

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 79,136	\$ 568,748	\$ 81,627		\$ 450,998	\$ 2,826,489	\$ 32,615	\$ 2,528	\$ 106,930	\$ 50,614	\$ 21,692	\$ 186,023	\$ 4,407,400

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		50,465			40,017	241,061						33,966	\$ 365,509	69	\$ 5,297
Residential Care (171 & 173)		61,561			48,816	294,067						393	\$ 404,837	42	\$ 9,639
Outpatient Care (22-24 and 30-50)	36,876	157,286	81,627		124,723	756,321	32,615	2,528	98,086	24,023	10,296	5,112	\$ 1,329,493	1,296	\$ 1,026
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		6,079			4,821	29,039						51,637	\$ 91,576	191	\$ 479
Psychotropic Medication Management (61 & 62)		44,974			35,663	269,903							\$ 350,540	460	\$ 762
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		170,745			135,395	833,088							\$ 1,139,228	292	\$ 3,901
Case Management (120 & 130)		62,540			49,592	335,885						2,521	\$ 450,538	413	\$ 1,091
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		8,409			6,668	40,168						93,969	\$ 149,214	68	\$ 2,194
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	32,317	6,688			5,304	26,958			8,844				\$ 80,111	121	\$ 662
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		-			-	-				4,550	1,950		\$ 6,500		
Services to persons incarcerated in a county jail or other county correctional facility		-			-	-				18,921	8,109		\$ 27,030	55	\$ 491
Adult Outplacement (USH Liaison)	9,943	-			-	-				3,120	1,337	6,058	\$ 20,458	50	\$ 409
Other Non-mandated MH Services		-			-	-							\$ -	-	#DIV/0!
FY2015 Mental Health Expenditures Budget	\$ 79,136	\$ 568,747	\$ 81,627	\$ -	\$ 450,999	\$ 2,826,490	\$ 32,615	\$ 2,528	\$ 106,930	\$ 50,614	\$ 21,692	\$ 193,656	\$ 4,415,034		

MH Revenue Budget does not equal MH Expenditures Budget

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	9,943	470,957	64,485		367,642	2,345,930	25,876		98,086	48,339	20,717	188,906	\$ 3,640,881	968	\$ 3,761
YOUTH/CHILDREN	69,193	97,790	17,142		83,357	480,560	6,739	2,528	8,844	2,275	975	4,750	\$ 774,153	506	\$ 1,530
Total FY2015 Mental Health Expenditures	\$ 79,136	\$ 568,747	\$ 81,627	\$ -	\$ 450,999	\$ 2,826,490	\$ 32,615	\$ 2,528	\$ 106,930	\$ 50,614	\$ 21,692	\$ 193,656	\$ 4,415,034	1,474	\$ 2,995

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 42,062	\$ 22,140			\$ 47,047			\$ 8,844	\$ 120,093

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	26,852	5,408			6,500			7,075	\$ 45,835	65	\$ 705
FRF-ADMIN	5,465	1,352			2,873			1,769	\$ 11,459		
School Based Behavioral Health-CLINICAL	11,789	12,304			26,146				\$ 50,239	125	\$ 402
School Based Behavioral Health-ADMIN	2,947	3,076			6,537				\$ 12,560		
FY2015 Mental Health Expenditures Budget	\$ 47,053	\$ 22,140	\$ -	\$ -	\$ 42,056	\$ -	\$ -	\$ 8,844	\$ 120,093	190	\$ 632

* Data reported on this worksheet is a breakdown of data reported on Form A.

FY2015 Form A (1) - Proposed Cost and Clients Served by Population

Carbon County (Four Corners Behavioral Health)
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2015 Expected Cost/Client Served
Inpatient Care Budget			
\$ 352,494	ADULT	63	\$ 5,595
\$ 13,015	CHILD/YOUTH	6	\$ 2,169
Residential Care Budget			
\$ 404,835	ADULT	42	\$ 9,639
\$ -	CHILD/YOUTH	-	#DIV/0!
Outpatient Care Budget			
\$ 824,366	ADULT	814	\$ 1,013
\$ 505,128	CHILD/YOUTH	482	\$ 1,048
24-Hour Crisis Care Budget			
\$ 86,689	ADULT	169	\$ 513
\$ 4,886	CHILD/YOUTH	22	\$ 222
Psychotropic Medication Management Budget			
\$ 303,022	ADULT	374	\$ 810
\$ 47,518	CHILD/YOUTH	86	\$ 553
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 1,104,775	ADULT	200	\$ 5,524
\$ 34,454	CHILD/YOUTH	92	\$ 375
Case Management Budget			
\$ 398,733	ADULT	307	\$ 1,299
\$ 51,805	CHILD/YOUTH	106	\$ 489
Community Supports Budget (including Respite)			
\$ 92,410	ADULT (Housing)	26	\$ 3,554
\$ 56,804	CHILD/YOUTH (Respite)	42	\$ 1,352
Peer Support Services Budget			
\$ 22,818	ADULT	56	\$ 407
\$ 57,293	CHILD/YOUTH (includes FRF)	65	\$ 881
Consultation & Education Services Budget			
\$ 3,250	ADULT		
\$ 3,250	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 27,030	ADULT Jail Services	55	\$ 491
Outplacement Budget			
\$ 20,458	ADULT	50	\$ 409
Other Non-mandated Services Budget			
\$ -	ADULT	\$ -	#DIV/0!
\$ -	CHILD/YOUTH	\$ -	#DIV/0!

Summary

Totals			
\$ 3,640,880	Total Adult		
\$ 774,153	Total Children/Youth		

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

Unfunded (\$2.7 million)			
\$ 64,485	ADULT	108	\$ 597
\$ 17,142	CHILD/YOUTH	39	\$ 440
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	27,334

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	25,968	38	683.37
FRF-ADMIN	1,366		
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 27,334	38	719.32

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	819
Fringe Benefits	547
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 1,366

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	1,367
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	1,366
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	1,366
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

Carbon County (Four Corners Community Behavioral Health)
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 140,624	\$ 82,270	\$ 1,954	\$ 16,454	\$ 209,789	\$ 164,028	\$ 34,701	\$ 11,556	\$ 219,556	\$ 479,466	\$ 1,360,398

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Services													
Pre-treatment Services													
Screening and Assessment Only	\$ 2,647	\$ 844	\$ 37	\$ 169	\$ 2,153	\$ 3,088	\$ 653	\$ 218	\$ 4,133	\$ 10,079	\$ 24,021	110	\$ 218
Detoxification (24 Hour Care)													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
Rehabilitation/Residential													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	3,788	2,667	53	533	6,800	4,418	935	311	5,914	14,422	\$ 39,841	13	\$ 3,065
Long Term (Over 30 days: ASAM III.1 or III.3)											\$ -		#DIV/0!
Rehabilitation/Ambulatory													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	66,680	43,806	926	8,761	111,705	77,778	16,454	5,479	104,108	295,311	\$ 731,008	670	\$ 1,091
Intensive Outpatient (ASAM II.5 or II.1)	62,136	29,551	863	5,910	75,355	72,477	15,333	5,106	97,013	236,579	\$ 600,323	267	\$ 2,248
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
Recovery Support and Other Services													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	5,373	5,402	75	1,080	13,776	6,267	1,326	442	8,388	20,456	\$ 62,585	133	\$ 471
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 140,624	\$ 82,270	\$ 1,954	\$ 16,453	\$ 209,789	\$ 164,028	\$ 34,701	\$ 11,556	\$ 219,556	\$ 576,847	\$ 1,457,778		

Cell O6 must equal Cell O23

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 24,901	\$ 21,684	\$ 346	\$ 4,337	\$ 55,295	\$ 27,669	\$ 7,521	\$ 2,046	\$ 38,878	\$ 94,808	\$ 277,485	106	\$ 2,618
Women (18+)	\$ 31,570	\$ 24,163	\$ 439	\$ 4,833	\$ 61,615	\$ 17,434	\$ 27,180	\$ 2,594	\$ 49,291	\$ 120,201	\$ 339,320	178	\$ 1,906
Men (18+)	\$ 78,577	\$ 22,952	\$ 1,092	\$ 4,590	\$ 58,528	\$ 111,045	\$ -	\$ 6,457	\$ 122,682	\$ 340,607	\$ 746,530	447	\$ 1,670
Youth (0 - 17)	\$ 5,576	\$ 13,471	\$ 77	\$ 2,693	\$ 34,351	\$ 7,880	\$ -	\$ 459	\$ 8,705	\$ 21,231	\$ 94,443	60	\$ 1,574
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 140,624	\$ 82,270	\$ 1,954	\$ 16,453	\$ 209,789	\$ 164,028	\$ 34,701	\$ 11,556	\$ 219,556	\$ 576,847	\$ 1,457,778	791	\$ 1,843

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court	56471	16775		4194	65529	43063			81948	344785	\$ 612,765	171	\$ 3,583
FY2015 DORA		296	785	74	1153	61127				58381	\$ 121,816	77	\$ 1,582

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue			\$ 26,171			\$ 85,170				\$ 10,174		\$ 121,515

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct			25,172			58,374						6,725	\$ 83,546	\$ 75,996
Universal Indirect						26,796						1,410	\$ 26,796	\$ 5,933
Selective Services													\$ -	\$ -
Indicated Services			4,599							10,174		130	\$ 14,773	\$ 14,773
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 29,771	\$ -	\$ -	\$ 85,170	\$ -	\$ -	\$ -	\$ 10,174	\$ -	\$ 8,265	\$ 125,115	\$ 96,702

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 5,933	\$ 48,964	\$ 3,950		\$ 20,863	\$ 5,460	\$ 85,170

Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1) Access and 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)?

Every person who comes to the Four Corners Community Behavioral Health clinics seeking care is provided a clinical screening regardless of ability to pay. This screening is provided on the same day when requested. FCCBH has an advanced access model of care in each of our clinics. A discounted fee schedule exists to provide services to FCCBH catchment area residents based upon an ability to pay. No area resident is refused medically necessary services due to inability to pay.

Following screening and when indicated by residence within our catchment area and apparent medical necessity, a full psychiatric diagnostic evaluation is scheduled based upon consumer preference of standard, urgent or emergency service.

When medically necessary treatment of a diagnosed condition is established by psychiatric diagnostic evaluation, unfunded clients may receive any of the continuum of mental health and substance use disorder services provided by FCCBH. This includes medication evaluation and management when consumer choice and medical necessity is established.

There are 3 Federally Qualified Health Centers (FQHC) in the FCCBH area. A Licensed Mental Health Therapist (LMHT) is located in each FQHC serving low income and unfunded populations. Clinical services provided include mental health and SUD screenings, assessments, individual and family therapy. Many consumers prefer to access mental health care in the same location as their primary somatic health care. Using the IMPACT model of early detection and individualized level of care, access to counseling and medication evaluation and management are based upon consumer choice and medical necessity.

FCCBH maintains contracts with providers that afford inpatient hospitalization (mental health disorders) for the indigent population when a more restrictive level of care is medically necessary.

24 hour emergency crisis and referral services are available to all residents of the tri-county area. Crisis workers are LMHT and Mental Health Officers with authority to complete the emergency application for mental health commitment process to assure safety for residents.

FCCBH maintains active mental health disorder prevention programming within our catchment area. This includes community education for early detection and informal intervention and development and participation with community coalitions in identifying and responding to specific risk and protective factors within that community.

FCCBH works to develop and maintain a viable recovery oriented system of care in each community that offers a range of support and educational opportunities from elementary school prevention programming to supportive follow-up services after acute care.

Governance and Oversight Narrative

What are the criteria used to determine who is eligible for a public subsidy?

A resident who has an inability to afford medically necessary clinical treatment will receive public subsidy. All residents are eligible to receive publically subsidized prevention services.

How is this amount of public subsidy determined?

FCCBH serves area residents with a range of prevention treatment, clinical treatment, acute care and after acute care support services. Each individual's care subsidy is based upon medical necessity as established by psychiatric diagnostic evaluation performed by a Licensed Mental Health Professional. Prevention programming public subsidy is determined by incidence and prevalence of at risk behavior as found in various public health surveys and the availability of and community acceptance of evidence-based practices that impact risk and protective factors in that community.

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

FCCBH advertises the sliding fee schedule, through brochures and in each clinical office.

Are you a National Health Service Core (NHSC) provider?

FCCBH is a very grateful NHSC provider.

Governance and Oversight Narrative

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. 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.

Four Corners Community Behavioral Health Inc. (FCCBH) follows written policies and procedures for credentialing and re-credentialing its organizational and individual providers. (These policies will be made available on request).

Presently FCCBH has no outside individual clinical subcontractors. We do maintain contracts with our prescribers however they practice within our facilities, using our electronic health record and are subject to our ongoing internal monitoring, credentialing, and quality control processes.

If external subcontracts were developed, FCCBH would conduct at least one annual monitoring review with each subcontractor. The initial assessment and treatment plan will be required and reviewed for medical necessity before initial authorization will be given for services. The same will be required for ongoing authorizations. FCCBH will require all subcontractors to follow Medicaid and Division of Substance Abuse and Mental Health, clinical documentation requirements. Further, FCCBH will also audit for administrative documentation and duties. This will include insurances cards, correct coding, ROI (if applicable), and safety plans (if applicable), clinical license, acceptable malpractice insurance, background check, and business license.

For subcontracted organizations (for example inpatient facilities or residential facilities) FCCBH requires that subcontractors complete regular LEIE verification as well verifying that all employed clinical staff are in good standing with DOPL. By signing the confidentiality agreement, the organizational Provider shall provide acknowledgement that they shall perform their obligations related to disclosure of Protected Health Information (PHI) as that term is defined in the Public Law 104-191.

Form A – Mental Health Budget Narrative

1a) Adult Inpatient

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide hospital diversion programs and will contract with several inpatient behavioral health facilities to provide inpatient psychiatric services.

Because hospitalization can be very disruptive and costly, FCCBH hospital diversion plan is to: Hospitalize all individuals who pose a danger to self or others due to a mental illness and cannot be treated in a less restrictive environment.

For others not needing that level of care, alternatives for community stabilization will be developed and implemented. These include a “transitional bed” at FCCBH residential facilities in Price and Moab.

FCCBH will use ARTC at USH as the primary source for acute inpatient care. When a bed is not available at ARTC, FCCBH will obtain acute inpatient care through contracts with a variety of inpatient psychiatric hospitals. Our secondary, contracted, inpatient providers will be Provo Canyon Hospital, Utah Valley Regional Medical Center, University Neuropsychiatric Institute. FCCBH also has contracts with Lakeview and Salt Lake Behavioral Health. We are planning that our long term psychiatric inpatient care needs will be provided by the Utah State Hospital.

We have a Utilization Review Specialist who will work closely to coordinate care with the inpatient psychiatric hospitals, clinical teams, clients and each client’s support system. The Utilization Review Specialist will work to help manage the transition from community to hospital and with discharge planning in our effort to provide seamless transitions and to help maintain stabilization.

Expected increases or decreases from the previous year and explanation of any variance.

In the last fiscal year (2014) we have seen a decrease in our utilization of inpatient contracted beds when compared to FY 2013. This coming fiscal year (2015), through our efforts in hospital diversion, the use of outplacement activities and funds, enhanced utilization review of our ARTC beds, and early intervention with at-risk clients, we expect contracted acute inpatient services to remain similar to fiscal year 2014.

Description of any significant programmatic changes from the previous year.

FCCBH anticipates no significant programmatic changes from the previous year. As inpatient hospitalization can be very disruptive and difficult for clients and their families; case management, residential support and clinical team services are actively used to create hospital diversion plans. We plan to use existing resources, creative outplacement funding and the use of “transitional beds” to help clients maintain community stability.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH has contracts for acute psychiatric inpatient care with Provo Canyon Behavioral Health, The University of Utah Neuropsychiatric Institute, and Salt Lake Behavioral Health. Long term care will be provided at the Utah State Hospital.

Case management, wraparound to fidelity and systems of care development will all be used to divert the need for hospitalization.

FCCBH will use tools provided by DSAMH such as “Commitment Process for Children” (8/09/2012) and “Custody and Why it Matters” (4/11/14) to train FCCBH LMHT and community partners in the hospitalization access and diversion process.

Expected increases or decreases from the previous year and any variance.

FCCBH anticipates no significant increases or decreases in inpatient services for children and youth.

Significant programmatic changes from the previous year.

