISTRATOR**

Annual Plan
FY 21

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Tooele

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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

Who is eligible to receive mental health services within your catchment area? What services? (are there different services available depending on funding)?
Valley Behavioral Health -Tooele County (VBH-TC) residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at Tooele-VBH and anyone is eligible for crisis/emergency services. VBH-TC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient Services, Substance Use Treatment Rehabilitation Services, Medical Case Management, Case Management, Clubhouse, Criminal Justice Involvement, Transitional Treatment, Crisis Services, psychosocial rehabilitative services. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
VBH-TC residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-TC and anyone is eligible for crisis/emergency services. VBH-TC offers a broad range of services for adults and children in all situations. These include: evaluation and treatment plan screenings, assessment services, outpatient services, substance use treatment services, medical case management, targeted case management, clubhouse, treatment services for clients with high and low criminogenic risk factors, transitional treatment services, crisis services. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community. Wait lists are managed by monitoring the time from first screening to intake. If this exceeds 7-10 days, we discontinue seeing new clients funded by private means. Priority populations are determined through the screening process. This population includes: Medicaid, pregnant women, IV users, and safety concerns.
What are the criteria used to determine who is eligible for a public subsidy?
Tooele County residents are eligible for services with the use of DSAMH and Medicaid funding with the use of a sliding fee scale. This is based off income, family members, and expenses on a scale and is reviewed every 3 months to make sure the client still meets criteria to receive public subsidy. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-TC and anyone is eligible for crisis/emergency services.
How is this amount of public subsidy determined?
During screening and registration, the service program will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior to the scheduled appointment). Service programs will be given a copy of the insurance verification eligibility sheet prior to the client's appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet. See attached Fee Policy for additional information.

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

The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Behavioral Health. A copy is provided to the client. Documentation regarding eligibility and fees is included in the Valley Client Fee Policy. This information is not currently posted on our website for access.

**Are you a National Health Service Core (NHSC) provider? YES/NO
In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.**

Yes, VBH-TC qualifies as an area that is able to work in collaboration with the NHSC. This process is monitored annually with our grants and contracts committee. VBH-TC is supportive of our staff applying for support through the NHSC as appropriate for the various programs that they provide to rural communities.

2) Subcontractor Monitoring

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

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

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

Valley's Regulatory Oversight and Compliance Department (ROC) conducts annual audits on all Subcontractors. These audits take place once during the calendar year and are conducted by ROC auditors. The last review was done March 2018. Right now, ROC is the process of its 2019 audit. These will be completed by May 2019. The auditor requests files from the Subcontractors and either do an on-site audit of client records or audit remotely. The charts are reviewed using the chart auditing tool developed by ROC to serve Medicaid, SAPT/MH Block Grants, specific county requirements, DHS licensing, and other private carrier requirements. Each chart is reviewed and scores are entered on an electronic spreadsheet and combined for a total score. Any Subcontractor whose scores are below 85% are asked to write a Plan of Improvement on the specific areas of the charts that are deficient. Subcontractors are also monitored for BCI completion on an annual basis. ROC staff monitor all employees and subcontractors to ensure that BCI's are completed before the expiration date. Subcontractors are required to provide proof of an up-to-date BCI, professional licensure, and professional liability insurance at the time of the annual chart audit. Subcontractors are given quarterly scorecards on key indicators on satisfaction, inpatient and outpatient utilization, and length of stay as examples.

3) DocuSign

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

Yes, VBH-TC utilizes DocuSign in our contracting process.

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Tooele

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient

Form A1 - FY20 Amount Budgeted:	\$380,000	Form A1 - FY20 Projected clients Served:	50
Form A1 - Amount budgeted in FY19 Area Plan	\$247,765	Form A1 - Projected Clients Served in FY19 Area Plan	26
Form A1 - Actual FY18 Expenditures Reported by Locals	\$203,036	Form A1 - Actual FY18 Clients Served as Reported by Locals	32

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

Inpatient mental health services for adults are authorized on a case-to-case basis with outlying service providers and not provided by Valley Behavioral Health-Tooele County (VBH-TC) directly. These services are primarily provided through agreement with Highland Ridge Hospital (HRH) in Salt Lake City. HRH currently serves both MH and SUD Adolescents and Adults.

