

Children's Unit service providers. The staff will employ group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominant family, school, and social environments of children and youth.

When clinically appropriate, children are able to access higher levels of specialized care within Valley Behavioral Health's continuum of services. VBH-TC provides transportation for children/youth with Medicaid to day treatment programs such as Kids Intensive Day Services (KIDS), DBT Day Treatment, AIM.

KIDS is an intensive short-term day treatment program for children ages 5 to 17 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings.

DBT
AIM

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 has developed an after school program to capture more of the high acuity individuals at a local level. The after school program serves youth 3 hours per day up to 5 days per week. Emphasis is on skill development and behavior management as well as working through acute issues that are impacting the youth's daily life across environments. Increased CM services in FY2020 will increase in home behavioral education for children and families. These CM services will allow for behavioral and psychoeducational services in the domestic violence shelter and increased services for adults with children.

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$568,175	Form A1 - FY20 Projected clients Served:	1336
Form A1 - Amount budgeted in FY19 Area Plan	\$453,489	Form A1 - Projected Clients Served in FY19 Area Plan	848
Form A1 - Actual FY18 Expenditures Reported by Locals	\$430,996	Form A1 - Actual FY18 Clients Served as Reported by Locals	1,019

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.

Case management services will continue during FY 2020 with the primary goal of assisting clients and families to access community services and resources in an effort to help manage the functional complications of mental illness. All case management services are directly delivered through the Center staff. The location of services may vary as all units including the Resource Center, Children's Outpatient, Adult Outpatient, and the Domestic Violence Shelter offer case management services and outreach into the community.

The Resource Center links clients to critical basic needs including housing, temporary shelter, clothing, food bank vouchers, identification, and coordination of services with other providers and government agencies. Sack meals, gas cards, and emergency motel vouchers are also available to those with urgent need.

Primary case management activities will include assessment and documentation of the client's need for resources

and services, development of a written case management service plan, linking clients with needed services and resources, coordinating the actual delivery of services, and monitoring quality, appropriateness, and timeliness of the services delivered. In addition, case managers will monitor individual progress, and review and modify service plans and objectives as necessary.

The Representative Payee program at VBH-TC serves the most seriously mentally ill adult clients. The goal of the program is to teach clients the skills necessary to eventually manage their own funds. However, the degree to which clients can do this is very individualized. VBH-TC strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their supports.

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).

We expect to see an increase in FY 2020 in adult case management services with the use of our jail in-reach case manager and discharge planning services which will link to our wrap around and community based approach at reentry. In addition, the JRI initiative has increased services to all court compelled individuals in the community, linked with services through DWS, housing or other government services. They are also linked with services through VBH including therapy, groups, tracking, coordination with their probation or parole officer and evidence based services to aid their recovery plan to remain sober from substances. Outreach services have greatly increased due to Community Crisis outreach teams and the community approach to recovery. High Risk High Need clients receive priority services. This level of high risk, high need is determined at intake by the RANT, an evidence based tool used during assessment. We will be constantly monitoring our SAMHIS data to address data issues swiftly.

Describe any significant programmatic changes from the previous year.

Case Managers teach Life Skills Groups 4-6 hours in the jail per week. They also provide C of C for JRI clients at discharge. Priority care is determined using a risk assessment completed in the jail and the score on the RANT when assessed for continued services. Both case managers are assigned to coordinate care for co-occurring clients.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$279,835	Form A1 - FY20 Projected clients Served:	658
Form A1 - Amount budgeted in FY19 Area Plan	\$226,206	Form A1 - Projected Clients Served in FY19 Area Plan	423
Form A1 - Actual FY18 Expenditures Reported by Locals	\$178,485	Form A1 - Actual FY18 Clients Served as Reported by Locals	422

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.

Family and individual supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers / FRF services. Case Managers provide follow-up, coordinate, assess, link and monitor the individual client progress. FRF's provide wrap-around services to the clients care givers.

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

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

With the expansion of Medicaid, VBH-TC is working to maximize the use of the CM / FRF role in the Children/Youth center which is resulting in a sharp increase in services provided to both clients and non-client residents of Tooele county. Goal is to continue to provide children and families increased Case Management services to reduce higher levels of care and increased contact in the community.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue efforts to increase in-home services as well as providing community based supports for families faced with the challenges of a seriously emotionally disturbed child. Our goal is to add community based supports and wrap around support in order to keep youth in their local community and reduce the need for inpatient care.

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	\$120,182	Form A1 - FY20 Projected clients Served:	48
Form A1 - Amount budgeted in FY19 Area Plan	\$4,722	Form A1 - Projected Clients Served in FY19 Area Plan	5
Form A1 - Actual FY18 Expenditures Reported by Locals	\$2,850	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.

No adult respite is provided directly, or through contract providers, in Tooele County. In addition, there are limited housing options available in Tooele County.