FCCBH anticipates no significant programmatic changes in inpatient services for children and youth from the previous year.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will provide a range of housing services and supports to include independent living, supported living, and short term “transitional” beds for hospital diversion. These are not contracted services but are provided directly by FCCBH.

FCCBH currently has two supported living facilities: The Willows in Grand County and The Friendship Center in Carbon County. These facilities are for SPMI adult clients with varying needs for supervised living, therapeutic support and case management. The Willows in Moab has eight beds and the Friendship Center which is located in Price, has ten beds. Residential staff members provide coverage 24 hours daily. The residents participate in comprehensive clinical treatment and the psychosocial rehabilitation programs (Interact & New Heights) in each respective county.

Both facilities have dedicated “transitional” beds that are used for stabilization and hospital diversion when necessary. They will help to avoid initial hospitalization by providing a secure and supported living environment and also to allow for the earliest possible discharge of a client who has been hospitalized. We anticipate the facilities will operate at full capacity.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH census in supported housing has operated at capacity over a number of years and a waiting list for these opportunities has existed. We do not expect an increase in residential services in the coming fiscal year.

Description of any significant programmatic changes from the previous year.

FCCBH anticipates no significant programmatic changes for fiscal year 2015.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH does not currently operate a children's only residential facility. FCCBH contracts on a case by case basis with "Youth Village," a state-wide organization, to provide children/youth residential care services as needed.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH expects no increases or decreases in children/youth residential care in fiscal year 2015.

Description of any significant programmatic changes from the previous year.

FCCBH expects no programmatic changes in children/youth residential care in fiscal year 2015.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly operate behavioral health outpatient clinics in Price, Castle Dale and Moab, and provide two days/week integrated behavioral services in the Green River Health Center, a federally qualified health center. Services provided at all FCCBH clinic locations will include; assessment, psychological testing, individual, family and group therapy, case management, therapeutic behavioral services, medication management, and education and smoking cessation services.

Clinical staff members will provide a clinical screening for every person who comes to the Four Corners Community Behavioral Health clinics regardless of ability to pay. Each FCCBH clinic will have a minimum of one clinician available during clinic hours for walk-in appointments and/or emergencies to enhance access to services. Individuals with mental health and substance use co-occurring disorders will be provided integrated MH and SUD treatment

Services provided at the FQHC clinic location will include assessment, individual and family therapies, integrated medication management services with the somatic health care provider and education and smoking cessation services.

Group therapies using Brief Solution Focused, CBT and DBT models will be provided for adults with depression, anxiety, a history of childhood sexual abuse, Borderline Personality Disorder, codependency issues and parenting education needs.

Our model of service delivery will use the licensed mental health therapist as the service prescriber, as well as a provider of services. A Personal Recovery Plan will be developed together with the client using the person-centered method, containing life goals and measurable objectives. The Personal Recovery Plan will identify the type, frequency and duration of medically necessary services for each client as prescribed by a licensed clinician. The duration and intensity of services will be evaluated on an on-going basis by the licensed clinician and the client to determine the services' appropriateness to support the client's progress on the goals and objectives related to recovery.

Clubhouse programs for SPMI consumers will be directly maintained by FCCBH in two counties: New Heights in Carbon County and Interact in Grand County. These free standing facilities provide psychosocial rehabilitation, personal services, case management, psycho-education and development and referral to transitional and supported employment settings throughout a work ordered day. These services will be identified on the Personal Recovery Plan where appropriate to medical necessity and personal recovery. Additionally, FCCBH provides transportation to and from FCCBH services for Medicaid clients. Representative payee services to assist in management of disability benefits are also offered through the clubhouses.

Smoking cessation classes will be offered, in coordination with the Southeastern Utah Department of Health (SEUHD). Some form of wellness goal will be encouraged for the SPMI client's Personal Recovery Plan. Being sensitive to each individual's readiness, the objectives may include increasing awareness and participating in specific wellness activities.

Expected Increases/Decreases:

In FY 2015, FCCBH will not provide behavioral health care at the East Carbon and Helper Health Centers as these FQHCs have contracted with a private licensed mental health therapist for this service. We expect to serve 814 adults in outpatient services in FY 2015, which is less than 832 shown as served on FY 2013 Scorecard.

Significant Programmatic Changes:

There are no significant program changes in adult outpatient services.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

A clinical screening will be provided to every youth who comes to Four Corners Community Behavioral Health Center seeking services regardless of ability to pay. Each clinic location will provide clinical evaluations including 30-day evaluations for DCFS children, individual, family and group therapy, psychiatric assessment, medication management, and psychological testing when necessary to establish psychiatric diagnosis and treatment plan. Services provided will use the Trauma Focused CBT model and include emotion management and life skills development. School based therapy will be offered in most of the elementary schools in Carbon County, the elementary school in Moab and the elementary schools in Emery County. Adolescent to Adult Transition groups will be made available for youth transitioning from youth programs to adult services, including coordination of treatment and/or service. Four Corners Community Behavioral Health will work collaboratively within the Systems of Care model to provide wrap-around services to youth and families needing this type and intensity of care. Family Resource Facilitators (FRF) will be employed in Grand, Emery, and Carbon Counties for the development of family team meetings to achieve the following: help SED children and youth remain in their home and community, receive individualized family driven care, increase success in school, provide peer support, and reduced contact with the legal system.

Clients dually diagnosed with mental health and substance use disorders will be provided integrated treatment. FCCBH provides critical incident debriefing response to the schools after crisis events.

Four Corners will strongly support the Systems of Care model of service delivery for SED children. This system of care is built through interagency collaboration and under the oversight of the Multi Agency Council (Carbon County) and the Local Interagency Council (LIC) in Grand County. Efforts are underway to strengthen the Local Interagency Council in Emery County as well.

The children and youth served under this project are those often not eligible for Medicaid and identifiable as disabled and/or “at-risk” by the criteria of at least two LIC/Multiagency Council agencies.

We will provide a therapeutic parenting group for parents who are involved with DJJS or DCFS and those who have children who are at a high risk for an out of home placement. It will be in conjunction with youth substance abuse services as a section of the youth IOP program. In Carbon and Emery Counties, FCCBH staff members will provide a therapeutic support group for Caregivers (Foster Parents, Grandparents, Adoptive Parents, Kinship) raising displaced children.

FCCBH will provide Early Intervention Mental Health Services to youth in Carbon, Emery and Grand county elementary schools. This will include a clinical assessment, and individual and family sessions as needed and referral to appropriate resources.

Expected Increases/Decreases:

We expect to serve 482 youth in outpatient services in FY 2015, which is more than 455 shown as served on the FY 2013 scorecard. Our School-based program is leading to more youth coming into services.

Description of any significant programmatic changes from the previous year.

There will be no significant programmatic changes from the previous fiscal year.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide mental health crisis services. Crisis services will be available 24 hours per day, seven days per week in all three counties. During business hours licensed mental health therapists (LMHT) in each clinical office will provide crisis services over the telephone, in person at each clinical office as well as out in the community. A designated LMHT is available to immediately attend to those who may walk into the clinic in crisis. After hours crisis services will be provided by a FCCBH on-call LMHT in each county. A “high-risk list” will be maintained in each county and high-risk cases are staffed at least weekly. The on-call therapist will be required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the site to evaluate an individual or provide assistance to law enforcement) will be available in all three counties. Whether in response to a call-out by local sheriff deputy or a family who walks into the clinic for help, FCCBH crisis services are free to all in need.

FCCBH clinical director will meet regularly with area first responders to ensure FCCBH crisis services are interfacing well and meeting community needs.

For crisis care, Case Managers in each county will be used to access resources and act as informal supports when the LMHT is developing the wrap-around plan aimed at promoting stability and diverting hospitalization.

Expected Increases/Decreases:

We expect to serve 169 adults in Crisis services in FY 2015, which is less than 201 shown as served on FY 2013 Scorecard. This is explained by the “open access” availability at the FCCBH Clinics.

Description of any significant programmatic changes from the previous year.

The Columbia-Suicide Severity Rating Scale (C-SSRS) will replace the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) as the standard tool for suicide assessment and safety plan development. Training in this replacement tool will be scheduled for all LMHT.

The clinical program directors in each county will act as back up to on-call crisis workers to help develop stabilization resources when a client in crisis is being considered for hospitalization.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide mental health crisis services to children, youth and families. These services will be available 24 hours per day, seven days per week in all three counties. During business hours therapists in each clinical office will provide crisis services over the telephone, in person at each clinical office as well as out in the community. After hours crisis services will be provided by a FCCBH on-call therapist in each county. Whether in response to a call-out by local sheriff deputy or a family who walks in to the clinic for help, FCCBH crisis services are free to all in need.

A 'high-risk list' of clients needing close monitoring due to instability of illness, will be maintained in each county. These cases will be closely monitored and clinically reviewed at least weekly.

The on-call therapist is required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the site to evaluate an individual or provide assistance to law enforcement) will be available in all three counties. FCCBH clinical director will meet regularly with area first responders to ensure FCCBH crisis services are interfacing well and meeting community needs.

Case Managers and family resource facilitators (FRF) may be used to access resources and informal supports as part of the wrap-around plan, to resolve and/or divert crisis situations.

Expected Increases/Decreases:

There will be no expected significant increases or decreases.

Description of any significant programmatic changes from the previous year.

The Columbia-Suicide Severity Rating Scale (C-SSRS) will replace the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) as the standard tool for suicide assessment and safety plan development. Training in this replacement tool will be scheduled for all LMHT.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will have four contracted psychiatrists, one APRN, one Physician's Assistant and two Registered Nurses serving the tri-county area. They will provide psychiatric evaluations and medication management for adults and youth in all three county clinics. We will contract with the University of Utah and continue as a pilot site for the Tele-Psychiatry expansion project. Tele-Medicine will be used to provide medication management between clinics, from the University of Utah as well as from a FCCBH contracted psychiatrist's office in Park City. A Physician's Assistant will see patients by tele-conference from Provo Canyon Behavioral Health.

Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications; diabetes screening following the AMA guidelines; obtaining lithium levels; or a CPK test for clients who are on mood stabilizer medication. Laboratory test results will be forwarded to the client's primary care provider for coordination of care.

FCCBH will move to a "cloud-based" electronic medical record in the coming fiscal year that will enable e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a physical health concern such as high blood pressure, FCCBH medical staff will refer the client to the primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral will be made to the local FQHC or the co-located PCP discussed below in program changes. There will be events when the client is assessed as needing immediate medication services, although s/he is without ability to pay. FCCBH prescriber will see the client initially and, provided that the medication treatment issue is not complicated, the client will be referred to a PCP or FQHC for follow-up with consultation with the FCCBH prescriber. If it is a complicated medical issue, the client will be served at FCCBH to avoid higher levels of care.

Case managers or other staff members will provide transportation to FCCBH medical appointments when the client has no other means of transport. FCCBH will maintain the "Nurse/Outreach Specialist" position that was established in 2013. This LPN level staff member provides outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication education and outreach will be provided in the home and in the community to assure medication adherence.

Expected Increases/Decreases:

Given that a position of part-time RN will be full-time in the coming fiscal year, FCCBH plans to see more nurse medication management services provided in fiscal year 2015.

Description of any significant programmatic changes from the previous year.

FCCBH will have an APRN that provides somatic healthcare in the same building as the Price New Heights clubhouse. This provider will have a patient load in addition to FCCBH clients, but the co-location will enable better access to somatic care for FCCBH clients who need monitoring of chronic conditions. Where a ROI is in place this provider discusses shared consumers in Monday Price Clinic staffings. The intention is that this relationship will deepen toward true integrated care with shared EMR links and regularly scheduled case consultation.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will have four contracted psychiatrists, one APRN, one Physician's Assistant and two Registered Nurses serving the tri-county area. They will provide psychiatric evaluations and medication management for adults and youth in all three county clinics. We will contract with the University of Utah and continue as a pilot site for the Tele-Psychiatry expansion project. Tele-Medicine will be used to provide medication management between clinics, from the University of Utah as well as from a FCCBH contracted psychiatrist's home in Park City. A board certified child psychiatrist will provide in-person psychiatric services to children and youth in Moab and tele-health services to children and youth in Price and Castle Dale. Initial child and adolescent psychiatric evaluations and medication management will be provided in-person whenever possible. There will be events when the child or youth is assessed as needing immediate medication services, although the family is without ability to pay. FCCBH prescriber will see the client initially and, provided that the medication treatment issue is not complicated, the client will be referred to a PCP or FQHC for follow-up with consultation with the FCCBH prescriber. If it is a complicated medical issue, the client will be served at FCCBH to avoid higher levels of care.

Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications. Laboratory test results will be forwarded to the client's primary care provider for coordination of care. FCCBH will move to a "cloud-based" electronic medical record in the coming fiscal year that will enable e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a physical health concern, FCCBH medical staff will refer the client to the primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral will be made to the local FQHC or the co-located PCP discussed below in program changes.

Expected Increases/Decreases

No expected significant increases or decreases

Description of significant programmatic changes from the previous year.

There are no significant anticipated program changes for the coming fiscal year.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide psychosocial rehabilitation and psycho-education services using the Clubhouse Model in Carbon (New Heights) and Grand (Interact) Counties. These services will be delivered to consumers who have, through assessment by a LMHT, been found to be Severely and Persistently Mentally Ill (SPMI). Transportation to these programs will be provided 5 days/week for clients residing in Grand, Carbon and Emery counties.

The services will be delivered in the context of the “the work ordered day”. Program units in which the services will be delivered will include clerical, housing, kitchen services, the bank, snack bar, transitional employment. Consumers will be assisted with independent living skills, housing assistance, applying for and maintaining entitlements, skills training for employment preparedness and successful day to day living in the community. Working side-by-side with consumers, clubhouse staff will assist consumers to reach maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

Program activities will be geared toward stabilization, hospital diversion, improved quality of life, increased feelings of connectedness and promoting overall wellness.

Wellness strategies will be implemented into the program to promote health and wellness education and to foster healthy lifestyles. Each clubhouse will have exercise equipment, a snack bar with healthy snack options, and weekly wellness activities. Lunch menu planning and meal preparation will include healthful alternatives. Assisting consumers with shopping lists that include more healthful food items will promote long term recovery. Wellness education will be provided by program staff as well as outside consultants. Smoking cessation classes will be offered throughout the year by a peer support specialist or another staff person trained in an evidence-based curriculum.

Expected Increases/Decreases and explanation of variances.

It is expected that there will be an increase in the amount of these services provided in the clubhouses. This anticipated variance is due to improved coordination and shared training experiences between clinics and clubhouses and between counties. Consumers will be tracked more effectively and referred to PSR with greater regularity.

Description of any significant programmatic changes from the previous year.

There will be no significant programmatic changes.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide youth psycho-social rehabilitation in Carbon, Emery and Grand Counties to youth determined by assessment to be Severely Emotionally Disturbed (SED). This collection of individual and group services will be provided by other trained staff members who are supervised by a LMHT. Services will begin after a comprehensive clinical assessment which will determine medical necessity and an authorized personal recovery plan prescribing the service have been completed. Providers will be trained to deliver a specific skills development curriculum such as Botvin Life Skills Training.

These services will be provided at the schools during the school year. They will be provided at the clinics during the summer months. The programs will incorporate treatment modules designed to improve stability, decrease symptomology and maladaptive or hazardous behaviors and develop effective communication and interpersonal behaviors. Staff will use cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

Expected Increases/Decreases and explanation of variances from the previous year.

There will be no significant anticipated decreases or increases in the number of these services provided.

Description of any significant programmatic changes from the previous year.

There are no anticipated programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

Targeted case management (TCM) services will be directly provided for Severely Mentally Ill (SMI) and Severely and Persistently Mentally Ill (SPMI) adults for whom the service is determined to be a medically necessary and prescribed and authorized on a client-centered personal recovery plan. TCM is provided from the three county clinics, from the two clubhouse locations and from the two supported living residences. Client-specific TCM services will be based on a case management needs assessment (DLA-20) and service plan, which will be completed as part of a comprehensive treatment planning process.

Targeted case management is included in the FCCBH bucket of in-home services. Outreach monitoring services will be provided when needed to maintain client stabilization and to avoid a more restrictive treatment setting or hospitalization.

At FCCBH, TCM for SMI and SPMI adults includes linking the consumer not only to services at FCCBH but advocating for, linking and coordinating services provided by other agencies that may meet the consumers social, medical, educational or other needs.

Expected Increases/Decreases and explanation of variances from the previous year.