HRH is the primary source of inpatient utilization for Tooele Residents. However, other inpatient options (e.g., University of Utah, VA, University Neuropsychiatric Institute (UNI), Saint Marks Hospital Salt Lake Behavioral Health (SLBH), LDS Hospital, Provo Canyon, McKay Dee Hospital and Lakeview Hospital) have and will at times be necessary in order to meet the area's inpatient service needs. In all circumstances, VBH-TC personnel will take appropriate steps to facilitate access to adult inpatient resources as needed.

Each hospitalization request is reviewed by the VBH-TC Utilization Management and Review department (UMUR) for prior authorization to determine medical necessity. Authorization reviews are continued every 24-72 hours throughout the length of stay and discharge plans are made prior to release.

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

It is a high level initiative and focus for our UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams. As reflected in our FY2020 area plan, we expect that we will continue to see an increase in community based care. VBH-TC will continue to work to improve the quality of care and decrease the number of hospitalizations over time. VBH-TC has also placed an emphasis on reducing inpatient length of stay. We have

increased resources in wrap around services to shorten the length of stay while still providing medically necessary services at the appropriate clinical level. The reported number of individuals served is based on the projected final count for the last 12 months. However, trends are showing that VBH-TC expects to see a continued increase in inpatient costs as well as in the number of clients needing inpatient care.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to make efforts to reduce hospitalization and to provide support and treatment for those who do need hospitalization.

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	\$200,000	Form A1 - FY20 Projected clients Served:	25
Form A1 - Amount budgeted in FY19 Area Plan	\$238,235	Form A1 - Projected Clients Served in FY19 Area Plan	25
Form A1 - Actual FY18 Expenditures Reported by Locals	\$203,035	Form A1 - Actual FY18 Clients Served as Reported by Locals	32

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

VBH-TC Children's Unit offers inpatient care services for the youth population through contracted service providers as these services are not available within Tooele County. The utilization of inpatient programs and services will be monitored by the mental health center, where UM/UR staff work directly with inpatient personnel to provide the initial and continued authorization of services. Children's Unit outreach staff work with the hospital and family to coordinate discharge plans and ensure a successful transition back to the community with needed wrap around services provided to reduce risk of re-hospitalization.

Inpatient services for children and youth are provided through Highland Ridge Hospital as the primary provider. This facility maintains 16 adolescent beds. Other facilities throughout the intermountain area (e.g., Provo Canyon Behavioral Health Services, Wasatch Canyons, McKay Dee, and UNI) may be utilized as necessary and appropriate given individual circumstances.

If a Tooele resident is not able to be psychiatrically stabilized in a timely manner, VBH-TC will use the utilization and review process to determine if placement at the Utah State Hospital is appropriate. VBH-TC has currently been allocated 3 pediatric beds subsequent to the formula established in subsection (2) of 62A-15-612, which also provides for the allocation of beds based on the percentage of the state's population of persons under the age of 18 located within a mental health center's catchment area.

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

VBH-TC is targeting decreased inpatient stays through UMUR team, discharge planners, hospital in reach coordinators and our wraparound teams. Through supportive and preventative services VBH-TC intends to increase numbers of individuals served in community settings to improve the quality of care and decrease the number of hospitalizations over time. The reported number of individuals served is based on the projected final count for the last 12 months. Trends are showing that VBH-TC expects to see a continued decrease in inpatient costs due to utilization of UMUR team working to decrease expenses incurred. Expected number of clients expected to remain approximately the same.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to coordinate efforts to reduce the risk of hospitalization. We have increased FRF services, and have increased outreach to schools, homes, and the community for children and families in crisis. VBH-TC is monitoring hospitalizations and lengths of stay for sub contractors as well.

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$25,000	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$35,000	Form A1 - Projected Clients Served in FY19 Area Plan	3
Form A1 - Actual FY18 Expenditures Reported by Locals	\$28,034	Form A1 - Actual FY18 Clients Served as Reported by Locals	1
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Adult residential services are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities as available throughout the state. These services are provided by single case agreement based on individual need as staffed and reviewed by the Center's UMUR department.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Adult residential services are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities as available throughout the state. These services are provided by single case agreement based on individual need as staffed and reviewed by the Center's UMUR department. Recent trends are showing a requirement for more services per client in residential services.			
Describe any significant programmatic changes from the previous year.			
Through the use of our Center's intensive UMUR monitoring process we believe that we will maintain costs in this area.			