VBH-TC offers supported housing in a combination of scattered- and clustered-site services through membership in the Tooele Local Homeless Coordinating Committee (LHCC) and community partnerships in Tooele, as well as connection to resources in Salt Lake. Our partner, the Tooele County Housing Authority has secured funding to administer Shelter Plus Care vouchers for scattered site housing for homeless individuals who have several and persistent mental health conditions and substance use disorders. The Tooele County Authority contracts with VBH-TC to assess individuals for eligibility for the Shelter Plus Care vouchers, coordinate services for eligible County residents and provide ongoing case management services. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee to ensure that individuals with the highest needs are prioritized for housing resources. VBH-TC has allocated one full time Case Manager in the Resource Center who is responsible for the oversight of the Shelter Plus Care voucher program, including regular site visits, as well as provision of street outreach in the community.

VBH-TC also offers clustered-site permanent supportive housing for seriously mentally ill adults in our Tooele County Housing Facility, providing 5 apartments. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee. Additional community housing partnerships that benefit residents of the County include connection to Rapid Rehousing funds through the VBH-TC Food Bank & Resource Center and Utah Community Action, also which utilize prioritization determination through the Coordinated Entry Committee. When there is not sufficient availability of housing supports for an individual in Tooele, VBH-TC also can refer clients with severe and persistent mental health needs to the resources in Salt Lake County offered through VBH. The treatment team working with an individual prepares an application packet for VBH's Housing Committee regarding an individual's types and severity of needs, and the Housing Committee determines what level of supported housing is most likely to meet the individual's needs and works to

connect an individual with such housing. VBH's housing in Salt Lake County includes several supportive transitional housing programs designed to help individuals gain the skills necessary to eventually live independently.

VBH-TC is also involved in collaborating with the Housing Authority, State Adult Programs Division and Department of Workforce Services on the use of the Permanent Supported Housing Toolkit and will continue to work to implement this identified area need.

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).

Increase due to new housing grant.

Describe any significant programmatic changes from the previous year.

VBH-TC in conjunction with Tooele County has worked to secure existing permanent supported housing funding moving forward that has allowed us to provide additional housing options for our residents. We currently have 5 units in the existing Tooele County owned housing facility.

VBH-TC has worked with the Department of Workforce Services to move to Balance of State Continuum of Care.

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	\$59,194	Form A1 - FY20 Projected clients Served:	62
Form A1 - Amount budgeted in FY19 Area Plan	\$59,492	Form A1 - Projected Clients Served in FY19 Area Plan	63
Form A1 - Actual FY18 Expenditures Reported by Locals	\$50,355	Form A1 - Actual FY18 Clients Served as Reported by Locals	53

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 will continue to provide respite services providing 7-12 hours of out-of-home childcare a week to help alleviate stress in the family and thereby increase a parent's overall effectiveness. This program currently utilizes six adult respite providers for a combination of 8 groups with four children in each group. Referrals can be made by both VBH clinicians and contracted providers. Services are justified through ongoing strengths based assessments and person centered recovery plans with respite having specific objectives on the plan.

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 continue efforts to increase in-home services for families faced with the challenges of raising a seriously emotionally disturbed child.

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$62,387	Form A1 - FY20 Projected clients Served:	65
Form A1 - Amount budgeted in FY19 Area Plan	\$42,623	Form A1 - Projected Clients Served in FY19 Area Plan	35
Form A1 - Actual FY18 Expenditures Reported by Locals	\$48,164	Form A1 - Actual FY18 Clients Served as Reported by Locals	63
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.			
<p>Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. Through coaching, mentoring, role modeling, as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the client may be assisted with the development and actualization of their own individual recovery goals.</p> <p>Peer support aides in facilitation of educational groups, crisis outreach support, client support. Peers works closely under case managers to aid in support of clients and to help connect clients with support and resources.</p> <p>Peer support referrals mainly come through clinicians who evaluate this level of support during the intake process. The referral goes through the case manager who then assigns the peer support services. Referrals also come from New Reflections who work closely with the clients through the Work Ordered Day. They will often request peer support for those members who are learning to work in a TEP position or need additional support to decrease their isolation by having someone to contact.</p> <p>Peer support also occurs in the form of victim peer support groups offered by Valley Victim Services.</p>			
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).			
<p>VBH-TC has increased the number of our Peer Support Specialists on staff. Currently on staff, we have a SUD peer support specialist as well as a new opening for a mental health peer support specialist. Our FRF's are also peer support specialists. We also have a PSS at our Resource Center.</p>			
How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
<p>The peer support person is directly supervised by the case manager who provides supervision. The peer support person has a manual to outline duties and job assignments. Many of the peer support assignments are based on team staffings that identify the need for peer support. The case manager receives supervision from the team lead over case management and crisis management. The peer support person and the case manager who supervises often staff the needs, design the Care Plan and look at what services are appropriate by staffing with the therapist of the client and the manager of the unit. Both use supervision from the manager when there are questions.</p>			
Describe any significant programmatic changes from the previous year.			
<p>VBH-TC will utilize additional support and expertise from VBH-Salt Lake County Fresh Start staff to model, mentor, recruit, and train Tooele staff in how to best utilize and offer these types of services.</p>			

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$50,728	Form A1 - FY20 Projected clients Served:	57
Form A1 - Amount budgeted in FY19 Area Plan	\$48,713	Form A1 - Projected Clients Served in FY19 Area Plan	40
Form A1 - Actual FY18 Expenditures Reported by Locals	\$29,051	Form A1 - Actual FY18 Clients Served as Reported by Locals	38

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.

Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians as appropriate to the child's age and clinical need. Through coaching, mentoring, role modeling, as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child's own individual recovery goals.

Peer Support Services are provided by Family Resource Facilitators (FRF's) who are certified and trained by DSAMH . Peer Supports have experience living with a child or close relation who has emotional, behavioral, or mental health challenges. Peer Support Specialists may provide peer-to-peer support to any Tooele County resident who would benefit from these services.

VBH-TC Children's Unit employs three FRF's that meet these criteria. FRF's play a key role in developing a formalized, family-driven and child-centered public mental health system. The FRF's attend regular training through the State of Utah and provide services at no charge to families.

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

Increase in clients served but small proportionate increase in funding is due to more groups being taught.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

FRF are supervised under the direction of the attending clinician and SSW supervisor. Weekly supervision is provided to all FRF's individually. FRF's are a part of case staffing with clinical staff, and staff cases together with their direct supervisor. Attending clinician and SSW Supervisor also have 24/7 availability for staffing and support of FRF's. SSW supervisor receives weekly supervision from attending clinician. The state provides additional supervision and support through area FRF mentor.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to provide high quality service with fidelity to the evidenced based model.

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$0		
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Form A1 - Amount budgeted in FY19 Area Plan	\$0		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$		
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.			
<p>VBH-TC will maintain its commitment to community partnership and collaboration in FY 2020 and intends to further its efforts to reach out and embrace community stakeholders. The Tooele Advisory Council holds meetings monthly with Community partners to discuss concerns, needs, and problem solve issues related to provision of services to the Community. Personnel from VBH-TC also meet with Stakeholders within the community to address specific issues such as homeless services through the Local Homeless Coordinating Council (LHCC).</p> <p>The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups. Valley has provided Mental Health First Aid to stakeholders in the community and will continue to do this as requested by community stakeholders.</p>			
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 continues to provide services related to community education and engagement as a part of our various community initiatives. We do not anticipate an added cost in this area outside of the services that we are already providing.			
Describe any significant programmatic changes from the previous year.			
VBH-TC will continue monthly meetings with the Advisory Council and additionally with JRI committee, and the crisis response subcommittee. VBH-TC participated recently in the Community Health Intervention Plan with the Health Department two of the top three initiatives were related to Substance Use Disorders and Mental Illness and Suicide Prevention. We will participate in those committees.			

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$0		
Form A1 - Amount budgeted in FY19 Area Plan	\$		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$		
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 administration is working diligently to continually build services and strengthen community connection and involvement. VBH-TC seeks opportunities for consultation, education and training with community partners such as Tooele Children's Justice Center, Tooele County School District, the Tooele Chamber of Commerce, Tooele Housing Authority, Kiwanis, Law Enforcement, Tooele Communities that Care, the Division of Child and Family Services (DCFS), the Division of Workforce Services, and many other organizations throughout Tooele County.

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).

As VBH-TC continues to work diligently to enhance community networking and a 'voice' in advocacy for children and their families, it is anticipated that efforts will lead to increased community consultation and education. We do not anticipate any cost with these efforts beyond what we are already doing.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to foster positive relationships throughout the county. With these efforts, we have provided additional crisis services, consultation, and provided trainings.

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	\$56,700	Form A1 - FY20 Projected clients Served:	378
Form A1 - Amount budgeted in FY19 Area Plan	\$52,950	Form A1 - Projected Clients Served in FY19 Area Plan	353
Form A1 - Actual FY18 Expenditures Reported by Locals	\$54,900	Form A1 - Actual FY18 Clients Served as Reported by Locals	366

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 is assessing the individual's clinical social needs, substance abuse and public safety risks factors while addressing a plan for the treatment and services required to address the individual's needs, both in custody and upon reentry into the community. VBH-TC is working in partnership with Sheriff's office, Jail Command Staff, Courts, and District Attorney's in a pretrial release services program (PTRS), to coordinate collaborative responses between the behavioral health team and criminal justice system that match the individual's levels of risk and behavioral health needs with the appropriate levels of supervision and treatment that can be tracked and monitored. These services include group therapy, drug testing, and individual therapy while being safely returned to the community while awaiting trial. VBH-TC's goal is to coordinate the transition plan to ensure; the implementation and avoid gaps in care with community based services, to develop mechanisms to share information across different points in the criminal justice system to advance the individual's goals, to support adherence to treatment plans and supervision conditions through coordinated agencies i.e. Law Enforcement, Corrections, Adult Probation and Parole, and court services.

VBH-TC is providing at least 2 hours of direct services not including crisis services five days per week. Case management services have been added to jail services, and individuals are being screened and tracked to identify high risk high needs offenders to provide services and links to support. Additionally, 3 groups per week are being provided to inmates specifically related to readiness to change, discharge planning and community reintegration. By providing case management services to incarcerated individuals in areas of release planning, employment search, transportation, and life skills that can assist them to re-entry to the community. Valley Victim Services also responds to incarcerated individuals who report victimization of a crime.

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 expects to provide additional services within the Tooele County Detention Center to include EBP which target criminogenic needs to reduce recidivism. These services will include a 3 group treatment sessions per week based on cognitive-behavioral theory.