We expect to serve 307 adults in case management services in FY 2015, which is less than 492 shown as served on the FY 2013 scorecard. We explain this variance based upon the transfer of provision of case management services to clubhouse domain and reduction in use of TCM by clinic LMHT.

Description of any significant programmatic changes from the previous year.

There are no expected programmatic changes from the previous fiscal year.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

Targeted case management (TCM) services will be directly provided by FCCBH for Severely Emotionally Disturbed (SED) youth and children for whom the service is determined to be medically necessary in a mental health evaluation by a licensed mental health therapist (LMHT). Family-specific TCM services will be based on a case management assessment (DLA-20) and service plan, which will be completed as part of a comprehensive treatment planning process.

TCM for children/youth will be provided from each of the three county clinics and, where agreements have been established, from schools in our communities. A system of care for SED children/youth will be sustained through collaborative agreements with community partners and families.

Case managers will be pro-active in facilitating wraparound services through family team meetings. In addition to certified children and youth case managers, FCCBH will employ a Family Resource Facilitator (FRF) in each county who will work as a peer-parent to strengthen family involvement and empower families in the recovery process. FCCBH FRF will be integral to improving the family-provider collaboration.

Wraparound services will be a part of the recovery planning process, involving community partners and natural supports to assist in achieving the recovery goals. FCCBH TCM will be supervised by LMHT to be pro-active in the maintenance of a coordinated community network of mental health and other support services to meet the multiple and changing needs of children and adolescents with SED and their families.

Each clinic will have a staff member assigned to participate on the Local Interagency Council (LIC) and/or Community Coalition meetings to promote community partnership and develop integrated services for high risk children and youth.

FCCBH children's case managers will advocate for youth and families in school settings by encouraging parents to access the Individual Education Plan (IEP) process. Coordination of family team meetings and the service linking/monitoring process will be the primary work of FCCBH TCM.

Expected Increases/Decreases and explanation of variances from the previous year.

We expect to see as significant decrease in case management services in FY 2015, than shown as served on the FY 2013 scorecard. However, the amount of TCM services in FY 2014 and FY 2015 will be roughly the same. We have reduced the amount of TCM that SSW staff provide and increased the amount of Therapeutic Behavior Services (TBS) that SSWs provide. We are planning that by having an SSW provide a manualized treatment service such as Mind Over Mood or Moral Reconciliation Therapy to youth, we can reduce the escalation of behavior problems resulting in higher levels of care.

Description of any significant programmatic changes from the previous year.

FCCBH is planning to have SSW staff provide Therapeutic Behavioral Services (TBS) rather than as much TCM as they have for older youth which shows in our prediction of increase in outpatient services. Targeted Case Management will continue to be provided by certified case managers and SSW, who will also develop and nurture wraparound teams for children and youth.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing & respite services)

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide in-home, housing and respite services for our SPMI consumers. When needed, in-home services will include Targeted Case Management, individual therapy, RN medication management, individual psycho-social rehabilitation, and personal services such as assistance with housing issues and payee assistance.

Through “transitional beds’ at our supported housing units FCCBH will provide temporary supported living to assist consumers through crisis periods while avoiding a return to a more restrictive environment. This service will be available to offer respite to family members who may be contemplating eviction of their SPMI family member but with a period of relief and re-orientation will be able to return to their supportive role.

FCCBH staff members will help clients find and maintain suitable housing. The Psychosocial Rehabilitation program ‘Housing Units’ in the Interact and New Heights Clubhouses will act as resident councils and assist in managing the Ridgeview Apartments, Aspen Gove Apartments in Moab and the Cottonwood 4-plex in Price.

Targeted Case Managers will work with individual clients to identify housing needs and options, and assist them in develop budgets to save for housing expenses, access deposit funding, complete necessary paperwork, and coordinate the move-in process when needed.

FCCBH will be pro-active in sustaining the local homeless coordinating committees, provide outreach to local shelters to link people with mental illnesses who are homeless or at risk of homelessness to housing resources.

FCCBH will work with local nursing homes and hospitals to assist clients with housing needs upon discharge.

Expected Increases/Decreases and explanation of variances from the previous year.

We are expecting an increase in costs and clients served in FY15. This variance is as a result of the expected opening of FCCBH new “Aspen Gove” independent housing units in Moab.

Description of any significant programmatic changes from the previous year.

FCCBH began construction on a housing unit in Grand County in March 2014 with anticipated completion in December 2014. This facility will have 8- one bedroom units and 2- two bedroom units. Six of these beds will be used for transitional housing for stays of up to 2 years. Six beds will be permanent housing units. This addition to our housing capacity will enable FCCBH to use 6 beds at the Willows that had been considered permanent housing to be used for crisis stabilization, hospital diversion and short term stays while awaiting permanent housing. In total, FCCBH would have 14 permanent housing beds and 6 transitional beds in Grand County.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (housing & respite services)

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

Children/Youth Community Supports will be provided directly by FCCBH staff, by contracted providers and by informal supports developed through the system of care wraparound process.

Children or youth needing community supports will be identified by any member of the treatment team at any point in treatment. Parents will be asked at mental health intake/evaluation if they need respite for their SED child/youth. The mental health assessment includes the DLA-20, which helps identify the need for community resources for the family of the identified patient.

Through the wraparound process, needs and services will be determined and developed for each individual child, youth or family. Each county will have a family resource facilitator (FRF) with a job description that includes the development of community supports for youth and families. Each clinic will have a staff member assigned to participate on the Local Interagency Council (LIC) and/or Community Coalition meetings to promote community partnership and develop integrated services for high risk children and youth.

Services may include; respite, case management, school supports, school based services, social connections, family therapy, recreation needs, housing assistance, and/or connection to community supports. All interventions will be ‘strengths focused,’ empowering the family to support the SED youth.

Respite services for children and youth will be provided by both FCCBH employees and contracted providers.

For private contracted providers, FCCBH will facilitate the ease of respite provider recruitment by paying to have the Background Criminal Investigation (BCI) done for the potential provider.

Referral for respite can be made by the youth’s case manager, family resource facilitator, therapist or wrap team member. Respite will be offered during on-going treatment plan review with the family. It is prescribed by the LMHT on the personal recovery plan before it is provided.

FCCBH will provide training for all respite providers on specific issues related to the SED child or youth.

Expected increases or decreases from the previous year and explanation of any variance.

We expect to see an increase of families served with respite due to FCCBH emphasis on recruitment of providers and improved accessibility to families.

Description of any significant programmatic changes from the previous year.

There are no significant anticipated program changes for the coming fiscal year.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

Expected increases or decreases from the previous year and explanation of any variance.

Peer support services will be provided directly by FCCBH for the primary purpose of assisting in the rehabilitation and recovery of adults with severe and persistent mental illness (SPMI). Individuals who have co-occurring substance use disorders will be referred to peer support when requested by the individual. Peer Support will be identified as an intervention on the person-centered treatment plan as the LMHT and consumer identify it as appropriate to support recovery.

FCCBH will support the Peer Support model of services. When hiring staff at all levels of the organization, FCCBH will give priority to individuals in active recovery. The FCCBH employee providing Peer Support will be certified and properly trained to provide this intervention. FCCBH currently employs staff members in each county who are in recovery or who are family members of those in recovery. The trained and certified Peer Support Specialist will be encouraged to share his experience, strength and hope in interactions with FCCBH clients.

FCCBH Peer support services will be designed to promote recovery. Peer support specialists will lend their unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.

The Peer Support Specialist will provide group support for wellness promotion and self-care. The Peer Support Specialist will provide individual support as it is called out as an appropriate intervention for a specific objective on the personal recovery plan. The Peer Support Specialist will work from the outpatient psychosocial rehabilitation facility (clubhouse) and so will have opportunity to provide group peer support related to development of wellness practice by our clientele.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH expects more services to be delivered in FY 2015 than in FY 2014. This variance is anticipated as our Peer Support Specialist staff becomes more skilled with time in the position and supervision becomes more skilled in directing this work. We expect to serve 56 adults in peer support services in FY 2015, which is a significant increase shown as served on FY 2013 Scorecard.

Description of any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated in the coming fiscal year.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide children/youth peer support services by supporting the parents/families of SED youth. This support will come via Family Resource Facilitators (FRF) in each county.

Family Resource Facilitators will be sustained in each county to implement a peer support based family resource facilitation program aimed at improving mental health services by targeting families and caregivers of SED children and youth through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. The FRF staff member will work to develop a strong mentoring component to strengthen family involvement and self-advocacy and assist in the wrap-around model of services.

The FRF will be trained and certified as the per DSAMH criteria with the capacity to deliver wraparound services with fidelity to the model. Each of these trained individuals will be encouraged to share his or her experience, strength and hope in interactions with families. FRF as a peer support specialist will lend his/her unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.

FCCBH will support the Peer Support model of services organizationally, as well. When hiring staff on all levels of the organization, FCCBH will give priority to individuals in active recovery. FCCBH currently employs staff members in each county who are in recovery or who are family members of those in recovery.

Expected increases or decreases from the previous year and explanation of any variance.

We expect to a significant increase in FY 2015, over what is shown as served on FY 2013 Scorecard. This is because of the FRF services in Grand County.

Description of any significant programmatic changes from the previous year.

There are no significant anticipated program changes for the coming fiscal year.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will provide professional consultation and education services throughout the tri-county area. There will be training on various subjects pertinent to MH and SUD as well as clinical case consultation to our partner organizations and agencies.

FCCBH psychiatrists will provide consultation to primary somatic care physicians who are working with persons with mental illness in all three counties. Ares PCP will be invited to regular “lunch and learn” conferences with FCCBH prescribers.

FCCBH will provide training to community partners including law enforcement on the incidence of and recovery practices regarding secondary trauma and compassion fatigue in our Second Annual First Responders Secondary Trauma Training.

FCCBH will provide staff to train law enforcement and probation as part of the Annual Carbon County Crisis Intervention Team (CIT) Training. FCCBH staff will also provide time to organize and schedule these one week trainings

On-call clinical consultation services will be provided to physicians in the emergency departments and intensive care units of Castleview Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

Mental Health First Aid will be offered to local community groups by a FCCBH staff member certified in this curriculum.

FCCBH prevention staff will continue to participate and provide consultation in identifying a target population for the HOPE Suicide Prevention Coalition. FCCBH prevention staff will assist in organizing trainings for the QPR Gatekeepers to fulfill their community training commitment for suicide prevention.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH prevention staffs are trained as QPR Gatekeepers. Therefore, FCCBH expects an increase in consultation and education hours in the coming fiscal year. Trainings will be scheduled in Mental Health First Aid, as well, resulting in an increased amount of consultation and education hours provided by FCCBH staff. We will be serving more people with less time allocation.

Description of any significant programmatic changes from the previous year.

The QPR trainings provided by FCCBH employees who are “Gatekeepers” will be an addition to our programming.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will provide child and family related professional consultation and education services throughout the tri-county area. FCCBH staff members will provide clinical case consultation our partner organizations and agencies such as DCFS, DJJS, DSPD juvenile court and probation and schools.

A FCCBH contracted child psychiatrist will provide consultation to primary somatic care physicians who are working with youth and children with mental illness in all three counties. The FCCBH contracted child psychiatrist, also will provide consultation to “Early Intervention” in Moab as will a FCCBH employed LCSW.

In each county FCCBH staff members will provide training on the system of care model to the family and child serving agencies represented on the local interagency councils. FCCBH is an active part of the Local Interagency Council in each county.

The FCCBH children’s services staff will provide training to the School Districts special education coordinators and teachers on attachment disorder, attention-deficit hyperactivity disorder, and self-injurious behavior.

On-call clinical consultation services will be provided to physicians in the emergency departments and intensive care units of Castleview Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

FCCBH prevention staff will continue to participate in the “Hope Squad” community-based suicide prevention coalition to provide consultation in identifying a target population, risk and protective factors and evidence-based programming prior to implementation.

FCCBH work to sustain System Of Care Expansion Project for children’s mental health services in all three counties provide consultation to our partner organizations and families in developing a more family driven system of care in our communities.

Expected increases or decreases from the previous year and explanation of any variance.

The System of Care Expansion Project resulted in a revitalized connection with our partner child & family serving agencies. Therefore, we anticipate an increase in family and children’s issue focused consultation and education programming. FCCBH will increase the number of people served for each consultation and education hour provided to our community partner organizations and families in the three county area.

Description of any significant programmatic changes from the previous year.

There are no significant anticipated program changes for the coming fiscal year.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH, through direct use of clinical staff members, will provide jail outreach, crisis intervention and clinical services for male and female inmates in all three counties. FCCBH clinical staff members will provide emergency evaluations and suicide risk screening for inmates in crisis, with a referral for medication management when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues.

Co-occurring mental health/substance use disorders treatment groups will be held weekly in each county jail. Inmates will be linked to outpatient services upon release from jail.

FCCBH licensed mental health crisis workers will provide suicide evaluations and screenings to youth in the local youth detention center.

Having recently completed a new memorandum of understanding with DJJS regarding screening and crisis services to the Carbon County Juvenile Detention facility, FCCBH expects an increase in these services. This variance may be understood as the staff in detention developing in their understanding of when to request a LMHT for screening and crisis of a detained youth.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH has improved data collection methods when visiting adult incarcerated individuals. Therefore, we anticipate an increase in reported services to the county jails.

Describe any significant programmatic changes from the previous year.

There are no expected significant programmatic changes from the previous fiscal year.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through contracted providers.

Outplacement interventions and services will be provided directly by FCCBH staff to SPMI clients to either divert hospitalization, decrease the chance of repeat hospitalizations or to facilitate discharge from inpatient services.

A portion of the outplacement services will be provided by contracted providers. Each clinic in the three county area will have an established and dedicated budget based upon community size and caseload, designated specifically for outplacement services. These services will cover a variety of creative interventions and may include almost anything to assist in stabilization. Examples of outplacement activities that maybe used are: home repair, visits to or from family members, food, clothing, clinical services, medications, needed dental or physical healthcare, assistance in the home. In the past, FCCBH has hired additional staff specifically to track a client who has been released from hospital and required daily monitoring, limit setting. Additional interventions may include: arranging/contracting for placement in alternative environments/facilities to augment care requirements, minor modifications to the client's residence, temporary housing assistance while the client is stabilized on medication, clinical treatments, companion animal, travel arrangements, and other creative ideas to assist in stabilization.

As inpatient hospitalization can be very disruptive and difficult for clients and their families; case management, residential support and clinical team services are actively used for hospital diversion. All FCCBH clinical and residential staff members will be able to draw from this budget to support outplacement efforts.

FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating discharge, and managing crisis.

Expected increases or decreases from the previous year and explanation of any variance.

Given the emphasis on avoidance of recidivism that FCCBH has taken on for the coming fiscal year, we expect to use all of our allotted funding in hospital diversion and outplacement creative interventions. We plan to be able to hire additional staff time to monitor a client who will need several times/day contact to stay in community.

Description of any significant programmatic changes from the previous year.

There are no expected significant programmatic changes from the previous fiscal year.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through contracted providers.

FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating hospital discharge and managing crisis. Therefore, all youth hospitalized will have an outplacement plan as part of a request for a hospital stay. The wraparound family team will be convened in the first week of a child or youth being hospitalized and teleconferencing technology will be used to coordinate family and hospital team meetings.

FCCBH has an experienced LCSW staff person to attend all coordination meetings at Utah State Hospital and another experienced staff person to attend Children's Coordinator's meetings. These individual roles will learn creative methods to develop outplacement opportunities for early return to community by our youth.

Outplacement services will cover a variety of creative interventions and may include purchase of home repair, visits to and from family members, food, clothing, clinical services, medications, dental or physical healthcare, assistance in the home. Outplacement services may include arranging/ paying for placement in alternative environments/facilities to augment care requirements, minor modifications to the family's residence, temporary housing assistance for the family while the youth is stabilized on medication, companion animal, travel arrangements, and other creative stabilizing ideas.

Expected increases or decreases from the previous year and explanation of any variance.

No increases or decreases are anticipated.

Description of any significant programmatic changes from the previous year.

There are no planned programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through contracted providers.

FCCBH will provide unfunded services directly with employed staff. Approximately 80% of the resources will be used for adult clients while 20% will be used for children and youth.

The typical unfunded adult client who is not SPMI and not meeting FCCBH high risk criteria will receive an assessment, up to three individual sessions and, when indicated, time limited group therapy. When possible, i.e., uncomplicated, medication management is referred to the local FQHC. When necessary, i.e., complicated, medication management is provided by the clinic until treatment is progressing and outcome tending beneficial.