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	\$25,000	Form A1 - FY20 Projected clients Served:	1
963	\$35,000	Form A1 - Projected Clients Served in FY19 Area Plan	2
Form A1 - Actual FY18 Expenditures Reported by Locals	\$84,102	Form A1 - Actual FY18 Clients Served as Reported by Locals	3

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

Residential services for children and youth are not provided directly by VBH-TC. When more secure and extended residential treatment is determined medically necessary, the Center will utilize residential facilities available throughout the state. VBH-TC has previously utilized contracted providers such as Provo Canyon Behavioral Health, Utah Youth Village, Imperial Healing and UNI. VBH-TC does not plan to limit its residential service continuum to select facilities during FY 2020, but will endeavor to obtain services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be clinically necessary, these intensive levels of intervention will be delivered to accomplish increased stability and foster the successful reintegration of children and youth with family and community. This level of service is difficult to predict as VBH-TC endeavors to serve and maintain children and youth in their home environment through intensive wraparound services as preferable to out-of-home placement if at all possible. This process will be monitored closely with UM/UR review occurring at least every 14 days to assure client is in the appropriate level of care.

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

Youth residential services are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities as available throughout the state. These services are provided by single case agreement based on individual need as staffed and reviewed by the Center's UMUR department. Recent trends are showing a requirement for more services per client in residential services.

Describe any significant programmatic changes from the previous year.

VBH-TC Tooele is continuing to expand community based services to assist in identification of at risk individuals & divert for this level of care. Community based services have been available in homes, and we continue to provide services in the home as clinically necessary.

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$985,761	Form A1 - FY20 Projected clients Served:	1,276
Form A1 - Amount budgeted in FY19 Area Plan	\$916,361	Form A1 - Projected Clients Served in FY19 Area Plan	1,179
Form A1 - Actual FY18 Expenditures Reported by Locals	\$975,244	Form A1 - Actual FY18 Clients Served as Reported by Locals	971

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

The continuum of outpatient services provided directly by VBH-TC will continue to include ongoing strengths based MH/SUD and domestic violence assessments, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development, and medication management services will be maintained.

Services are generally provided in the outpatient clinic located in Tooele. However, services are also provided in Wendover, Utah in a collaborative office in the local Catholic Church. There has been a clinical focus on community mental health to provide services in client's homes if they are unable to get to the clinic. Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible clients for both Children's and Adult outpatient care. (Please see Attachment C for a complete list of the Sub-contractors). Starting in September, 2017, Tele-health with a prescriber has been an option for clients living in remote areas instead of them having to drive all the way to Tooele.

In coordination with the Tooele County Housing Authority, VBH-TC is able to offer the Shelter + Care voucher program. Case worker for this program is housed within the Tooele Resource Center. The Center currently services 31 vouchers and serves to assist homeless individuals with stable housing. The program is designed to not only provide housing but also encourages participation in therapy, medication management, and case management services in order to achieve stability and facilitate permanent housing.

VBH-TC will provide daily on-site mental health interventions at the Tooele County Detention Center which has been shown to decrease the number of crisis incidents at the facility.

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

VBH-TC has seen an increased trend in enrollments for outpatient services. We have enhanced our community based involvement and are working diligently with our crisis response subcommittee in the community to get in front of the use of the ER for crisis response. Additionally through the stabilization in the community and improvement in outpatient services. We believe that is reflected in the increased projections in this area

Describe any significant programmatic changes from the previous year.

The focus is on community mental health. The Recovery Model focus allows client driven care that indicates improved evidence based outcomes. Oversight and feedback from community partners, clients and Board Members has been positive. VBH-TC will continue incorporated community based crisis services including wrap around care with integration of primary care and holistic approach to wellness as a goal. Implementation of TAM Waiver has created more clients seen and reduced the cost. We expect this trend to continue as clients are placed on the TAM Waiver.

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

We are working with the State Hospital and coordinating wrap around services to insure that individuals are served in the least restrictive environment. We do not recommended high level of restriction until we have insured that lower levels of care are unsuccessful or not feasible or applicable.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$485,930	Form A1 - FY20 Projected clients Served:	629
Form A1 - Amount budgeted in FY19 Area Plan	\$666,872	Form A1 - Projected Clients Served in FY19 Area Plan	858
Form A1 - Actual FY18 Expenditures Reported by Locals	\$975,244	Form A1 - Actual FY18 Clients Served as Reported by Locals	971

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

Direct outpatient services provided to children, adolescents, and families includes ongoing strengths based mental health assessments, psychiatric evaluations, individual and family psychotherapy, individual and group skills development, behavior management, pharmacological management, partial hospitalization day treatment (Tooele after school Program), as well as psycho-social rehabilitation and support groups.