VBH-TC has developed a tracking system which accurately records the number of individuals served while incarcerated.

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	\$30,605	Form A1 - FY20 Projected clients Served:	7
Form A1 - Amount budgeted in FY19 Area Plan	\$29,903	Form A1 - Projected Clients Served in FY19 Area Plan	7
Form A1 - Actual FY18 Expenditures Reported by Locals	\$29,572	Form A1 - Actual FY18 Clients Served as Reported by Locals	7

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 has been able to prevent Utah State Hospitalization for most residents. When necessary, outplacement funds will be made available to Tooele County residents discharging from the Utah State Hospital. The utilization of the outplacement funding may be used for a variety of wrap around services to assist the client transitioning back into the community this may include housing and transportation and other community support services. All requests for this funding are on a case by case basis and are used to secure care so the person can receive care in the least restrictive environment. There are a number of resources employed to assist with this transition in the event that a client is unfunded the outplacement funding would be used to assist the client with access to necessary psychotropic medications and other treatment needs.

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 does not expect any increase or decrease in funding or individuals served.

Describe any significant programmatic changes from the previous year.

There are no significant changes from last year.

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount	\$	Form A1 - Projected Clients	

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	
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.			
<p>Outplacement funds have predominantly been utilized to subsidize family contact and support of children and youth through reimbursement of transportation costs to and from the Utah State Hospital. This has facilitated the increased frequency of family involvement necessary to provide for the appropriate transition of children and youth back in community-based care.</p> <p>VBH-TC Children's Unit will continue to provide monthly representation at the Utah State Hospital for the purpose of staffing needs and discharge planning for community clients. These cases are then reviewed weekly through Clinical Oversight Committee meetings to work cooperatively on identified needs and barriers for transition back to their families.</p> <p>Additionally, outplacement resources for children and youth may at times be used to fund transitional placements such as a residential treatment or professional parent family where clients are engaged in a higher level of care and support in a structured home.</p>			
Describe any significant programmatic changes from the previous year.			
VBH-TC will continue to make effort to avoid placement in the Utah State Hospital and support individual to avoid rehospitalizations. Funds will be requested as needs arise.			

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	\$11,081	Form A1 - FY20 Projected clients Served:	15
Form A1 - Amount budgeted in FY19 Area Plan	\$37,172	Form A1 - Projected Clients Served in FY19 Area Plan	26
Form A1 - Actual FY18 Expenditures Reported by Locals	\$50,839	Form A1 - Actual FY18 Clients Served as Reported by Locals	26
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.			
<p>Clients who have none or limited income are provided care on a case by case basis. Continued care for indigent clients can be based on diagnosis and SPMI delegation of medical necessity or their access to insurance or support through DWS. Because VBH - TC must remain fiscally responsible to Tooele County, clients who have minimal income are asked to pay a nominal fee for their service until they can schedule with Medicaid eligibility representative to determine if the individual or family is eligible for entitlements. The JRI Program has limited funding to assist with the cost of the program when the person is released from jail or working through the Courts. The services are provided directly and not through a contracted provider. A sliding fee scale is used in order to make services affordable and accessible to the unfunded and under-funded clients. (Please see attachment A)</p>			

VBH-TC also offers direct services to clients at the Resource Center, Food Bank and Valley Victim Services, including both domestic violence emergency shelter and victim advocate services at no cost. Families can receive FRF services at no cost. They can receive case management services to link with needed resources in the community. This is a direct service and not provided by a contracted provider. VBH-TC will employ case management for coordination efforts with community partners for the unfunded residents. Partners include DWS, Local Housing Authority, and Division of Rehab. The goal of linking with other agencies is to provide unfunded clients with the best services available to aid in their recovery plan. Unfunded Allotment: The funding to serve those who need unfunded services covers the scope of VBH-TC services with the goal of recovery and assisting the client to obtain entitlements including employment to increase their quality of life. They can receive therapy, medication management and case management. There are also behavioral health services available to both offenders and survivors of domestic violence through the DHS Domestic Violence Treatment contract. Survivors can also receive services through Crime Victims Reparation funding.

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 decrease in unfunded clients due to the Medicaid Expansion.

Describe any significant programmatic changes from the previous year.

VBH-TC has experienced some turnover and will continue to provide ongoing training with staff working with clients on both brief intervention therapies as well as linking to the medicaid eligibility process. This was a focus last year but should remain an ongoing focus in FY2020.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$5,458	Form A1 - FY20 Projected clients Served:	7
Form A1 - Amount budgeted in FY19 Area Plan	\$21,446	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$29,330	Form A1 - Actual FY18 Clients Served as Reported by Locals	15

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 money allotted for unfunded clients covers the wide scope of our services and allows the Center to provide all services to children on a sliding-fee scale with a rate as low as zero dollars for the most financially limited clients. In addition, VBH-TC Children's Unit is able to provide services for children and families who have been exposed to domestic violence with funding from the DHS Domestic Violence Treatment contract and Crime Victims Reparation Funding. All FRF services are free of charge, and are funded through a grant to any Tooele county resident.

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

VBH-TC expects to see a decrease in unfunded clients due to the Medicaid Expansion.