Unfunded clients who are SPMI and at high risk of need for a more restrictive environment may receive a full FCCBH continuum of services if needed, including targeted case management, personal services, psycho-social rehabilitation, as well as medication management and psychotherapy.

FCCBH will affirm the need for services to the un-insured /under-insured, and SMI population, who may not be at risk of hospitalization but need services to return to a baseline level of functioning. At the same time, FCCBH will continue to loosen the criteria for use of the unfunded pool of resources to insure that high risk consumers do not need a more restrictive level of care.

Each of three clinic directors will manage a specific budget for the unfunded and will report upon its efficacious use to the executive committee at monthly meetings.

The expected increases or decreases from the previous year and explanation of any variance.

There are no expected increases or decreases from the previous year.

Description of any significant programmatic changes from the previous year.

No significant programmatic changes are expected to occur.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through contracted providers.

FCCBH plans to dedicate at least 20% of the unfunded budget this coming year to children, youth and families.

The family needing to use the unfunded resource for their child or youth will typically receive an assessment and up to three individual or family sessions. However, if the youth is SED or acuity dictates, the FCCBH continuum of services will be made available. The youth and/or family may be seen at school or home as well as in the office. When indicated, a referral to a time limited group therapy will be used. Family sessions will be used rather than individual sessions whenever possible. When necessary, medication management will be provided by a FCCBH prescriber at the FCCBH clinic. Where clinically appropriate, to retain the funding, for the widest number of citizens a referral with consultation will be made to the local FQHC.

Unfunded clients may receive any part of the FCCBH continuum of services. Wraparound services, including linking to informal supports, may be included in the treatment plan of an unfunded family or youth.

Expected increases or decreases from the previous year and explanation of any variance.

FCCBH expects a decrease in the use of unfunded services for youth because of the Early Intervention School-Based Project.

Description any significant programmatic changes from the previous year.

There are no planned programmatic changes with regard to the unfunded services.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Activities FCCBH proposes to undertake and where services are provided. For each service, we identify whether we will provide services directly or through contracted providers.

Integrated Care- FCCBH will provide integrated health care adherence monitoring by use of an outreach LPN position that will have a caseload of consumers of behavioral health services at FCCBH and somatic health services through a specific APRN who will be co-located with FCCBH programming. The somatic care APRN will serve Carbon and Emery County residents and will allow for quality, accessible primary somatic care for FCCBH consumers. And, individuals presenting with somatic complaints are screened and referred to mental health services on the same campus. Where ROI is in place, the APRN will participate as a clinic team member in weekly case staffing and share crisis and outreach resources.

The expense of the time used by the LPN in the outreach described here is budgeted in the medication management and targeted case management sections of the budget proposal.

Expected increases or decreases from the previous year and explain any variance.

As the referral process between our APRN somatic care provider and the Price Clinic becomes more “business as usual” more FCCBH clients will have the co-located primary care provider who attends FCCBH staff meetings to share information for integrated care of chronic conditions. FCCBH will “go live” with a new EMR in the coming fiscal year, which will allow better linkage with other electronic records systems. Anticipated is greater sharing of information through an electronic format resulting in better care for more of our SMI & SPMI population. No costs will be incurred as a result of this increase in health care service delivery.

Description of any significant programmatic changes from the previous year.

FCCBH anticipates no programmatic changes in the coming fiscal year.

Form A – Mental Health Budget Narrative

2. 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. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces FCCBH describes our efforts to increase client employment in the following areas:

• Competitive employment in the community

FCCBH will provide a number of services, supports and interventions to assist the consumer to achieve personal life goals through employment.

Transportation will be provided to and from employment. Lunch is provided in the clubhouse for those coming from a job. “Job support” will be provided through the clubhouse work ordered day and can include helping a consumer learn to appropriately dress for a “supported employment” or a “competitive employment” position.

Each clubhouse program will have a Career Development and Education (CDE) unit. The CDE unit will connect members with community referrals and relevant resources, and help members with educational goals such as getting a GED or going back to school, getting a driver’s license, temporary employment placements, transitional, supported and independent employment, staying employed and training/coaching members to needed job skills. Through clubhouse services, the consumer gets a competitive edge in obtaining and keeping competitive employment in the community.

• Collaborative efforts involving other community partners

TE or Transitional Employment opportunities will be developed through staff assignments in the work ordered clubhouse day. These opportunities will allow consumers to step into the world of work on a temporary supported basis so as to manage stress and personal expectations realistically.

Community partners will offer “Group TE” opportunities on a given day each week where clubhouse members can work a few or several hours to earn money and structure their day. An annual “Employer Dinner” will be held in the clubhouse each year to honor competitive, supported and temporary employers who have contributed to assisting clubhouse member’s return to meaningful work.

The Clubhouse staff members will give presentations to community groups, such as the Rotary Club, to educate and promote employment opportunities for members. FCCBH programs will facilitate consumer attendance at the various classes offered by DWS to enhance employment skills.

- **Employment of consumers as staff**

FCCBH will make every effort to employ consumers when appropriate. A former clubhouse member will work as a residential aid and another as a secretary in the administration office. In Carbon County, FCCBH will have a consumer as a supervisor to other employed consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

- **Peer Specialists/Family Resource Facilitators**

FCCBH will have 2 .5FTE Family Resource Facilitators working in the tri-county area. FCCBH will have one .5FTE Peer Support Specialist working in Price in the coming fiscal year.

- **Supported Employment to fidelity**

FCCBH is affiliated with the Utah Clubhouse Network but neither of our clubhouses are currently ICCD certified. However, where possible FCCBH works to maintain fidelity to the clubhouse model. The clubhouse model emphasizes employment and meaningful work as a major vehicle of recovery from SPMI. However, ICCD certification does not consider targeted case management as an appropriate service to come from clubhouse. Temporary and supported employment opportunities are offered through both the New Heights clubhouse in Price and the Interact Club in Moab. While these stand-alone buildings are psychosocial rehabilitation and employment development facilities, we do not have a plan for “supported employment to fidelity” at this juncture. An APRN with a shared business agreement with FCCBH has space below the clubhouse building to give closer access to clients for somatic care, but has a separate entrance and no shared wall space with the New Heights Clubhouse.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

FCCBH intends to further our initiative on integrated behavioral health and somatic health care. Our implementation will be enhanced by our planned “cloud-based” EMR which will allow greater connectivity for shared medical information. We will attempt to reduce all cause ER visits and hospital admissions through shared responsibility for the health of an identified group of consumers with chronic conditions.

Given that FCCBH has had over 50% use of OQ/YOQ among our clinicians for several years, we will use the OQ in the coming fiscal year to identify the clinicians with the best outcomes in treatment of anxiety and depressive disorders. Once identified, these clinicians will provide training to other FCCBH clinicians on use of the OQ with this population.

FCCBH intends to build the capacity of clinicians trained in TF-CBT so that every child/youth in need of trauma-informed care may receive such. Clinicians will complete web-based training, in-person training and on-going supervision in the coming fiscal year.

FCCBH will be pursuing a moniker as a “trauma-informed organization” in the coming fiscal year. FCCBH policies and procedures will be reviewed with the intention to make organizational practices trauma-informed. From the intake process for a new consumer to the personnel policies and orientation affecting a new employee, FCCBH will engage in a review of the quality of the environments we create for our own.

• Outcome Based Practices

FCCBH plans to use the resources available through the CREDIBLE EMR system that we will go-live with May 5, 2014. We will use the UTAH DSAMH outcome items as well as others that we will create, such as tobacco use to identify and train to best practices among staff. FCCBH will have an interface between our CREDIBLE EMR and OQ Analyst so as to reduce barriers to the use of OQ by clinic LMHT in individual psychotherapy appointments.

• Increased service capacity

FCCBH will have increased a part-time Registered Nurse position to a full-time position for fiscal year 2015. This will increase service capacity in nurse medication management and targeted case management.

• Increased access

In the next fiscal year FCCBH will make available a LMHT for any walk-in customer to any of our clinics. A clinical screening will be provided for every person who comes to the FCCBH clinics regardless of ability to pay. Each LMHT will be assigned for a specific time period each week for open access to citizens regardless of citizen status as emergent, urgent or non-urgent. If a citizen calls for an appointment he/she will be scheduled or told of the nearest walk-in time. It is anticipated that this open access will reduce “no shows” to scheduled appointments and enhance community perception of availability of services.

• Efforts to respond to community input/need

FCCBH will respond to the community need for more suicide prevention activities. The HOPE Suicide Prevention Coalition in Carbon County has active FCCBH involvement. FCCBH staff through the HOPE Coalition will follow-up on those community members trained as “QPR Gatekeepers” to see that the trainings subsequent to the gatekeeper training are accomplished. FCCBH will disseminate the QPR process through the Gatekeeper network and SA prevention coalitions in our regions communities. FCCBH Staff will be trained and motivated in the ongoing use of the Columbia-Suicide Severity Rating Scale (C-SSRS). This will develop a more consistent evaluation process across the three county area that is more explicable to the public.

4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

FCCBH will provide co-occurring services to individuals who are court ordered to substance use disorder treatment who have been identified in assessment to have a co-occurring mental health disorder. Using LMHT to facilitate group therapy sessions devoted to mental health issues such as depression and anxiety, FCCBH will enable an individualized whole person treatment process. A Level II Intensive Outpatient Program requiring 9 hours/week or more of contact gives opportunity to spread an individual's time among a variety of providers who treat the specific assessed needs of the consumer.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

In the coming fiscal year FCCBH will provide, through contract, a co-located LMHT to the Green River Medical Clinic (FQHC). FCCBH will provide space for a nurse practitioner (PCP) in the lower floor of the clubhouse building, across the street from the Price Clinic, with an entrance and parking lot separate from the clubhouse. This nurse practitioner will, as well as have a discreet caseload, provide primary medical care services to FCCBH clients on a same day, open access, manner. Likewise, FCCBH will provide same day, open access, assessment to referrals from the PCP. This PCP will attend Price Clinic staff meetings to share and receive information on shared consumers where there is appropriate ROI.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

FCCBH will undertake a training and implementation process of a more thorough assessment of physical health needs of our consumers. FCCBH will provide training in recognizing physical health problems to our LMHT so as to more successfully use our co-located somatic health provider.

FCCBH plans to have a blended staff providing mental health and substance use disorder treatment. LMHT will mostly see those with a primary mental health diagnosis but will also provide mental health treatment groups to those with a primary substance abuse diagnosis. SSW, TCM may primarily serve mental health diagnosis consumers, but will also provide TBS and TCM services to SUD consumers.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

FCCBH will offer discreet tobacco cessation classes in all of the clinics. Also, sections of the TBS groups provided as part of Level II Treatment will contain information of quitting tobacco and how such is a support for abstaining from other addictive substances. Recovery-Plus is a celebration of recovery. It is a process that recognizes that each of us is in a state of continuous growth and development. A peer support specialist and peers who have quit tobaccos will be facilitated in telling their story of recovery from addictive behaviors.

FCCBH campus will be tobacco free and free of e-cigarettes or other forms of nicotine vapor distribution.

FCCBH will have an ongoing wellness challenge for staff through the year. Consumers are invited to join in the fitness challenges. Much thought is given to healthful menu planning in the clubhouse lunch units and education will be provided as to the healthful contents of the lunch each day.

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

Description of the Family Resource Facilitation with Wraparound activities FCCBH proposes to undertake and identification of where services are provided. Description of how do you intend to partner with other Department of Human Services child serving agencies. For each service, we identify whether we will provide services directly or through a contracted provider.

A Family Resource Facilitator (FRF) will be employed directly by FCCBH in each county of our area to implement and sustain a wraparound to fidelity program in that county. The intention will be to enhance early intervention with mental health services by identifying and targeting families and caregivers of children with complex behavioral health needs. The FRF will engage and link the family to the mental health services that the family may not otherwise obtain for their child.

The FRF will be available to families referred by child serving agencies who participate in the local interagency council or multi-agency committee process. Through the provision of technical assistance, training, peer support, modeling, mentoring and the representation and development of family voice, the FRF staff member will work at the family and agency level to break down barriers to early identification and intervention into a child's mental health needs. FCCBH will supervise toward a strong mentoring component of this service. The FRF will strengthen family involvement and facilitate the wrap-around model of services.

Expected increases or decreases from the previous year and explanation of any variance.

There are no expected increases or decreases over FY 2014 in this service scheduled for the coming fiscal year.

Description of any significant programmatic changes from the previous year.

There are no anticipated programmatic changes for the coming fiscal year.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?

Yes, FCCBH will abide by the agreement. FCCBH believes in wraparound to fidelity as best practice for children and youth with unique and/or complex behavioral health issues.

Form A – Mental Health Budget Narrative

5b) 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.

Although FCCBH has an organizational value, as a good community partner, of providing a 24 hour/day, 7 days/week on-call LMHT response to the home or other setting where sheriff dispatch calls for help with evaluation and disposition of youth and families, FCCBH will not participate in the funded “Mobile Crisis Team” Project in the coming fiscal year.

Form A – Mental Health Budget Narrative

5c) Children/Youth Mental Health Early Intervention

Description of the School-Based Mental Health activities FCCBH proposes to undertake and how FCCBH intends to support family involvement in treatment. For each service, we identify whether we will provide services directly or through a contracted provider.

FCCBH will directly provide School Based Mental Health Services in three (3) elementary schools in Carbon County, two (2) elementary schools in Emery County and one (1) elementary school in Grand County. These services will be provided by a LMHT and include diagnostic assessment, treatment planning, individual therapy, family therapy and group therapy. The LMHT will also be available for consultation and care coordination with school personnel and parents. Referrals will be accepted regardless of ability to afford the service. Services will be provided at the school. Intake paperwork, including consent to treat and appropriate ROI, will be completed by the parent at the school. Referral to the family resource facilitator (FRF) in each county will be made by the LMHT where barriers may exist to parental involvement in the child's treatment. Each school has agreed to host wraparound family team meetings as appropriate to track the child's progress and identify further resources to support success. In these ways, FCCBH intends to support family involvement in treatment.

Outcome measures will be changes in academic grade point averages, number of office disciplinary referrals (ODR), number of suspensions, changes in absenteeism. School behavioral records will be tracked by the school counselor. Youth Outcome Questionnaires (YOQ-30PR) will be administered to all parents to obtain feedback on behavioral improvement.

Expected increases or decreases from the previous year and explain any variance.

FCCBH expects an increase in services provided at the Emery County and Grand County elementary schools from the previous year as this early intervention program began there partly into the past school year.

Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)

FCCBH expects no programmatic or school changes from the previous fiscal year.

Describe outcomes that you will gather and report on.

- 1) Changes in academic grade point averages
- 2) Number of office disciplinary referrals (ODR)
- 3) Number of suspensions
- 4) Changes in absenteeism
- 5) Youth Outcome Questionnaires (YOQ-30PR)

6. Suicide Prevention, Intervention and Postvention

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

Prevention: FCCBH is a proactive member of the HOPE Suicide Prevention Coalition in Carbon County. In partnership with USU-Eastern, FCCBH hosted, on March 26, 2014, a OPR Gatekeeper Training in which 12 gatekeepers were trained. FCCBH prevention staff continues to monitor the provision of subsequent trainings provided by these gatekeepers and uses the forum of HOPE Coalition to award the success of those gatekeepers.

The NAMI Prevention By Design Project afforded the initial train-the-trainers effort. FCCBH will afford, through state block grant funds, the on-going monitoring and reporting of the trainings provided by the gatekeepers.

Intervention: FCCBH LMHT currently are trained in and use the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) instrument of Screening For Mental Health, Inc. FCCBH plans, in the coming fiscal year to train to and begin using the Columbia-Suicide Severity Rating Scale (C-SSRS). FCCBH LMHT currently are trained to and use a “Crisis and Safety Plan” that is, incorporated into the EMR, is printable and includes the following elements:

- 1) Risk Concerns, 2) Safety Precautions, 3) Communication with Others, 4) Interventions, 5) Parent’s and Family’s Concurrence with and Involvement in the Decisions Made, 6) Protective Factors

FCCBH plans, in the coming fiscal year to train to and begin using a “Crisis Plan” that is, incorporated into the CREDIBLE EMR, is printable and includes the following elements:

- 1) Warning Signs (what triggers distress), 2) Internal Coping (things I can do to feel better), 3) Social Contacts (list of people I can contact me to distract me from distress), 4) Family Members (list of family member who can help), 5) Professional and Agency Contacts (list of professionals who can help), 6) Make My Environment Safe (things I can remove or add that will make it safer), 6) Protective Factors (list of events or people that I look forward to being with).