Children's outpatient services are primarily provided at the VBH-TC Children's Unit located at 27 South Main in Tooele and in the satellite office located in Wendover, Northlake Elementary, Sterling Elementary, Tooele High school Tooele Jr. High (when office space is available), Stansbury High school, Clark Johnson Jr. High. However, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible residents of Tooele County. (Please see attachment C for list of sub-contractor services)

VBH-TC Children's Services clinical staff offers services to youth and family related to the many life disrupting problems associated with mental health and substance use disorders.

Additional availability of space on van transportation to VBH programs for children in Salt Lake area is expected to increase due to aid being provided by TCSD to assist driver, enabling a larger number of available seats.

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

Based on current staffing, we are seeing a decrease in clients served. This trend will change as we hire clinicians to accommodate for increases in clients.

Describe any significant programmatic changes from the previous year.

We have maintained services in schools within Tooele County and expect to continue during upcoming year. Currently working with Tooele County School District to ensure coverage in schools through VBH-TC and other community providers.

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$214,928	Form A1 - FY20 Projected clients Served:	425
Form A1 - Amount budgeted in FY19 Area Plan	\$321,257	Form A1 - Projected Clients Served in FY19 Area Plan	576
Form A1 - Actual FY18 Expenditures Reported by Locals	\$292,964	Form A1 - Actual FY18 Clients Served as Reported by Locals	510

Describe access to crisis services during daytime work hours, after hours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Mental health crisis management is provided as a direct service and does not utilize contracted providers. VBH-TC

provides crisis response to Tooele County seven days a week, 24 hours per day, and 365 days a year. After-hour Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone and in person to any Tooele County resident and in person to the Tooele County Detention facility. The VBH-TC Crisis Subcommittee has been in operation for over a year now with all areas of crisis being covered. It consists of a strong collaboration with many community representatives. To include but not limited to the Police Department, Dispatch, Tooele County School District, Tooele County Sheriff, Tooele City, Mountain West Medical ER. This Committee is responsible for tracking data and outcomes related to the crisis response system in Tooele. In an effort to be readily available and have ease of communication, we also have a Dispatch 3 radios on site at the Tooele Adult unit. We are now using this tool for crisis as a means to get better service to our community partners. we have assigned channels that will be utilized in crisis situations where immediate communication is necessary. The need has expanded the radio Service to Children's Unit and after-hours crisis team. Our crisis team has been able to respond to double the amount adult crisis in 2018/2019 and only expect that to rise, so far in 2019 our MCOT team, which consists of crisis workers, case managers and licensed therapists, oversight is provided by Steve Barrett and Tooele's Senior Clinical Director. It is averaging 60-70 calls per month including coverage at the Tooele County Jail. Our crisis team and MCOT team are manned by the same individuals.

During regular business hours Center staff is assigned and available to assist in crisis response. The response may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary hospital commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

Crisis responders will receive Mental Health Officer training and fulfill crisis coverage on a rotating basis.

The Valley Victim Services program is unique to Tooele County as offered by a local mental authority. The program serves a multiplicity of functions for our citizens. First and foremost, Valley Victim Services operates a 24-hour crisis line to serve victims of domestic violence, sexual assault, dating violence, stalking and other crimes. Valley Victim Services has a small team of employee and trained volunteer victim advocates to respond to crisis calls. Upon receiving the crisis call, which may originate from a client, local law enforcement, or other community partners, the victim advocate may go to the scene in the community to assist law enforcement and the victim. The employees of the victim advocate team have expanded to now include three full-time victim advocates at our main office and one part-time victim advocate who resides in and responds to needs in the Wendover area. The victim advocate team provides drop-in crisis and advocate services at Grantsville Police Department two half-days per week. The victim advocate conducts a risk assessment and safety plan and determines the necessary response. Immediate safety needs may result in connection to services at VBH-TC's Pathways Domestic Violence Shelter, which is part of Valley Victim Services. Additional services may include explanation and assistance with Orders of Protection and Crime Victims Reparations (CVR) paperwork, and accompaniment to sexual assault medical examinations at the hospital and to legal hearings at the courthouse. Valley Victim Services also secures funds to assist with the variety of emergency needs, including transportation, housing, food, prescription medication, and replacement ID.