Describe any significant programmatic changes from the previous year.

VBH-TC will expand community based and wrap-around services over FY 2020. These services will be available to those county residents who are unfunded. In addition, VBH-TC has formalized a process to offer access to funding

for clients with our Medicaid Eligibility Team or other sources. Process includes identification of need. When deemed appropriate by established written standards, the clients processing is turned over to case management for assistance with appropriate forms for Medicaid enrollment or determining unfunded status.

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	0
Form A1 - Amount budgeted in FY19 Area Plan	\$0	Form A1 - Projected Clients Served in FY19 Area Plan	0
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	0

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 offers an International Clubhouse model program for its members through the New Reflection House in Tooele.

VBH-TC will continue to operate the Food Bank and Resource Center in collaboration with the Tooele County Commission, and the Tooele County Housing Authority. The Resource Center provides a local clearinghouse for information about and access to resources, as well as serves the community through management and distribution of funds for Rapid Rehousing and other grants to establish stable housing.

VBH-TC provides direct clinical supervision services to the University of Utah, Utah State and other universities working with interns working toward completion of master's and bachelor's degrees. Other accredited universities, such as University of Phoenix and Walden University, have also requested supervision services which have assisted in the Center's ability to provide needed services.

VBH-TC provides Valley Victim Services, including Victim Advocate Services and operation of the Tooele Pathways Domestic Violence Shelter to provide safe emergency housing for survivors of domestic violence. The shelter has a capacity to house 14 individuals (this includes adults and their children). Standard shelter services include supplying a secure housing environment and basic needs to all residents during their stay. These services will be provided on the shelter property. In the event an individual meets the criteria for emergency shelter as a domestic violence survivor but capacity is already full at Pathways, services may be provided at a local motel or assistance is offered to connect to another shelter. Risk assessment, safety planning, case management, SPDAT assessment and referral to housing Coordinated Entry, and other supportive and education services are offered on site for the residents of the shelter. Transportation services are provided as needed to assist the shelter guests in accessing medical, legal and other necessary appointments. Shelter guests are encouraged to utilize the outpatient MH and SUD services of VBH-TC and have opportunity to obtain services at the outpatient clinic for adults and children or to have the service provider come to the shelter location to provide the service.

All activities will be provided by staff and appropriately trained volunteers of VBH-TC teams.

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).

Not applicable

Describe any significant programmatic changes from the previous year.

In FY 2018 Valley took on oversight of the dollars that had previously flowed through the TVCC in the past. Valley's grants and contract team has been asked to oversee these dollars and we are working with our grants team to continue to ask for support from community support agencies. Any ancillary services will continue through other grants and fundraising.

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive employment in the community (include both adults and transition aged youth).

VBH-TC has a case manager at the resource center on staff who works specifically with housing and assists with employment supports on as needed basis. Often times, these services are for clients who have recently been released from jail, graduated from high school and are looking for housing and employment but are available for anyone looking to improve their employment situation. All of the resource center staff also assist clients who come to the resource center and are looking for help with employment. The New Reflection House (Clubhouse Model) offers a wide range of employment opportunities for SPMI individuals in Tooele County. Transitional Employment program, which provides opportunities to work on program owned job placements. New Reflections guarantees coverage on all placements during member absences. Transitional Employment placements are part-time and are nine months in duration. New Reflection House currently strives to create more employment opportunities for its members. New Reflection House also has a wide range of supported and independent employment positions available for members of the program. Currently, New Reflection House has 28 members who are working full or part time. 4 are working Transitional Employment, 15 are working Supported Employment and 16 are working on Independent Employment positions.

Both New Reflection House and Resource Center staff coordinate with National, State, as well as local agencies and businesses to assist in supporting mental wellness. These agencies include assisting with entitlements, applications, Social Security Administration, Utah State Office of Rehabilitation, and the Department of Workforce Services. Employment staff collaborates with LDS Employment Services, Tooele Applied Technology Center, Tooele County Chamber of Commerce and Tooele County. Referrals come from multiple agencies including VBH clinical staff, local clergy, hospital, and the Department of Workforce Services.

Collaborative efforts involving other community partners.

As previously indicated, Valley-Tooele's Employment Specialist maintains collaborative partnerships with local government agencies and businesses to gain as much access as possible for individuals requiring this assistance. New Reflection house offers its own Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment; New Reflections maintains a relationship with the working member and the employer. Member and staff in partnership determine the type, frequency, and location of desired supports.

New Reflection House has partnered with the Tooele Chamber of Commerce and VBH-TC, but also works closely with local businesses such as Liberty Tax, Green Box, and The Dollar Tree.

Employment of people with lived experience as staff.

VBH-TC currently employs six consumers. Most of them work part-time in the Main Office located at 100 S 1000 W. Two consumers are Clerical Administrative Support staff. One is a peer support specialists who are working at Valley Tooele offices. Three consumers who are employed part time as janitorial staff (through New Reflection House transitional employment program).

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has

emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support. VBH-TC FRF's will provide high fidelity wraparound as defined by the Utah Family Coalition. Provision of High Fidelity Wraparound will be evidenced through Family Mentor verification to include but not limited to Strengths and need and cultural discovery, crisis safety plan and transition plans.