Postvention: FCCBH on-call staff provides the emergency mental health evaluations for the hospitals and law enforcement in our region. Follow-up on suicide prevention and crisis planning interventions by a LMHT are scheduled for follow-up within 48 hours/usually the following day at the closest clinic. When not possible for the client to keep an appointment within 48 hours, FCCBH LMHT will follow-up by phone and re-schedule. FCCBH makes available open access service to family and friends of suicide completers. FCCBH makes available open access service to first responders to completed suicide. FCCBH provides crisis stress debriefing intervention for first responders as such is requested by supervisors. Appointments for these services are scheduled within 48 hours when requested by family, friends, first responders.

Description of FCCBH plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

During FY2015 FCCBH will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and procedures related to suicide prevention, intervention, and postvention. FCCBH will conduct an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. FCCBH will use the model tool provided by DSAMH. FCCBH will complete the suicide prevention behavioral healthcare assessment and submit a written report to DSAMH by June 30, 2015.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

1) Screening and Assessment

Narrative Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.

Screening and Assessment:

SUD treatment services will be offered to the community with admission priority given to: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others in need of SUD treatment.

FCCBH will provide all out-patient, non-residential services directly in FCCBH outpatient clinics. All individuals requesting services will be screened for HIV-AIDS as well as Tuberculosis and referred to the Southeastern Utah Department of Health. Prior to entering treatment, FCCBH clinical staff members will provide the client with a full substance abuse and mental health assessment, in accordance with the ASAM dimensions.

FCCBH will offer the full continuum of outpatient treatment services. Clients will be initially placed in the appropriate level of care which will be subsequently adjusted to meet each individual's ongoing clinical need. Changes in the level of care will be made in accordance with the ASAM placement criteria.

All personal recovery plans will be developed according to collaborative person centered planning, and will be reviewed and modified according to the individual level of care requirement

Open Access- We have reduced waiting time and decreased client cancellations dramatically for clients seeking a substance abuse evaluation by creating an open access system of same day screening in each of the clinics.

Reducing intake requirements-We have worked to improve client access to care by reducing the client intake paperwork requirements. This has included elimination of ASI administration which had been required prior to scheduling an appointment for an assessment .The 7 domains of the ASI are now included in the assessment document. We plan to continue to streamline the intake process and eliminate any unnecessary documentation and/or paperwork.

In the Carbon clinic a specifically assigned LMHT therapist completes each of the SUD assessments for clients seeking services. This leads to enhanced accessibility to services.

The assessment will include an interview with a LMHT where concerns and clinical need can be determined and initial individualized goals set. A full evaluation of SUD issues, Mental Health needs and trauma history will be completed at this time to ensure each client receives the assistance and clinical interventions necessary while in treatment.

At the time of assessment, the client will be given the SASSI, MAST, and ASAM to help determine the level of care that will best assist the client in his or her recovery goals. Once the assessment is complete, recommendations will be shared with the client.

DUI screening will include an interview with the administration and scoring of the SASSI and the MAST.

Individuals with multiple DUI charges on record will be also referred for a full A&D assessment with referral into appropriate level of care and/or the Prime for Life Class.

All services will be provided directly using FCCBH staff members.

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

No expected increases or decreases

Describe any significant programmatic changes from the previous year.

No significant program changes

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)

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.

FCCBH will not provide this service directly. Individuals requiring this level of care due to risk of medical withdrawal will be referred to appropriate medical facilities including; Payson Hospital, Highland Ridge Hospital, Utah Valley Regional Medical Center, and UNI.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant Changes

Form B – Substance Abuse Treatment Budget Narrative

3) Detoxification Free Standing Residential (ASAM III.2-D)

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.

FCCBH will not provide this service directly. Detoxification services at free-standing residential facilities will be provided by referral to Highland Ridge in Salt Lake City.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)

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.

FCCBH will not provide this service directly. Individuals requiring this level of care due to biological compromising conditions which require medical attention will be referred to Highland Ridge Hospital, Mountain View Hospital in Payson, Provo Canyon Hospital or The University Neuropsychiatric Institute.

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

No expected significant increases or decreases

Describe any significant programmatic changes from the previous year.

No significant Changes

Form B – Substance Abuse Treatment Budget Narrative

5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5

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.

FCCBH will not provide these services directly. FCCBH will contract with, and refer clients to the following agencies for this service; House of Hope (Provo and SLC), Odyssey House and First Step House. Prior to entering into short term treatment, FCCBH will provide clients with a full substance abuse and mental health assessment, in accordance with the ASAM dimensions, including-the MAST, SASSI or other instruments.

Short term treatment will include an array of services including; assessment; crisis intervention, recovery planning and reviewing, relapse prevention, individual, group and family therapy, mental health counseling, therapeutic behavior services, psycho-education classes, personal skills development, social skills training, clothing assistance and transportation services, inclusion in community self-help (AA, 12 step) groups, supervised community time, and discharge planning. Treatment will be trauma informed. Gender specific services will be offered and services available to accommodate women with dependent children. It is anticipated that often there will be DCFS involvement.

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

No expected significant increase or decrease.

Describe any significant programmatic changes from the previous year.

No significant changes

Form B – Substance Abuse Treatment Budget Narrative

6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.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.

FCCBH will not provide these services directly. FCCBH will contract with, and refer clients to the following agencies for this service; House of Hope (Provo, SLC), Odyssey House and First Step House. Prior to entering into short term treatment, FCCBH will provide clients with a full substance abuse and mental health assessment, in accordance with the ASAM dimensions including the MAST, SASSI and/or other instruments.

Long term and short term treatment may include an array of services including; assessment; crisis intervention, recovery planning and reviewing, relapse prevention, individual, group and family therapy, mental health counseling, therapeutic behavior services, psycho-education classes, personal skills development, recreational therapy, GED, vocational training, social skills training, clothing assistance and transportation services, inclusion in community self-help (AA 12 step) groups, supervised community time, and discharge planning. Treatment will be trauma informed. Gender specific services will be offered and services will be made available to accommodate women with dependent children. It is anticipated that often there will be DCFS involvement.

All residential services will be contracted with a fully executed Letter of Agreement and monitored to contract fidelity and compliance. LOA's can be made available upon request.

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

No expected significant increases or decreases

Describe any significant programmatic changes from the previous year.

No Significant Changes. Due to the increase in opioid addiction in our area, FCCBH has developed and utilized a contract with Odyssey House in SLC for residential treatment.

Form B – Substance Abuse Treatment Budget Narrative

7) Outpatient (Methadone - ASAM I)

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.

FCCBH is not licensed to provide this service. Those in need of Methadone maintenance will be referred to Project Reality in Salt Lake City for these services.

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

No expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No expected increases or decreases.

Form B – Substance Abuse Treatment Budget Narrative

8) Outpatient (Non-methadone – ASAM I)

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.

SUD treatment services will be offered to the community with admission priority given to: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others in need of SUD treatment. FCCBH will provide all out-patient, non-residential services directly in FCCBH outpatient clinics. All individuals requesting services will be screened for HIV-AIDS as well as Tuberculosis and referred to the Southeastern Utah Department of Health.

Prior to entering treatment, clients will receive a complete substance abuse and mental health assessment. Treatment levels of care will be determined and provided in accordance with the ASAM patient placement criteria. All personal recovery plans will be developed according to collaborative person centered planning, and will be reviewed and modified according to the individual level of care requirement. Recovery teams will regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care.

The FCCBH adult substance abuse services will use multifaceted level I and II programming with groups ranging from .5 hours to up to 9 hours a week. Additional services such as individual, family therapy or case management will be provided as determined by medical necessity and client or family need. Evidence-based Practices used will include Motivational Interviewing, MRT and the Matrix Model. Trauma informed, gender specific treatments will be available to all clients. Treatment will promote client choice, client voice and a focus on individualized clinical need. All educational and program materials will be based upon evidence-based treatment programming. The outpatient program will include a women-specific treatment component. Treatment programs will be individualized and a wide variety of classes will be offered for adult SUD clients. Treatment will not only include substance use disorders but also, mental health problems and disorders as well as codependency issues. Individual counseling, recovery coaching and case management will also be offered to assist clients with stabilization and recovery. Programs services will include: individual, couples work, family and group therapy; individual and group therapeutic behavior services; psycho-education classes; recovery coaching, case management services, and urine analysis. Interim services will also be made available.

Medication assisted treatment (MAT) will be provided based on medical necessity through our prescribers and/or through referral to community providers.

Clients presenting with somatic concerns/conditions are referred to our in-house primary care physician, private provider, or the nearest FQHC.

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

No significant increases or decreased from the previous year.

Describe any significant programmatic changes from the previous year.

In 2013, FCCBH Clinical Staff members received MRT training (Moral Reconciliation Therapy) which is an evidenced based practice. FCCBH is now offering MRT treatment in each of the youth and adult SUD treatment programs center-wide.

Form B – Substance Abuse Treatment Budget Narrative

9) Intensive Outpatient (ASAM II.5 or II.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.

FCCBH will provide these services directly. Upon entering treatment, FCCBH will provide clients with a full substance abuse and mental health assessment, in accordance with the ASAM dimensions, including the MAST, SASSI or other instruments.

Level of care will be determined and provided in accordance with the ASAM placement criteria. All recovery plans will be developed according to collaborative Person Centered Planning, and will be reviewed and modified according to the individual level of care requirement. FCCBH will provide the full continuum of individualized treatment with clients being placed in the appropriate level of care and adjusted to meet each individual's ongoing clinical need.

Changes in level of care will be made in accordance with the ASAM placement criteria.

Recovery teams will regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care. A variety of evidenced based classes and therapeutic groups will be made available, based on the client's needs, deficits or level of motivation. These will include the Stages of Change group (based on the Motivational Interviewing Model) for the more resistive client and/or the Interim Group, to aid in increased cognitive functioning and basic life reconstruction. A Recovery Coach will aid clients in staying on course, meeting their basic needs and access resources.

All educational and program materials will use evidence-based programming.

The outpatient program will include a women-specific treatment component. FCCBH will provide transportation to services for pregnant women, or women with children, when needed.

When medically necessary, clients will be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance abuse disorder. Clients presenting with medical concerns/conditions will be referred to the FCCBH in-house APRN, a primary care physician, or the nearest FQHC.

Programs services will include: individual, couples work, family and group therapy; individual and group therapeutic behavior services; psycho-education classes; case management services as needed, and urine analysis.

Interim services will also be made available.

Priority for treatment will be in the following order: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others.

Medication assisted treatment (MAT) will be provided based on medical necessity through our prescribers and through referral to community providers.

The FCCBH Adolescent Intensive Outpatient Substance Abuse Program will include an evidence based mental health group for youth with SUD and with dual diagnosis. Family therapy groups will be a key component of the adolescent treatment program.

In effort to reduce barriers and provide earlier intervention, FCCBH will not charge for adolescent SUD treatment services.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

In 2013, FCCBH Clinical Staff members received MRT training (Moral Reconciliation Therapy) which is an evidenced based practice. FCCBH is now offering MRT treatment in each of the youth and adult SUD treatment programs center-wide.

Form B – Substance Abuse Treatment Budget Narrative

10) Detoxification (Outpatient- ASAM I-D or II-D)

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.

When there is capacity, FCCBH will provide this service directly through our prescribers and also through coordination with our integrated care APRN. Individuals requiring detoxification services may also be referred to qualified providers in the local community, the FQHC's, the local Hospital ER and/or to providers along the Wasatch Front.

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

No expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

11) Recovery Support Services

Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

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.

Based upon Individual needs and choice, FCCBH Recovery Coaches will act as a strengths-based advocate supporting any positive change, helping recovering persons avoid relapse, building community supports for recovery, or assisting with life goals not related to addiction such as relationships, work, education etc. Recovery coaching is action oriented with an emphasis on improving present life and laying the groundwork for future goals. FCCBH Recovery Coaches will assist clients in accessing recovery supports such as housing, peer support, case management, childcare, vocational assistance and other non-treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

FCCBH will promote and sponsor the informal network of recovery support in the tri-county area. Recovery support meetings will be peer led and held, rent free, in a dedicated space at the FCCBH clinical offices in Grand and Carbon Counties several times a week. This will create an ease of attendance in recovery support services for those who have been enrolled in SUD treatment and for those not in need of treatment but able to access support for an earlier intervention into a possible progression toward a SUD.

Recovery awareness month will be celebrated with a community celebration to promote recovery awareness.

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

We expect to see an increase over FY13 services because we received recovery support funding for recovery coaches.

Describe any significant programmatic changes from the previous year.

We plan to have increased focus on recovery support services.

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

There will be no significant programmatic changes from the previous year.
If the DSAMH receives the ATR grant FCCBH will likely see an increase in ATR programming.

Form B – Substance Abuse Treatment Budget Narrative

12) Quality and Access Improvements

Describe your Quality and Access Improvements

Access Improvements

1. Open Access- We have reduced waiting time for clients seeking a substance abuse evaluation by creating an open access system of same day screening in each of the clinics.
2. Reducing intake requirements:
3. We have worked to improve client access to care by reducing the client intake paperwork requirements. This has included elimination of ASI administration which had been required prior to scheduling an appointment for an assessment. The 7 domains of the ASI are now included in the assessment document.
4. We will continue to streamline the intake process and eliminate any unnecessary documentation and/or paperwork.
5. We have access to a MH and SUD therapist in each of the FQHC in our region. One of the FQHC somatic care providers is trained in the SBIRT model. Individuals may be referred by the FQHC to FCCBH for an assessment and treatment, where appropriate.
6. The Interim Treatment and Case Management Program has been created to offer access to services to those individuals who would otherwise be denied admission to treatment (because of ASAM PC criterion showing pre-contemplative stage of change). This program allows the individual access to services intended to enhance their motivation for level one or level two treatments. A FCCBH Recovery Coach aids clients in; staying on track, meeting basic needs and with accessing resources. The modality of the group is motivational enhancement therapy.
7. In the Carbon clinic a specifically assigned LMHT therapist completes each of the SUD assessments for clients seeking services. This leads to enhanced accessibility to services.

Quality Improvements:

1. Greater involvement of LMHT in the treatment which has increased integrated MH and SUD care.
2. Treatment modules have been developed based on co-occurring conditions rather than just SUD issues which has led to a better overall integrated care.
3. Several clinicians have received training and are now providing MRT Moral Re-conditioning Treatment when treating SUD disordered individuals.
4. FCCBH has a goal of overall agency improvements in the use of ASAM-PPC. This will be done by assessing the problem through EMR review, establishing training needs, which will be provided, and notifying supervisors.
5. Planned future training will include MRT, MAT and MI training.
6. Because of the direct correlation between trauma and the development of many substance use and mental health disorders, FCCBH plans to continue providing ongoing TIC educational opportunities to enhance professional ability in the assessing and treating of clients with trauma. FCCBH is currently developing an ongoing Trauma Informed approach to: staff supervision, clinical programming, facility management and client care. FCCBH has recently developed a Trauma Informed Care policy and is in process of developing the specific procedures related to trauma screening, assessment and service planning. This this past year multiple trainings have been provided on TIC. This effort will be continued throughout the coming year.
- 7.

TIC in staff supervision-FCCBH has initiated a supervision process where assessing triggers, burnout, compassion fatigue and secondary trauma is considered and addressed in clinical supervision. Staff members needing additional support or care will be directed to the appropriate supportive intervention.

A yearly supervisor summit will be held to ensure supervisors are providing Trauma Informed supervision in supporting FCCBH staff members.

TIC in clinical programming and client care- Currently 8 clinicians are trained and are providing Trauma Focused Cognitive Behavioral Therapy. In the next year additional youth therapists will be trained in this model. Treatment to adult clients is currently provided using the Seeking Safety Model. FCCBH is working toward giving clients “voice and choice” in all aspects of care to promote safety and empowerment.

TIC in facility management- FCCBH is in the process of evaluating all facilities to promote safety, reduce re-traumatization and empower clients. For example: alternative waiting rooms are provided for clients who struggle with public anxiety and signs have removed which were potentially traumatizing. The plan is to evaluate each facility with a TIC point of view; removing and reducing potential barriers, traumatization and abrasiveness as well as promoting safety.

Form B – Substance Abuse Treatment Budget Narrative

13) Services to Incarcerated People

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.