The Resource Center and Food Bank also provide 24-Hour Crisis Response as needed to respond to needs and events in the community, such as home fires that create immediate needs for shelter and safety.

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

Currently, all committed clients are being recorded and tracked in our Electronic Health Records by our UMUR team. The process involved for commitment is as follows: The UMUR team is notified of the hospitalization. The UMUR team notifies VBH's Regulatory Oversight (RO) Team who triggers a hospitalization audit. RO notifies Tooele's Clinical Director and Client's therapist about the hospitalization and a chart audit that will occur within 10 days by email. The client's therapist is required to update the care plan, safety plan, and C-SSRS with the client and have timely access to treatment with documentation in the health record that the treatment team was involved is supporting the hospitalization and discharge planning process. The client case is reviewed by the Clinical Director and the review is documented in the health record. This process is for all Tooele hospitalizations

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

VBH-TC expects to see a continued decrease in this area. Our crisis response subcommittee which was implemented in August 2017 has shown great advancement in community collaboration and involvement. We have become engaged in hiplink and Radio through dispatch at first notification of a crisis response. It has been our goal to reduce the use of the ER as the crisis response center and enhance the community response on site in the community to assist with engagement, Crisis Intervention Training (CIT) has been added to assist case managers as well as Law Enforcement, crisis de-escalation, treatment engagement and linking to more appropriate services have been taught in this training. Decreases are due to partnerships trained through CIT and case management are more equipped to determine if an individual is in crisis and appropriate steps to take. In Tooele County we are fortunate to have additional linkages through our Valley Victim Services and our resource center/food bank.

Describe any significant programmatic changes from the previous year.

In the last 12 months VBH-TC has incorporated an enhanced community based crisis response model through the use of our crisis response subcommittee. In FY2017 the crisis response model was enhanced and in the last few months of FY2018 and going into FY2019 we have seen a major increase in call load, but through community training have been able to reduce individuals served and at the same time reducing ER room visits. Our goal is to reduce hospitalizations (and Pink Sheets) while finding resources other than ER or Jail. The subcommittee has supported more rapid, community based, and enhanced crisis outreach and response.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$106,200	Form A1 - FY20 Projected clients Served:	210
Form A1 - Amount budgeted in FY19 Area Plan	\$79,246	Form A1 - Projected Clients Served in FY19 Area Plan	170
Form A1 - Actual FY18 Expenditures Reported by Locals	\$106,843	Form A1 - Actual FY18 Clients Served as Reported by Locals	186

Describe access to crisis services during daytime work hours, after hours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

VBH-TC provides 24-hour crisis response for the residents of Tooele County seven days a week and 365 days a year. Crisis services are accessed through Tooele County dispatch on evenings, weekends, and holidays. Monday through Friday 8:00 am to 5:00 pm access is available by phone, walk-in or mobile outreach through Youth Services located at the Tooele Children's unit located at 27 S. Main St. Tooele, UT 84074.

Crisis services are the units' response for spontaneous, unscheduled requests for mental health services. These requests may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system. The use of radio service has expanded to the Children's Unit as well as the Adult Unit and after-hours crisis team

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

Numbers and budget amounts do not reflect work limited to active clients in crisis. Mobile outreaches are also

being made to track and monitor high acuity clients. This justification is based on the expectation that community based services will better serve those individuals who frequently utilize this particular service. VBH-TC has rebuilt the relationship with Mountain West Medical Center. In addition, the community's investment in suicide prevention and recognition of signs and symptoms will help reduce the numbers of individuals utilizing the crisis line with an increase in early intervention of those individuals most at risk. Additionally, Tooele is one of the fastest growing counties in the country which also brings a greater need. The community continues to become more aware of crisis services.

Describe any significant programmatic changes from the previous year.

Our community outreach services have continued to increase as our community partners and families become more aware of and comfortable reaching out for services. This has continued to be a positive shift allowing children to return to their environments more quickly after assessment and de-escalation.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$265,808	Form A1 - FY20 Projected clients Served:	521
Form A1 - Amount budgeted in FY19 Area Plan	\$372,895	Form A1 - Projected Clients Served in FY19 Area Plan	608
Form A1 - Actual FY18 Expenditures Reported by Locals	\$335,330	Form A1 - Actual FY18 Clients Served as Reported by Locals	500

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

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. VBH-TC's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). These services are provided by a medication management professional (APRN) in consultation and coordination with each client's personal treatment team. This APRN is supervised directly by the VBH Chief Medical Officer. He is always available for consultation and has routine face to face supervision with the APRN prescribing for our youth and adults in treatment.

Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness. Routine monitoring and measurement of physiological statistics will be conducted at every medication management appointment at the Center's main office located at 100 S. 1000 W. in Tooele. Medication management services are available to those clients who are dually diagnosed. Psychotropics medications will be provided when clinically indicated.

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

Decrease due to TAM Waiver implementation. Less money funded here while increased in Medicaid due to expansion..

Describe any significant programmatic changes from the previous year.

These services will support clients with an SUD diagnosis or dual diagnosis or mental health. TAM Waiver will continue to be implemented as new clients enter system and qualify.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$130,607	Form A1 - FY20 Projected clients Served:	256
Form A1 - Amount budgeted in FY19 Area Plan	\$119,597	Form A1 - Projected Clients Served in FY19 Area Plan	195
Form A1 - Actual FY18 Expenditures Reported by Locals	\$116,021	Form A1 - Actual FY18 Clients Served as Reported by Locals	173

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

Psychotropic medication and pharmacological management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. These services are provided by a medication management professional (APRN) in consultation and coordination with each client's personal treatment team.

The Children's Unit medical staff will work in consultation and coordination with primary care providers when possible to better meet overall client medication treatment needs as well as to attend to and promote client wellness through routine monitoring and measurement of client physiological statistics at each medication management appointment. These services are provided directly to clients at VBH-TC's main office located at 100 S. 1000 W. in Tooele.

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

VBH-TC projection for FY2020 is to see an increase in all psychotropic medication management services due to medicaid expansion. This support alongside APRN services will help serve in appropriate wraparound services to reduce recidivism of acute hospitalizations and help clients remain stable while seeking services at an outpatient level of care. Funding will decrease per client served. Full time APRN will remain the same.

Describe any significant programmatic changes from the previous year.

VBH-TC has increased provider accessibility to meet client needs and recently made clinic scheduling adjustments to include more late afternoon prescriber appointments to support improved access to medication management for families with parents who work or children/youth in day treatment programing in Salt Lake who cannot attend daytime appointments.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$97,385	Form A1 - FY20 Projected clients Served:	207
Form A1 - Amount budgeted in FY19 Area Plan	\$105,731	Form A1 - Projected Clients Served in FY19 Area Plan	210
Form A1 - Actual FY18 Expenditures Reported by Locals	\$98,004	Form A1 - Actual FY18 Clients Served as Reported by Locals	201

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

The adult psychosocial and psycho-education services for Tooele County will continue as currently developed.

VBH-TC New Reflection House offers evidence based PES services and is accredited by Clubhouse International. New Reflection House's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work, relationships and community employment. The Clubhouse Model incorporates several different work units, which are important in the maintenance of the clubhouse. These include clerical, career development and culinary units. Participation in these units give members an opportunity to develop skills that foster their recovery and ultimately reintegration into the community at large. The major focus of the program is work ordered day, where members of the program develop both social and work related skills. Another focus of NRH is their employment program. This includes transitional employment placements, supported employment and independent employment placement. These community located jobs help members gain the skills they will need to obtain permanent employment. The education unit has helped members obtain GED's, high school diplomas, college education skills, and upgrading of life skills. New Reflection House continues to develop strong community ties and development employment opportunities for our members in Tooele County. New Reflection House has maintained a three year accreditation from Clubhouse International for the past 17 years, the highest accreditation possible by the governing body of Clubhouse Model programs around the world.

VBH-TC continues to use of the Daily Living Activities (DLA) Functional Assessment. The DLA 20 is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

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

NA

Describe any significant programmatic changes from the previous year.

VBH-TC will make every effort to provide services to clients with staff who were previously employed for the Passages Program. The staff are now specialists in PRS and PES to assist with the Federal Ticket to Work Program. Services are available at the Resource Center where VBH staff can refer to the program. The group Youth in Transition is available-focus on skill building into adulthood.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$47,988	Form A1 - FY20 Projected clients Served:	102
Form A1 - Amount budgeted in FY19 Area Plan	\$57,397	Form A1 - Projected Clients Served in FY19 Area Plan	114
Form A1 - Actual FY18 Expenditures Reported by Locals	\$48,270	Form A1 - Actual FY18 Clients Served as Reported by Locals	99

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

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through the