VBH-TC Children's Unit employs four Family Resource Facilitators that meet these criteria. They are housed within the Children's Unit to provide these services to the residents of Tooele County.

VBH-TC currently employs three consumers who are peer specialists. One is currently employed by VBH-TC as a peer specialist, one is completing her internship with VBH-TC and the third is currently employed at Valley Behavioral Health working in the capacity of Clinical Administrative Support.

VBH-TC Adult MH/SUD unit currently employs one part time peer support specialist working both in our outpatient unit and our community based team. We do anticipate the need to add peer support specialist in FY2017 and are currently advertising this position and recruiting applicants from the most recent State training provided.

Evidence-Based Supported Employment.

NRH offers Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports. There are currently 24 members of NRH working in these positions. New Reflection House has networking connections from previous temporary employment positions in the community to assist members to move on to supported and/or independent employment positions when they are ready. Clubhouse provides non-specific job training in Administrative, Culinary, Clerical and Custodial instruction through side by side Clubhouse work-ordered day experience. All of the members of NRH who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs. New Reflection House staff and member have also attended IPS employment training in St. Louis and has begun to add IPS structure to improve the already strong supported employment program at New Reflection House. We continue to work with DSAMH for technical assistance related to the IPS project enhancing our programming. In addition, New Reflection staff and members have received on-site IPS training from DSAMH's IPS Statewide Trainer and Alliance House's IPS Trainer for Clubhouses.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

All staff have direct service expectations which are now being monitored daily for the purpose of recognizing where the need for ongoing support and training is needed for staff to achieve the goals set for Valley Behavioral Health system wide. There is ongoing attention to 'no show' and 'cancellation' statuses to better realize how to change scheduling to better accommodate both agency directives and client needs. VBH-Administration has made changes with a complete 'overhaul' to their recruitment and staff development departments. Included in these efforts are use of media and social outlets for advertising both within Utah and other states. In addition, career goals, interests, and training along with improved supervision are provided on an individual basis with all employees.

Each staff is expected to complete a Medical Record Review (MRR) to learn some of the expectations on quality improvements. The expectation of VBH administration is that 5% of charts be reviewed using the MRR instrument.

Identify process improvement activities - Implementation

Valley is working to increase and improve oversight of our subcontracted community partners. This will include yearly record reviews as well as daily data tracking of length of stay, referrals to higher levels of care, client satisfaction, and clinical outcomes among other metrics. UMUR team works to ensure appropriate documentation

is received in a timely manner. Also, whenever a client is hospitalized, an audit is performed on EHR to ensure quality of services provided. This includes updated Safety Plans, Care Plans and timely access.

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

VBH-TC actively works to utilize evidence based interventions. Training and supervision and work towards fidelity has occurred to implement a Drug Court to Fidelity, MRT (Moral Reconciliation Therapy), Seeking Safety, DBT (Dialectical Behavioral Therapy), TF-CBT (Trauma Focused Cognitive Behavioral Therapy), Matrix, EMDR, Exposure Treatment, ARC, C-SSRS, DLA (Daily Living Assessment), Contingency Management, Thinking for a Change, Mental Health First Aid as well as other evidence based curriculum and practices. VBH-TC has also participated and implements practices in connection with ZSAC to reduce suicide. Supervision is being provided by attending clinicians and Senior Clinical Director. Medical record reviews are performed on 5% of records each month to ensure fidelity. Medical record reviews tracked by clinical director and sent to Regulatory Governance.

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

Outcome Based Practices

OQ and YOQ questionnaires are administered every thirty days and discussed with the clients. Training and expectations of using the scores of OQ and YOQ as a measurement of client distress is being completed at coordination meetings. The OQ is being used as an evidence based outcome to show level of risk and need for crisis intervention or crisis/safety plan. Our Regulatory oversight and compliance team is working to monitor the administration of this tool to ensure that we remain in compliance with the State expectations. We meet monthly to review these metrics and will continue to use this to enhance the use of this tool. Also used is the DLA (daily living assessment). Certification to use this tool has been and continues to be provided by VBH.

Identify process improvement activities - Increased service capacity

All staff have direct service expectations which are now being monitored daily for the purpose of recognizing where the need for ongoing support and training is needed for staff to achieve the goals set for Valley Behavioral Health system wide. There is ongoing attention to 'no show' and 'cancellation' statuses to better realize how to change scheduling to better accommodate both agency directives and client needs. VBH-Administration has made changes with a complete 'overhaul' to their recruitment and staff development departments. Included in these efforts are use of media and social outlets for advertising both within Utah and other states. In addition, career goals, interests, and training along with improved supervision are provided on an individual basis with all employees. VBH has increased access to benefits to employees.

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

Through monthly consumer satisfaction surveys, many aspects of VBH-TC's service provision is gathered and analyzed. This includes clients view regarding access to services. The center will continue to adapt and monitor the current intake process to reduce the amount of time needed for initial intake and assessment from a 3 to 4 hour block of time to an open policy to complete intake paperwork at a time convenient for the consumer. The intake paperwork may be completed on-site or taken by clients to complete and return. Assessments are scheduled at the time the paperwork is completed and returned, which cuts down the initial assessment time.