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female inmates in all three counties. FCCBH clinical staff members will provide emergency substance abuse and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. Mental health and substance abuse treatment groups will be held weekly in each county jail. Upon release, inmates will be linked to outpatient services.

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

No significant increases or decreases from FY14 to FY15.

Describe any significant programmatic changes from the previous year.

No significant changes.

What is the amount of SAPT funds that are used to provide services to County jails?

None, zero.

Form B – Substance Abuse Treatment Budget Narrative

14) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how? Integrated mental health and substance abuse treatment services are provided in all of three counties. It is recognized that integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Integrated treatment occurs at the individual-practitioner level and includes all services and activities. The service integration FCCBH provides includes: integrated screening for mental and substance use disorders, integrated assessment, integrated treatment planning, integrated or coordinated treatment, and cross over between SUD and MH groups and services. Most clinicians serve both SUD and MH populations in all of our clinics. Dually diagnosed clients can enjoy seamless services regardless of principle need or where they enter services. Treatment modules have been developed based on co-occurring conditions rather than just SUD issues which has led to a better overall integrated care. Recovery Coaches work to help clients accesses needed community resources including physical and behavioral health needs.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

In May of 2013 we began an integrated model of care combining behavioral health care and physical health primary care. We have contracted with an APRN who is now co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This service is available to Carbon and Emery county clients and allows for quality, assessable primary care for FCCBH clients. The APRN takes referrals regardless of ability to pay and has a zero based sliding fee scale. We provide truly integrated care by making the APRN a part of the clinic team. The APRN attends weekly combined case staffing, and share crisis and outreach resources. Our integrated physical health care clinic offers open access walk-in appointments.

In May 2013 we replaced a vacated case manager position with a new position titled “Nurse/Outreach Specialist”. This position is an LPN level staff member who provides outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medical observation and support as well as medication management is now provided out in the field, in the home and in the community

Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.

There are three Federally Qualified Health Centers (FQHC) in the FCCBH catchment area of which we enjoy close collaboration and mutual referrals. We have a FCCBH Licensed Mental Health therapist co-located in one of the FQHC sites serving low income and unfunded populations. Clinical Services provided include; Mental Health and Substance abuse screenings, assessments, individual and family therapy.

We work with Primary Care providers on a regular basis to coordinate care. (See below)

Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.

FCCBH Medical prescribers will offer the following MAT medicines: Suboxone, Naltrexone for detox or maintenance purposes, Campral, Antabuse, nicotine patches as well as other pharmaceuticals for assistance with withdrawal and maintenance. Clients will also be referred to detox facilities and/or local medical providers in the community.

To develop and increase community resources for MAT, we plan to send a primary care provider from each county to the U of U school in June to attend the MAT section of the conference.

In addition, we are going to add a training element to our clinical staffing meetings and quarterly Drug Court meetings to more clearly education staff and partners on MAT and its benefits.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

We have posted recovery plus signage inside and outside of all of our facilities and we now enjoy tobacco free campuses.

Key staff members in each county will be trained in evidence based tobacco cessation curriculum and then classes will be offered to all of our clients in effort to encourage a smoke free life. Our groups are on a 12 week rotation. Every 24 weeks we offer consumers the chance to participate in a smoking cessation class. We also refer to the quit lines, and provide case management services for those who desire to quit smoking. For our participants that come in and out of jail, when they exit jail we always try to encourage them to stay tobacco free, and provide supports to them to continue that abstinence. We plan to increase and improve education regarding smoking cessation and the role this plays in addiction, relapse and recovery.

We have a section in our outpatient treatment program that focuses on wellness. We have family nights were we focus on abstinence based fun and we have a session that we focus on health and wellness of our families.

Form B – Substance Abuse Treatment Budget Narrative

15) Drug Court

Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.

The Four Corners Community Behavioral Health Center in collaboration with the Seventh District Court as well as Carbon, Emery and Grand Counties, has operated Certified Adult Family and Felony Drug Courts in Eastern Utah for over a decade, providing much needed quality services to these communities.

There are 5 Drug Courts currently in operation in the FCCBH catchment area. Carbon and Grand Counties each have both a Felony and Family Drug Court and Emery County has a Felony Drug Court. This is a collaborative effort between the local Court, Sheriff Department, Adult Probation and Parole and FCCBH. Drug Court Treatment will be provided by FCCBH and is trauma Informed, gender specific and allows for MAT.

Level I and Level II treatment programs are offered to Drug Court participants. Mental health and substance abuse treatment programming is available for all drug court participants regardless of treatment level.

Treatment groups offered include:

Mind over Mood, Moral Reconciliation Therapy, separate men and women's Seeking Safety Groups, REBT, Life Skills, Parenting (Love Limits and Latitude), Codependency, and DBT. Level I groups include: Matrix A&D education classes, family group, and maintenance group.

Program advancement is based on individual client progress and team clinical evaluation.

Individual substance abuse and mental health therapy is also available to participants.

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

No significant increase or decreases in treatment services expected.

Describe any significant programmatic changes from the previous year.

No significant program changes

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

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.

FCCBH makes available comprehensive substance abuse assessment and treatment services to adult felony offenders charged with controlled substance abuse offenses, referred into DORA by the courts and AP&P in Carbon and Emery Counties. Programming available includes; Level I and Level II treatment programs, mental health and substance abuse treatment programming is available for all DORA clients regardless of treatment level. Treatment groups offered include:

Mind over Mood, Moral Reconciliation Therapy, separate men and women's Seeking Safety Groups, REBT, Life Skills, Parenting (Love Limits and Latitude), Codependency, and DBT. Level I groups include: Matrix A&D education classes, family group, and maintenance group.

Program advancement is based on individual client progress and team clinical evaluation.

Individual substance abuse and mental health therapy is also available to all DORA clients.

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

No significant increase from FY14

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Form B – Substance Abuse Treatment Budget Narrative

17) Women’s Treatment

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.

Outpatient women’s treatment will be provided directly by FCCBH.

In the initial screening it will be determined whether or not an individual is a member of the priority population of IV drug using, pregnant women. Women are a priority population on many levels of significance, including pregnancy and parenting dependent children. Women have particular needs in treatment that may not be fully met without gender specific programming. Treatment provided through the set aside for women, pregnant women and women with dependent children will be provided directly by FCCBH. FCCBH will use the TREM curriculum to provide trauma-informed, women’s specific treatment. FCCBH staff members attended DSAMH sponsored training on the Seeking Safety Model in FY 2013, and have incorporated this material into women’s specific treatment beginning in 2014.

Level III services will be provided through a contract with House of Hope.

All women, participating in Level II treatment, will be recommended to attend *Women’s Group*, where the Seeking Safety and TREM curricula are used. We have found that women are more forthcoming and mutually supportive in a gender specific group. The growing sophistication in trauma informed care within our women’s treatment staff will assure programming in FY2015 that imparts a recovery focus and that can be carried forward following the acute treatment episode.

During the assessment process, female clients are included in the decision making process as to the gender of a primary therapist. This is intended to build a level of comfort, security and personal agency that will continue for the remainder of the individual’s treatment process. As women collaboratively build their individualized treatment program for Level I or Level II Treatment, parenting skills training will be offered as an option for the treatment plan.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

18) Adolescent (Youth) Treatment

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.

FCCBH will provide and individualized assessment, treatment plan and treatment level placement for each adolescent requesting substance abuse services. The FCCBH adolescent substance abuse services will use multifaceted level I and II programming with groups ranging from 5 hours to 6 hours a week. Additional services such as individual, family therapy or case management will be provided as determined by medical necessity and client or family need. FCCBH will offer 3 therapeutic behavioral skills development groups including; a relapse prevention group (Matrix based), an education group (Matrix based) and an advanced recovery skills group (Matrix based).

For dual diagnosed clients, an integrated mental health based group called the Live Life Well group will be offered.

The REAL group (Recovery Experience And Life Group) will be offered as the FCCBH adolescent summer program. This program will include an evidenced based, recovery oriented curriculum.

In effort to reduce barriers and provide earlier intervention, FCCBH will not charge for adolescent SUD treatment services.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

We now offer MRT in our adolescent program. Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

Form C – Substance Abuse Prevention Narrative

1) Prevention Assessment

Description FCCBH area prevention assessment process and the date of your most current community assessment(s).

FCCBH LSAA has prioritized a community in each of the 3 counties in the area: Grand, Carbon and Emery. Local coalitions exist within each of these communities: Carbon: Price – HOPE Squad, Grand: Moab-Moab Community Action Coalition (MCAC), and Emery: Green River-CHEER Coalition. Using the 5 Step SPF Assessment process, coalitions have reviewed SHARP 2013 data to establish targeted behaviors for substance abuse prevention and to assess community risk and protective factors related to the targeted behaviors.

The 2014 FCCBH Prevention Area Plan is based upon a significant problem behavior in all three counties. According to the Four Corners LSAA Profile Report of the 2013 SHARP, lifetime use of alcohol by 10th Graders is 13 percentage points higher than state average. Lifetime use of alcohol by 12th Graders is 12 percentage points higher than the state average. As a result, our LSAA will focus on underage alcohol use for our SAPT funded programs. FCCBH intends, through the continued and expanded deliverance of evidence-based programs and strategies, that the difference between Utah state average and FCCBH regional average will be lowered in SHARP 2017 & 2019 data. There is reason to believe that our efforts have been successful and will continue to be. The percentage of youth in 10th and 12th grades that report they, “had alcoholic beverages to drink-more than a few sips,” has been trending downward in the FCCBH Region in all grades since 2009.

One of the three coalitions in our area has done a formal community readiness assessment in the past fiscal year. The Moab Community Action Coalition did such an assessment as part of their application for the Drug Free Communities Grant which they found was not granted in Spring 2013. Since that time there has been no further readiness assessment. FCCBH plans to enliven the community assessment process in all of our priority communities in the coming fiscal year.

The 2013 SHARP data is reviewed in each community coalition on a regular basis to update the coalition membership on the data supporting the programs being implemented. The most recent review of SHARP at MCAC occurred on April 14, 2014. The HOPE coalition last reviewed SHARP at the February 4, 2014 Meeting.

The only individual screening for prevention programming in our region is the screening of first time DUI offenders referred by the justice courts for screening and PRI DUI Education Class. The screening will determine who will need the education prevention class alone and who will need an assessment to determine treatment needs. PRI is the only indicated prevention intervention that FCCBH offers at this time.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

Identify the prioritized risk/protective factors for each community identified in box #1.

Coalitions have agreed upon two (2) prioritized risk factors for the three county area related to this problem of underage drinking. As shown in the 2013 SHARP, FCCBH Region students in every grade level surveyed report community norms favorable to drug use at 9 percentage points higher (28.1%) than state average numbers of students at every grade level (18.6%). The second risk factor can be seen in all grades of students (24.9%) in the FCCBH Region reporting attitudes favorable to drug use at 7 percentage points higher than the state average of students in all grade levels (18.1%). The most alarming difference can be seen in the 10th grade responses where FCCBH Region youth have a 13 percentage point higher difference from State average student attitudes favorable to drug use. However, risk factor trends are also trending downward in these areas since the 2009 SHARP.

The prioritized protective factors shared between all prioritized communities are promotion of rewards and opportunities for pro-social involvement in all 4 domains: family, community, school, individual. FCCBH SHARP shows these protective factors as not scored as high in all grades (except the in the individual domain) as the State average SHARP. Our proposition is that promoting youth to engage in pro-social behaviors will better protect them against underage drinking and other substance abuse. Through evidence-based prevention programming, specifically Botvin Life Skills Training, FCCBH will increase the number of youth reporting opportunities for pro-social involvement and reduce the number of youth who report attitudes favorable to drug use in the 2015 and 2017 SHARP. SHARP data since 2009 show that student reporting of protective factors are increasing in the FCCBH Region.

The Moab Community Action Coalition (MCAC) reports, through the Chair, that they have, after reviewing the SHARP 2013 chosen to focus on “opportunities and rewards for pro-social involvement in the peer and individual domain”.

The Moab Community Action Coalition meets the second Monday of the month, 11:30AM to 1PM in Moab at the and reports via the Chair:

“We submitted the Drug Free Communities grant this spring (2013) to the Health and Human Service's Substance Abuse and Mental Health Services Administration. This grant would have provided staffing for our coalition work, specifically by addressing our action plan for tobacco, alcohol and prescription drug abuse prevention. *While we scored a 93, 4 points higher than the previous year, we did not meet the ranking threshold and will not be receiving this 5 year grant.* This was our third, and unless something changes drastically, last attempt. This news follows the news that our Communities that Care (CTC) funding from the state had ended after 3 years, which provided 4 hours/week for the CTC coordinator/Teen Center director. This is a blessing and a loss. Now, we are no longer obligated to follow the CTC model with fidelity and can choose how to structure our coalition but with few resources to do so”- Chair of MCAC.

This coalition has reviewed the SHARP 2013 and found that most youth are not obtaining alcohol from stores but from parents. Therefore, this coalition plans to focus its efforts on Parents Empowered and Strengthening Families in the coming fiscal year.

The HOPE squad Coalition in Price meets monthly, the second Tuesday at the SEUHD office in Price.

The CHEER Coalition in Green River meets monthly, the second Monday in Green River at 5PM at “The Pirate Den”.

Form C – Substance Abuse Prevention Narrative

3) Prevention Capacity and Capacity Planning

Describe prevention capacity and capacity planning within your area.

Given that FCCBH and the three County Prevention Coalitions intend is to enhance the identified protective factor of promotion of rewards and opportunities for pro-social involvement and defuse the risk factor of attitudes favorable to drug use, it is our plan to coordinate further with school districts to expand the population of FCCBH 7th, 8th and 9th graders who receive the Botvin Life Skills Training I & II curriculum. This will require capacity enhancement of providers trained to deliver the curriculum to fidelity. FCCBH intends to train two more providers of this curriculum in the next fiscal year.

Utah State DSAMH CTC Coordinator funds that supported a coordinator in Green River and Moab have been exhausted and the volunteer energy in the counties is flagging as expressed by the Chair of the Moab Community Action Coalition (MCAC). Our plan is to use the Town Hall Meeting format for Parents Empowered to enliven the capacity building process. FCCBH Staff have visited with the Justice Court Judges in the three counties to reacquaint them with the process for disposition of DUI arrests. Prevention Specialists have met with county sheriffs to enliven the EASY process. FCCBH Staff have met with the Emery County Sheriff about how to respond to apparent drug use in the schools in his county. The resulting consensus has been to introduce the Botvin LST evidence-based education program into the Emery County School District in the next fiscal year. The MCAC in Moab, CHEER in Green River and HOPE in Price have a FCCBH Prevention Specialist attending monthly meetings and encouraging membership and volunteer time from community members.

In the past fiscal year, the founder and chief trainer in Iowa Strengthening Families was brought to Moab to train providers of the training to families. These trainers were volunteer providers from the local coalition and were able to provide two cycles of Strengthening Families. However, they were not able to sustain their energy level when recruitment of families became difficult. From this learning the coalition plans to secure recruitment sources such as the Juvenile Court Judge prior to scheduling further cycles of Strengthening Families.

In FY 2015, FCCBH will assess and encourage coalitions to assess community readiness to address problems before proceeding to program development. FCCBH intention is to build capacity by strengthening the coalitions, providing community-wide trainings and town hall meetings. Given that an assessed risk factor in all of our communities is community norms favorable to drug use it will be important to build capacity and coalition support for such programs as Synar, EASY, Parents Empowered. This has been done by the FCCBH Prevention Specialist bringing the data to attention of the coalitions and community leaders such as justice court judges, sheriffs, police chiefs. FCCBH Prevention Specialists have spent and will spend time researching State legislation relative to prevention and encouraging a political constituency within coalitions to develop a community enforcement culture and parent support culture against youthful alcohol use.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

FCCBH has obtained information from the existing community coalitions and participated in those coalitions where possible to direct them toward the SPF 5 step process. SHARP 2013 was reviewed in all of the existing coalitions and decisions were made for emphasis of the programming. FCCBH contributes to the planning process by attending to the coalition consensus and adjusting our program priorities to reflect the coalition planning so long as that planning leads in the direction of evidence-based programming that is evaluated for effectiveness.

With the CHEER Coalition in Green River, the decision was made to create a teen center called “The Pirate Den” because this met more of community desire and resource availability than attention to available evidence-based practice. A FCCBH Prevention Specialist attended the CHEER meetings and sought to influence the planning toward evidence based programming. Understanding capacity and community readiness, FCCBH was able to sustain relationship while disagreeing with the priority of establishing a teen center. CHEER has focused on distributing Parents Empowered materials at high school football and basketball games. CHEER came to this by noticing that students had attitudes favorable to drug use and the community had norms favorable to drug use.

In Price, the HOPE Coalition has focused on suicide prevention, and while the SPF 5 step planning process has been used in these meetings, time has been diverted from more closely planning for evidence-based substance abuse prevention programming. The coalition has supported, through informal subcommittee collaboration, the Synar and EASY programs, Parents Empowered and LST.

In Moab, the MCAC used information from the SHARP 2013 to identify that youth were reporting that they obtained alcohol, “At my home with my parent’s permission,” at an increasing percentage rate since 2009. The MCAC, therefore decided that they would focus building capacity for programs such as Parents Empowered and Strengthening Families and place EASY compliance checks on the “back-burner” for coalition agenda and precious volunteer energy. Therefore, FCCBH will contribute to this coalition plan by increasing hours for Parents Empowered and sustaining hours for Strengthening Families in Moab.

Of course, FCCBH input into the planning process includes findings that the DSAMH issued to FCCBH in the most recent site visit (September 2013) with regard to the community support for such evidence- based community based environmental interventions as EASY. Training was scheduled and occurred in Moab on December 17, 2013 and an article for the local newspaper was written at the initiative of the Grand County Prevention Specialist. Representatives from the State Highway Patrol, Police Officers and Sheriffs from Grand County, Price and San Juan County and 4 managers of retail outlets attended.

Emery County and Carbon County have all had EASY compliance checks as supported by FCCBH Prevention Specialist. Emery County Sheriff conducted compliance checks on Dec 17 and 20, 2013. The most recent compliance check in Carbon County occurred on April 26, 2014. Grand County, however, has not had EASY compliance checks. The MCAC coalition has not pushed the City of Moab or County of Grand to complete the checks because SHARP 2013 reports sources of alcohol by all grade levels as less than 5%, “I bought it myself from a store,” and this is a decrease from 2011. Whereas, 27% of all grades report that their source of alcohol was, “I got it from home with my parents’ permission.” The MCAC is focusing on interventions with families to reduce underage drinking rather than interventions with businesses.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

FCCBH Prevention Specialist report of programs delivered to the local coalitions. Coalitions have sustained their approval and vocal support of Botvin Life Skills Training. This EBP program has gotten the largest commitment of FCCBH SAPT block grant prevention funds in the past fiscal year. The 2015 Area Plan calls for more resources to be put to this program. The program is well appreciated in the Carbon County School District and the Grand County School District. The LST before and after test includes a section, “Anti-drug Attitudes,” of 16 questions. This section assesses youth attitudes about drug use. This evaluative capability responds directly to a prioritized risk factor for our area: attitudes favorable to drug use. Given that the intention of LST is to change attitudes of youth completing the course, the pre & post-tests give us specific data as to how successful this curriculum delivery has been. In Carbon County, a sample of 10% of students who were taught LST was used to identify change on the 16 “Anti-drug Attitudes” items tested before and after the course was given. This data shows a 9% average change or improvement in attitude between the pre-test and the post-test.

The larger grained level of evaluation is done with the regional SHARP 2013. The risk factor data (attitudes favorable to drug use) for 6th grade show an increase in the percentage of students with this attitude constellation. Whereas, the 8th grade scores show a steady decrease over three SHARP (2009, 2011, 2013) in the percentages of youth with this attitude constellation. Since Botvin LST is delivered to 7th and 8th graders in two of our three counties, it is reasonable that some impact of the intervention is responsible for the 8th grade decline in this risk factor.

It is also noticeable that indicator data over the period 2007-2013 show a decline in the percentage of youth in 10th and 12th grades that report they, “had alcoholic beverages to drink-more than a few sips.” This information may be the result of sustaining Life Skills Training over a number of years in two school districts.

FCCBH will use its logic models to guide implementation and ensure data collection needed to evaluate program success. In addition, data that was originally collected to identify the prioritized risk and protective factors will be reassessed in the coalitions to determine what changes occurred as a result of our evidence-based programming. The logic models enable us to track progress using specific data, such as the SHARP survey. For example, FCCBH and the local coalitions will be able to measure a change in youth’s intention to use drugs by evaluating the percent who report intent to use in 2015 and comparing it to the percentage of youth who reported intent to use in 2013.

Satisfaction surveys given to participants played a part in our evaluation process and no program received more positive recognition from participants than the Strengthening Families Program in Moab. Parents completing the program reported things such as, “I learned to have fun with and enjoy my kid.”

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2013 and describe why they were discontinued.

“Girls in Real Life” Program in Emery County has been discontinued because it was not found to have evidence that it prevented substance abuse. This was a program intended for a “selected” population that will be served through Botvin LST.

“Governing Youth Council (GYC)” in Emery County has been discontinued because there was not evidence that it prevented substance abuse. It has been replaced with fewer SAPT block grant hours committed to Emery Youth committee so as to sustain the community approved youth fund raising activities to support an alcohol-free community event to coincide with high school graduation.

“END Smoking Cessation” in Emery has been discontinued because the capacity for this is being provided by the local SEUHD program.

Form C – Substance Abuse Prevention Narrative

8) Prevention Activity

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

Botvin Life Skills Training has gotten the largest commitment of FCCBH SAPT block grant prevention funds in the past fiscal year. The 2015 Area Plan calls for more resources to be put to this program. The partnership with the school districts where LST has been implemented has been working well. The program is well appreciated in the Carbon County School District and the Grand County School District. The program responds directly to the prioritized individual risk factor of attitudes favorable to drug use by educating youth about the realities of drug use and disputing myths. The pre and post-test evaluation as 16 items related to “drug use attitudes. The larger grained level of evaluation is done with the SHARP. It is noticeable that indicator data over the period 2007-2013 show a decline in the percentage of youth in 10th and 12th grades that report they, “had alcoholic beverages to drink-more than a few sips.” This information may be the result of sustaining Life Skills Training over a number of years in two communities.

At the beginning of last fiscal year FCCBH had suspected that Strengthening Families would have had the most significant impact. However, recruitment problems in finding families and sustaining provider capacity limited the impact of this program. The difficulty of sustaining an EBP to fidelity in a frontier area was illustrated in FCCBH regional experience with Strengthening Families in 2014. FCCBH will sustain a more modest commitment to this program as the coalition assesses community readiness to implement more cycles of this, never the less, very popular program.

Program Name: Community-Based Process – Emery, Grand, Carbon 2015					Evidence-based: Tier # 1		
LSAA: Four Corners Community Behavioral Health							
	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>		<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u>	<u>S I</u>		Short	Long
Logic	Decrease youth drug use	Community laws and norms favorable to drug use Parental attitudes favorable to drug use	_50_ Community Leaders in Prevention Activities; Parents; Law Enforcement; City/County Government, Business		Monthly meetings to plan and support prevention activities. Assess community needs, capacity, priorities, and readiness. Educate the community about community risk and protective factors, community coalition work and opportunities for involvement (memberships, volunteer opportunities)	Reduce Community Laws and Norms favorable to drug use for all grades from 2013 to 2017: 6th: 34% to 30% 8th: 27% to 23% 10th: 23% to 19% 12 th : 29% to 25% Reduce parental attitudes favorable to drug use for all grades from 2013 to 2017: 6th: 6% to 2% 8th: 9% to 5% 10th: 20% to 16% 12 th : 18% to 14%	Decrease drugs in all grades from 2013 to 2019: Alcohol: 6th: 11% to 7% 8th: 22% to 18% 10th: 40% to 36% 12th: 45% to 41% Cigarettes: 6th: 8% to 4% 8th: 14% to 10% 10th: 28% to 24% 12th: 31% to 27% Marijuana 6th: 3% to 1% 8th: 10% to 6% 10th: 25% to 21% 12th: 28% to 24% Inhalants: 6th: 5% to 1% 8th: 9% to 5% 10th: 10% to 6% 12th: 10% to 6%
Measures & Sources	2013 SHARP	2013 SHARP Survey				2013, 2015, 2017 SHARP Survey	2013, 2017, 2023 SHARP Survey

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			*U	S	I		Short	Long
Logic	Reduce underage drinking in FCCBH district	Availability of drugs, including alcohol Community laws and norms favorable to drug use	_20_	General Public, Teenagers, Cashiers, and Clerks		Coordinate with law enforcement to conduct compliance checks with alcohol retailers and collect outcome data. Collaborate with Sheriff Departments to conduct EASY checks regionally sharing resources and training opportunities. Coordinate with local retailers to ensure retailers have curriculum to train staff regarding compliance and underage sales.	Reduce perceived availability of drugs for all grades from 33% in 2013 to 29% in 2015. Reduce community laws and norms favorable to drug use for all grades from 28% in 2013 to 24% by 2015.	Reduce ever-used alcohol for all grades from 28% in 2013 to 24% in 2019.
Measures & Sources	2013 SHARP Survey	2013 SHARP Survey		Law Enforcement records Police reports ER data Retail records Retail staff feedback		Law Enforcement records Police reports Retail staff reports and feedback Youth feedback	SHARP 2015, 2017	SHARP 2019

Program Name: **Botvin Life Skills Training I & II Grand, Carbon County & Emery #1** **2015** Evidence-based: **YES**

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u>	<u>S</u>	<u>I</u>		<u>Short</u>	<u>Long</u>
Logic	Reduce 30-day alcohol use for 10 th graders.	Attitudes Favorable to Drug Use evident in 14% of 6 th Grade Respondents	425	6 th , 7 th and 8 th graders for LST I and 9 th graders for LST II		<p>Train FCCBH Prevention Specialists to deliver the Botvin Life Skills Training with fidelity.</p> <p>Deliver LST curriculum with fidelity to 7th and 8th graders at the middle school and 9th graders at the high school.</p> <p>Partner and coordinate with school personnel to schedule classes in advance and ensure the future sustainability of program.</p>	Perceived Risk of Drug Use decreases in the 10 th grade from 47% in 2013 to 43% in 2015 to 5% below state average in 2015.	Percent of FCCBH District 10 th graders reporting 30-day alcohol use is reduced from 17% in 2013 to 13% in 2019
Measures & Sources	2013 SHARP Survey	2013 SHARP Survey		Student referrals Participant list Assigned classes/teachers		<p>Botvin online trainings</p> <p>Pre and Post surveys for LST classes</p> <p>School Schedules</p> <p>Memorandums of Understanding</p>	2015, 2017 SHARP Surveys	2021 SHARP Survey

Program Name: **Botvin Life Skills Training I & II Grand, Carbon County & Emery #2 2015** Evidence-based: **YES**

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			*U	S	I		Short	Long
Logic	Reduce Marijuana use in the 10 th grade.	Attitudes Favorable to Drug Use evident in 14% of 6 th Grade Respondents	425	6 th , 7 th and 8 th	9 th graders for LST I and 9 th graders for LST II	<p>Train FCCBH Prevention Specialists to deliver the Botvin Life Skills Training with fidelity.</p> <p>Deliver LST curriculum with fidelity to 7th and 8th graders and the middle school and 9th graders at the high school.</p> <p>Partner and coordinate with school personnel to schedule classes in advance and ensure the future sustainability of program.</p>	Perceived Risk of Drug Use decreases in the 10 th grade from 47% in 2013 to 43% in 2015	The percent of 10 th graders reporting 30 day marijuana use will be reduced from 11% in 2013 to 7% in 2019.
Measures & Sources	2013 SHARP	2013 SHARP Survey	Student referrals	Participant list	Assigned classes/teachers	<p>Botvin online trainings</p> <p>Pre and Post surveys for LST classes</p> <p>School Schedules</p> <p>Memorandums of Understanding</p>	2015-2017 SHARP Surveys	2021 SHARP Survey

Program Name: **Prevention Dimensions Grand & Carbon & Emery Counties 2015**

Evidence-based: **YES**

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			*U	S	I		Short	Long
Logic	Reduce 6 th grade ATOD use	Intention to use drugs in the 6 th grade Low Perceived risk of drug use in the 6 th grade	500	Elementary	School teachers and Pre-Kindergarten – 6th grade students in FCCBH Region.	Train elementary school teachers who will teach lessons 15-20 hours per year. Lessons and activities focus on age-appropriate social skill development, including communication skills, life skills for healthy living, social skills, drug resistance skills, etc. Distribute Prevention Dimensions materials appropriately at the elementary school level with the help of Verne Larsen. Hold a new training for teachers to implement the curriculum and how to integrate it into their own educational goals.	Perceived risk of drug use (high rates of low risk perceived) in the 6 th grade will decrease from 39% in 2013 to 35% in 2015.	6 th grade ever-used alcohol rate will decrease from 11% in 2013 to 7% by 2019. 6 th grade inhalant use will decrease from 5% in 2013 to 1% in 2019. 6 th grade ever used cigarette use will decrease from 8% in 2013 to 4% in 2019.
Measures & Sources	2013, 2013, 2015 SHARP Survey	2013 SHARP Survey	Teacher referrals Student referrals Recruitment by FCCBH and school personnel and USOE.			Teacher trainings Class activity descriptions Attendance logs Evaluation surveys	2013- 2015 SHARP Surveys	2013-2019 SHARP Surveys

Program Name: **Parents Empowered: Grand, Carbon, Emery County 2015**

Evidence-based: **YES**

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u>	<u>S</u>	<u>I</u>		<u>Short</u>	<u>Long</u>
Logic	Reduce underage drinking in FCCBH region.	Parental attitudes favorable to anti-social behavior and drug use	__300__ Parents of children ages 10-19.			Town Meetings, articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention. Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites.	Parental attitudes favorable to anti-social behavior for all grades will decrease from 13% in 2013 to 9% in 2015.	Ever used alcohol rates for all grades will be reduced from 29% in 2013 to 24% in 2017.
Measures & Sources	2013 SHARP	2013 SHARP Survey	Prevention service delivery rosters			Collateral distributed Amount of media placed in LSAA Parent surveys	2013- 2017 SHARP Surveys	2013, 2015, 2017 SHARP Survey

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			U	S	*I		Short	Long
Logic	Reduce drunk driving in FCCBH district.	Risk: Laws and Norms Considered Favorable to Drug Use by 29% of 12 th graders in the region	_40_ Adults over 18 years			Train an instructor to deliver Prime For Life with Fidelity. Provide the Prime for Life 16-hour course 4 times a year for participants who are court referred. Classes will be provided once a week for four consecutive weeks for four hours each class	Community Laws and Norms Considered Favorable to Drug use by 25% of 12 th Graders in the region	Reduce number of second DUIs by DUI offenders from 2014 compared to 2019
Measures & Sources	Law Enforcement Data; ER Data; SEOW	SHARP 2013	Adult referrals Prevention service delivery rosters			Trained instructors Class Attendance logs Pre and Post surveys Prime for Life Evaluation	SHARP 2015	Law Enforcement Data

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u>	<u>S</u>	<u>I</u>		<u>Short</u>	<u>Long</u>
Logic	Reduce 30-day alcohol use for 10 th and 12 th graders.	Family management problems. Favorable parental attitudes toward ATOD. Family Attachment	50 people over 3 cycles of SFP: 10-14. Families with children between 10 and 14 years old.			Train FCCBH Prevention Specialists to deliver the SFP: 10-14 with fidelity. Deliver SFP: 10-14 curricula with fidelity to 5 families per cycle. Seek out training opportunities to get more community members approved to facilitate and ensure the future sustainability of program.	Reduce “Parental Attitudes favorable to ASB” from 44% in 2013 to 40% in 2015 for 10th grade respondents. Increase “Family Attachment” in 10 th grade from 70% in 2013 to 72% in 2015. Reduce “Poor Family Management” in 10 th Grade from 32% in 2013 to 28% in 2015	Reduce 30-day alcohol use from 20% to 17% in 10 th grade and from 24% to 20% in 12 th grade.
Measures & Sources	2013-2015 SHARP Survey	SHARP 2013 Survey	Community recruitment. Referrals from various entities (schools, FCCBH, law enforcement, DCFS).			SFP: 10-14 trainings. Reflective post-survey for all youth and caregiver participants.	2013-2015 SHARP Surveys	2013-2021 SHARP Survey