Identify process improvement activities - Efforts to respond to community input/need

VBH-TC distributes consumer satisfaction questionnaires on a monthly basis which are submitted to Valley Administrative services to compile the data measuring client's degree of satisfaction. These reports are published and sent to all program managers/leadership throughout the Valley system. The areas needing attention are monitored to look for improvement and each center's response to community concerns. VBH-TC recognizes staff has not been aware of the significance of these surveys and will work to ensure it is emphasized in order to look for needed improvements.

Identify process improvement activities - Coalition Development

VBH-TC has representation at monthly meetings with the Tooele County Domestic Violence Coalition, Sexual Assault Response Team, Children's Justice Center, Wendover Coalition, and the Tooele Local Homeless Coordinating Committee (bimonthly committee meetings with weekly Coordinated Entry Committee meetings). Additionally, VBH-TC continues to enhance relationships with key stakeholders by hosting a monthly Advisory Committee meeting. Representation on this committee includes; Adult Probation and Parole, Tooele County, Valley Board Volunteer, Mountain West Medical Center, Tooele Police Department, Tooele County Housing Authority, Tooele County health Department, Tooele County Health and Aging Division, Workforce Services, Tooele County Courts, DCFS, Tooele County School District, CJC, Tooele County Sheriff's Department, TVCC and Tooele County Commissioners.

Describe how mental health needs for people in Nursing Facilities are being met in your area

Community education is provided at our local senior center monthly through our newly founded Youthful Living project. It consists of 1 hour of training on MH conditions for staff and caregivers in the community and 1 hour of wellness for residents. This is a joint effort between VBH and the Health Department. Referrals for nursing home and assisted living in reach come to the centers. It is our hope to work to educate the local assisted living and nursing homes on access to care. In addition we have recently started relationships with the area nursing homes. If requested, we will work with their system administrators to develop MOU and continue to provide behavioral health services on site and in the community. It has been determined through communication with DHS that the nursing homes are responsible for contracting with outside sources. Thus, if they wish to develop a MOU, we would engage at that time.

Other Quality and Access Improvements (not included above)

VBH-TC is working consistently to monitor access through monthly reporting our capacity management committee is working to monitor access measure and improve in this area. VBH-TC also has weekly mystery call monitoring in order to monitor access and customer satisfaction as well as identify any barriers to treatment in order to address these rapidly. Valley has recently started to build upon the teachings of the NIATx model in order to enhance our process improvement and improve access to and retention in treatment.

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

VBH-TC partners with the Tooele County Health Department when appropriate to help meet the physical needs of Tooele residents. The Health Department Director sits as a member of the Tooele Advisory Council which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents. We have partnered with the health department in a recent Community Health Intervention Program assessment and this has helped us to identify 3 area priorities related to health that we will be focusing on with the health department related to integrating care. In addition we are recently beginning to integrate with physical health outreach team from the health department to reach out to local women that are being seen for post partum to engage them in local services as appropriate. We also provide a Wellness Class for Seniors and in-home care for clients struggling with medical issues.

Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.

As noted above physical concerns are noted at initial intake assessment. Person centered recovery plans mandated review schedules are met at the minimum requirements but administrators will continue to emphasize the need for ongoing review and adjustment as client needs in all areas are dynamic which must be recognized throughout the treatment episode. Releases of information to primary care doctors are encouraged to ensure that all treatment team members can coordinate the total care of all individuals.

Describe your efforts to incorporate wellness into treatment plans and how you will provide

education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).
Clients are encouraged to seek and comply with medical health care recommendations. Referrals are made to medical providers if clients are not seeking regular medical care. Recently, VBH-TC has begun offering medical case management to all clients. Documentation of acceptance or non-acceptance is documented in EHR.
Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.
VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. We are currently in the process of establishing a smoking cessation group will be offered to all clients reporting tobacco use. Staff are also aware of additional community supports and are encouraged to share the information with clients. We will continue to encourage the use of the quitline and nicotine replacement therapies as appropriate.

30) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.
<p>Family Resource Facilitators (FRF's) play a key role in developing a formalized, family driven and child-centered public mental health system in the State of Utah. They are trained facilitators who develop working partnerships with the Community Mental Health Center staff to represent the family voice at service delivery, administration and policy levels.</p> <p>At no charge to all families, FRF's provide referrals to local resources and programs, advocacy for culturally appropriate services, links to information and support groups, and family wraparound facilitation. These services provide increased family involvement at all levels and improve outcomes for families and communities where they live.</p> <p>VBH-TC currently has 3 FRF's employees trained in the Wrap-around to Fidelity model. Each of them carries a full caseload of families to which they are providing services on a regular basis. The services may be provided in home or on site at the Children's Unit. They all work closely with Children's Unit staff as well as the Tooele County School District, DCFS, DWS and the Tooele County Health Department and Valley Tooele Resource Center in efforts to provide stability for their families. VBH-TC will serve children and youth regardless of funding source (unfunded, underinsured, or medicaid) as far as these resources will allow.</p>
Include expected increases or decreases from the previous year and explain any variance over 15%.
Describe any significant programmatic changes from the previous year.
FRFs will be available onsite at the TC Children's unit to meet with and support family needs.
Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO
YES

31) Children/Youth Mental Health Early Intervention

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.

After-hours crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week, 365 days a year. The Mobile Crisis Team is available during regular business hours of 8:00 am to 5:00 pm, Monday through Friday. After hours crisis services are available at all times by calling Tooele County dispatch. This approach is utilized in the schools and in the home. The utilization of mobile outreach can be initiated by anyone on the team or community member when risk is identified. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to develop a crisis/safety plan until the child can attend a session with their therapist. This is a direct service provided by VBH-TC.

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

The number of community crisis outreaches has increased as law enforcement has become less willing to transport clients directly to services. This has increased outreach in homes and in our schools.

Describe any significant programmatic changes from the previous year.

Due to changes made in police transport, services out of the office increased which has allowed children to become more quickly re-engaged in their environment or a higher level of care.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

Valley Behavioral Health tracks numerous indicators to assess progress in this area. These include (measuring occurrences, recidivism and reductions in these): hospitalizations, incarcerations, ER visits, movement in levels of care, progress toward treatment goals, access to other community services such as housing, and satisfaction surveys looking at convenience of location and reduction of barriers to treatment.

32) Children/Youth Mental Health Early Intervention

Describe the *School-Based Behavioral Health* activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

VBH-TC has strengthened our partnership with Tooele school district and increased onsite school based services. Currently VBH-TC provides a part time therapist at Northlake Elementary, Sterling Elementary, Tooele JR. High (as office space is available), Tooele High School, Stansbury High School, Clark and Johnson Jr. High and Wendover High School. The VBH School mental health model is family and community based and as part of treatment, offers family therapy services and community based wrap around supports.

VBH-TC's Prevention Team consists of 3 full-time employees and one part-time employee. The direct services are provided throughout all of the schools in the district and although focused primarily on substance use prevention they use evidence based prevention models which include a variety of skills and educational components that serve to address a variety of critical issues for children considered at risk for the development of behavioral or emotional difficulties.

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

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of

your current school locations.)

TANF funding for IGP schools is not longer available. VBH-TC will continue to provide a part time therapist at Northlake Elementary, Sterling Elementary, Tooele JR. High (as office space is available), Tooele High School, Stansbury High School, Clark and Johnson Jr. High and Wendover High School

Describe outcomes that you will gather and report on.

VBH-TC will work collaboratively with the Tooele County School District to collect specific and relevant school outcome data.

33) Suicide Prevention, Intervention & Postvention

Describe the current services in place in suicide prevention, intervention and postvention.

Prevention: VBH-TC has worked to provide training for Provision of Training for Trainers (TOT) on the Question, Persuade, and Refer (QPR) suicide prevention model. VBH-TC prevention Staff has established a working collaboration with schools wherein prevention staff provide QPR trainings quarterly to all students enrolled in Health. VBH-TC will work to continue to provide this training. Mental health first aid training have been conducted with area law enforcement. Additionally all staff are now trained in mental health first aid upon hire. VBH-TC utilizes the CSSRS both adult and youth for all clients receiving services. This along with red flag areas on the OQ/YOQ gives us valuable information regarding risk and intent. If client is identified as high-risk, safety plans are completed and care plans are updated to reflect increased mental health services. Wrap around services are also offered. The VBH-TC prevention unit will continue to meet and partner with the local Tooele County suicide prevention group to discuss its plans for continuing to impact outcomes as they are related to the local areas.

Intervention: Crisis/suicide intervention services are available during business hours at Valley Behavioral Health Children's and Adult outpatient offices. The children's Mobile Crisis Team is available to respond to a home or school. After-hours crisis services are available through contact with Tooele County Dispatch and 24-hours a day, 7-days a week, 365-days a year. Plan is in development for transitioning to statewide crisis line.

Postvention: VBH-TC responds to any community reports; i.e., schools, family, and friends when notified of a completed suicide. The aim is to offer support and debriefing for those affected. Ongoing services on site or at the VBH-TC clinic are offered and encouraged as needed.

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

VBH-TC trains in and utilizes C-SSRS with all clients and in community crisis assessment. This is administered as long as risk is indicated. Another indicator of suicidal ideation is the OQ/YOQ which is administered every 30 days. The score on the OQ/YOQ indicates the level of distress that the client is experiencing. These scores are discussed with the client in session and a crisis/safety plan can be reviewed or developed at that time. Each client receives a risk assessment and C-SSRS at intake and ongoing treatment. These outcomes can determine levels of care in the OP setting and opens the discussion with the client for safety, natural supports and how to access formal supports. VBH-TC will continue efforts to train and monitor the use of the CSSRS. In addition we will continue to provide an ongoing Suicide Prevention de-escalation to our staff as well as in the community. We also offer MHFA as an initiative for our various community partners.

CSSRS:

Time Period Measurement Covers	Denominator	Rate or Results
1/1/2015 - 12/31/2015	670	0% (used as baseline)
1/1/2016 - 12/31/2016	841	39.8%
1/1/2017 - 12/31/2017	980	62.9%
1/1/2018 - 12/31/2018	947	71.2%

Safety Plan:

Time Period Measurement Covers	Denominator	Rate or Results
1/1/2015 - 12/31/2015	1	100% (used as baseline)