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			*U	S	I		Short	Long
Logic	Reduce tobacco use in the 8 th grade.	Community laws and norms are favorable to substance use.	20 Vendors of tobacco; 8 th grade students			Assist SEUHD in SYNAR tobacco vendor compliance checks at all vendors quarterly. Follow up with outcomes and increased education for vendors to prevent tobacco sales to minors.	Decrease all grades reporting that community laws and norms are favorable to substance use, from 28% in 2013 to 26% in 2015.	8 th grade reporting ever-used cigarettes will decrease in FCCBH Region from 15% in 2013 to 10% in 2019.
Measures & Sources	2011 and 2013 SHARP Surveys	2011 SHARP Survey	Youth referrals for checks	Law Enforcement reports	Health Dept. reports	Heath Dept. Planned SYNAR Checks Trained employees and law enforcement Recruited youth Law Enforcement reports Citations Health Dept. reports Outreach efforts	2013, 2015 SHARP Survey	2013, 2015, 2017, 2019 SHARP Survey

Program Name: Emery Youth Committee 2015		Evidence-based: Tier 1					
LSAA: Four Corners Community Behavioral Health							
	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>		<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u>	<u>I</u>		<u>Short</u>	<u>Long</u>
Logic Model	Decrease youth ATOD use	Low commitment to school Rewards for antisocial behavior Attitudes favorable to drug use	4000_7 th thru 12 th grade students. Community Leaders in Prevention Activities; Parents; Law Enforcement; City/County Government, Business, school teachers,		Bi-monthly meetings to plan and support prevention activities. Youth driven prevention activities to help in the community and at all participating schools. Youth will develop and carry fund raising activities to support an alcohol-free graduation party for high school age youth. Bonding to school/community thru opportunities, skills and recognition for community and school service and leadership	Low commitment to school for all grades will decrease from 2013 to 2015 44% to 40% Rewards for antisocial behavior will decrease from 2013 to 2015 for all grades: 31% to 29% Attitudes favorable to drug use will decrease from 2013 to 2015 the following amount for all grades: 25% to 22%	Emery County students reporting 30 day use of the following drugs will decrease from 2015 to 2019 by the following amounts: <u>Alcohol</u> : all grades: 12% to 10% <u>Cigarettes</u> : all grades: 6% to 4% <u>Marijuana</u> all grades: 6% to 4%
Measures & Sources	2013 SHARP	2013 SHARP Survey	Youth referrals Community leaders/mentor recruitment		Attendance logs Participant feedback Event evaluation forms	2013, 2015 SHARP Surveys	2013 - 2019 SHARP Surveys

Finance Policy 3.03

CLIENT FEES

Revised: 9/27/2011

- A. Clients of Four Corners Community Behavioral Health (FCCBH, Inc.) shall be charged the full cost of service, as determined by the most recent FCCBH, Inc. cost study for each service provided plus inflation. Full fees shall be the actual cost of each service. The Financial Director shall conduct such a cost study on an annual basis. Each FCCBH, Inc. office shall have a schedule of current fees available.
- B. Medicaid enrollees shall not be charged additional fees for services.
- C. Insurance shall be charged the full cost for services for all services provided to patients with insurance. When the insurance does not reimburse FCCBH, Inc. the full fee, the patient shall be charged the balance remaining (difference between charge and reimbursement made). In the event the consumer's payment plus the insurance payment is over 100% of the full fee for services, the overpayment shall be returned to the consumer.
- D. The private (first party) per session fee for youth, 18 years of age or younger that are admitted for youth substance abuse services is waived. If the client turns 18 years old while in the substance abuse treatment program the fees will be waived until completion of that treatment episode, or for as long as he/she is enrolled in high school. Insurances, Medicaid, or any other third party source shall be billed the full cost of substance abuse services provided to youth and a co-pay collected if appropriate.
- E. The clinic office staff shall be primarily responsible for discussing charges, insurance arrangements, discounted fees, etc. with all consumers at intake. Insurance and income verification shall be completed according to procedure.
- F. All clients are required to pay their fee for service at the time of service. Signs announcing "payment at time of service required" shall be prominently displayed in each office. Medicaid clients shall have no personal fee. Clients with insurance shall pay the insurance co-pay amount prior to receiving services and the balance not covered by their insurance. The receptionist in each office will track payments on accounts and enter these into their computerized tracking system.
- G. Clients insured by Medicare must pay the required Medicare co-pay prior to receiving services.
- H. If the client's fee presents a significant barrier to treatment, the client may request payment arrangements, which must be approved by the clinic supervisor. A client approved for payment arrangements shall sign a credit application and contract for payment. This contract will allow the person to pay what he/she can afford on his/her monthly bill, but his/her charges shall still accumulate at his/her established fee.
- I. A roster of all clients approved for a discount fee on the Clubhouse Plus Outpatient Monthly Fee Schedule or on a payment contract described above shall be maintained in each office.
- J. The following payments shall be due at the FCCBH, Inc.'s office (Price, Moab, Castle Dale) by the 5th of each month:

Finance Policy 3.03

CLIENT FEES

Revised: 9/27/2011

- a. The Clubhouse Plus Outpatient Monthly Fee
- b. The IOP Fee
- c. The indigent medication monthly fee
- d. All other fees

Non-payments shall be reported to the client's therapist for resolution.

- K. If a fee has not been paid for three consecutive visits, the account must be paid in full or a Credit Application and Agreement for Payment must be approved by the clinic supervisor for continuation of services.
- L. The conditions and agreements contained in the Credit Application and Agreement for Payment shall be discussed with the client. The amount owed must be paid in full before the obligation is retired including the cost of any collection efforts.

Adopted 7/1/80

Reviewed/ Revised 11/19/85, 11/20/90, 3/15/94, 11/18/03, 7/27/04; 9-27-2011

Signed _____
Executive Director

Signed _____
Board Chair

OUTPATIENT MH & SA

MONTHLY MAX DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$0 - \$100	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$101 - \$200	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$201 - \$300	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$301 - \$400	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$401 - \$500	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$501 - \$600	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$601 - \$700	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$701 - \$800	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$801 - \$900	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$901 - \$1000	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1001 - \$1100	\$72	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1101 - \$1200	\$84	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1201 - \$1300	\$96	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1301 - \$1400	\$108	\$72	\$60	\$60	\$60	\$60	\$60	\$60
\$1401 - \$1500	\$120	\$84	\$60	\$60	\$60	\$60	\$60	\$60
\$1501 - \$1600	\$132	\$96	\$60	\$60	\$60	\$60	\$60	\$60
\$1601 - \$1700	\$144	\$108	\$72	\$60	\$60	\$60	\$60	\$60
\$1701 - \$1800	\$156	\$120	\$84	\$60	\$60	\$60	\$60	\$60
\$1801 - \$1900	\$168	\$132	\$96	\$60	\$60	\$60	\$60	\$60
\$1901 - \$2000	\$180	\$144	\$108	\$72	\$60	\$60	\$60	\$60
\$2001 - \$2100	\$192	\$156	\$120	\$84	\$60	\$60	\$60	\$60
\$2101 - \$2200	\$216	\$168	\$132	\$96	\$60	\$60	\$60	\$60
\$2201 - \$2300	\$240	\$180	\$144	\$108	\$72	\$60	\$60	\$60
\$2301 - \$2400	\$264	\$192	\$156	\$120	\$84	\$60	\$60	\$60
\$2401 - \$2500	\$288	\$216	\$168	\$132	\$96	\$60	\$60	\$60
\$2501 - \$2600	\$312	\$240	\$180	\$144	\$108	\$60	\$60	\$60
\$2601 - \$2700	\$336	\$264	\$192	\$156	\$120	\$72	\$60	\$60
\$2701 - \$2800	\$360	\$288	\$216	\$168	\$132	\$84	\$60	\$60
\$2801 - \$2900	\$384	\$312	\$240	\$180	\$144	\$96	\$72	\$60
\$2901 - \$3000	\$408	\$336	\$264	\$192	\$156	\$108	\$84	\$60
\$3001 - \$3100	\$432	\$360	\$288	\$216	\$168	\$120	\$96	\$60
\$3101 - \$3200	\$468	\$384	\$312	\$240	\$180	\$132	\$108	\$72
\$3201 - \$3300	\$504	\$408	\$336	\$264	\$192	\$144	\$120	\$84
\$3301 - \$3400	\$540	\$432	\$360	\$288	\$216	\$156	\$132	\$96
\$3401 - \$3500	\$576	\$468	\$384	\$312	\$240	\$168	\$144	\$108
\$3501 - \$3600	\$612	\$504	\$408	\$336	\$264	\$180	\$156	\$120
\$3601 - \$3700	\$660	\$540	\$432	\$360	\$288	\$192	\$168	\$132
\$3701 - \$3800	\$708	\$576	\$468	\$384	\$312	\$216	\$180	\$144
\$3801 - \$3900	\$756	\$612	\$504	\$408	\$336	\$240	\$192	\$156
\$3901 - \$4000	\$804	\$660	\$540	\$432	\$360	\$264	\$216	\$168

\$4001 - \$4100	\$852	\$708	\$576	\$468	\$384	\$288	\$240	\$180
\$4101 - \$4200	\$912	\$756	\$612	\$504	\$408	\$312	\$264	\$192
\$4201 - \$4300	\$972	\$804	\$660	\$540	\$432	\$336	\$288	\$216
\$4301 - \$4400	\$1,032	\$852	\$708	\$576	\$468	\$360	\$312	\$240
\$4401 - \$4500	\$1,092	\$912	\$756	\$612	\$504	\$384	\$336	\$264
\$4501 - \$4600	\$1,152	\$972	\$804	\$660	\$540	\$408	\$360	\$288
\$4601 - \$4700	\$1,212	\$1,032	\$852	\$708	\$576	\$432	\$384	\$312
\$4701 - \$4800	\$1,272	\$1,092	\$912	\$756	\$612	\$468	\$408	\$336
\$4801 - \$4900	\$1,332	\$1,152	\$972	\$804	\$660	\$504	\$432	\$360
\$4901 - \$5000	\$1,392	\$1,212	\$1,032	\$852	\$708	\$540	\$468	\$384
\$5001 - \$5100	\$1,452	\$1,272	\$1,092	\$912	\$756	\$576	\$504	\$408
\$5101 - \$5200	\$1,524	\$1,332	\$1,152	\$972	\$804	\$612	\$540	\$432
\$5201 - \$5300	\$1,596	\$1,392	\$1,212	\$1,032	\$852	\$660	\$576	\$468
\$5301 - \$5400	\$1,668	\$1,452	\$1,272	\$1,092	\$912	\$708	\$612	\$504
\$5401 - \$5500	\$1,740	\$1,524	\$1,332	\$1,152	\$972	\$756	\$660	\$540
\$5501 - \$5600	\$1,740	\$1,596	\$1,392	\$1,212	\$1,032	\$804	\$708	\$576
\$5601 - \$5700	\$1,740	\$1,668	\$1,452	\$1,272	\$1,092	\$852	\$756	\$612
\$5701 - \$5800	\$1,740	\$1,740	\$1,524	\$1,332	\$1,152	\$912	\$804	\$660
\$5801 - \$5900	\$1,740	\$1,740	\$1,596	\$1,392	\$1,212	\$972	\$852	\$708
\$5901 - \$6000	\$1,740	\$1,740	\$1,668	\$1,452	\$1,272	\$1,032	\$912	\$756
\$6001 - \$6100	\$1,740	\$1,740	\$1,740	\$1,524	\$1,332	\$1,092	\$972	\$804
\$6101 - \$6200	\$1,740	\$1,740	\$1,740	\$1,596	\$1,392	\$1,152	\$1,032	\$852
\$6201 - \$6300	\$1,740	\$1,740	\$1,740	\$1,668	\$1,452	\$1,212	\$1,092	\$912
\$6301 - \$6400	\$1,740	\$1,740	\$1,740	\$1,740	\$1,524	\$1,272	\$1,152	\$972
\$6401 - \$6500	\$1,740	\$1,740	\$1,740	\$1,740	\$1,596	\$1,332	\$1,212	\$1,032
\$6501 - \$6600	\$1,740	\$1,740	\$1,740	\$1,740	\$1,668	\$1,392	\$1,272	\$1,092
\$6601 - \$6700	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,452	\$1,332	\$1,152
\$6701 - \$6800	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,524	\$1,392	\$1,212
\$6801 - \$6900	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,596	\$1,452	\$1,272
\$6901 - \$7000	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,668	\$1,524	\$1,332
\$7001 - \$7100	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,596	\$1,392
\$7101 - \$7200	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,668	\$1,452
\$7201 - \$7300	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,524
\$7301 - \$7400	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,596
\$7401 - \$7500	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,668
\$7501 - \$7600	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740
\$7601 - \$7700	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740
\$7701 - \$7800	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740
\$7801 - \$7900	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740
\$7901 - \$8000	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740	\$1,740

Additional considerations:

1. All non-medicaid SA services are subject to the described sliding fee scale.
2. Hardship cases can be evaluated on a case basis if application is made by the client and approved by the clinic director. This may result in a lower income level for use in application for scale.

Effective 8/11/13

**Four Corners Community Behavioral Health
Administrative Procedure**

OPERATIONS PROCEDURE – OP 15 –ADOPTED 6/15/2005

CLIENT REQUEST FOR FEE WAIVER OR REDUCTION

- A. Requests for client fee reduction or waiver must be made on the *Client Assistance Form* using the regular procedure.
- B. A *Payment Information Form*, required for all non-Medicaid enrollees, must have been completed and filed.
- C. Unless special circumstances exist, clients requesting help with fees owed should be offered payment arrangements for account balances and should be asked to complete the *Credit Application and Agreement for Payment* for review and approval by the clinic supervisor.
- D. If the amount to be waived is \$50 or more a *Purchase Request* must accompany the *Client Assistance Form*.
- E. FCCBH, Inc. is considered the vendor in an instance of fee reduction or waiver; send the white copy of the *Client Assistance Form* to the business office so the client's account balance can be adjusted.
- F. The yellow copy of the form is placed in the client's paper file in the financial tab.
- G. Client fee waiver-reduction shall be reviewed quarterly if the client has received assistance two or more times during the quarter. The client shall be asked if there is a change in his or her financial status.
- H. Changes to the amount of assistance provided shall require a new *Client Assistance Form*.

Adopted by Executive Committee on 6/15/2005; Revised 5/24/2006

**Four Corners Community Behavioral Health
Administrative Procedure**

OPERATIONS PROCEDURE – OP22 –Adopted 4/4/2004

DISCOUNT CLIENT FEES

In compliance with the State of Utah Division of Substance Abuse and Mental Health Administrative Rule R523-1-5, Fee for Service, FCCBH, Inc. clients shall be charged the actual cost of services rendered to them based on the most recent FCCBH, Inc. cost study.

A minimum discount fee schedule shall be adopted by the Carbon, Emery and Grand Local Substance Abuse and Mental Health Authority. It shall be maintained for individuals who meet the established priorities for service as outlined in Clinical Procedure CL11, Service Priorities, and for whom “a fee would result in a financial hardship for the recipient of services,” R523-2-C.

The Executive Committee shall review the client discount-fee schedule bi-annually. The following shall be considered at the time the discount fee schedules are reviewed: the client’s ability to pay, fees for specific programs, the cost of services, number of dependents and first party receipts.

In exceptional circumstances the Client Assistance Request may be used to provide temporary assistance in meeting fees.

The discount fee schedule shall be available on the Four Corners Community Behavioral Health, Inc. web site.

(Reference - Finance Policy 3.03 Client Fees; Operations Procedure OP15 Request for Fee Waiver)

Approved by the Executive Committee 4/4/2004

OUTPATIENT DISCOUNT FEE SCHEDULE

FCCBH, Inc.							
Outpatient Discount Fee Schedule							
*Please remember that this includes the gross monthly income from all family members living in the household. Use the income verification form to document income information.							
Number of Dependents----->							
	1	2	3	4	5	6	7
INCOME*							
UP TO \$549	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$550-\$749	\$15	\$15	\$10	\$10	\$10	\$10	\$10
\$750-\$1,149	\$20	\$20	\$15	\$15	\$15	\$10	\$10
\$1,150-\$1,449	\$25	\$25	\$20	\$20	\$15	\$15	\$10
\$1,450-\$1,749	\$30	\$30	\$25	\$25	\$20	\$20	\$15
\$1,750-\$2,049	\$35	\$35	\$30	\$30	\$25	\$25	\$20
\$2,050-\$2,449	\$40	\$40	\$35	\$35	\$30	\$30	\$25
\$2,450-\$2,649	\$45	\$45	\$40	\$40	\$35	\$35	\$30
\$2,650-\$2,849	\$50	\$50	\$45	\$45	\$40	\$40	\$35
\$2,850-\$3,249	\$60	\$60	\$55	\$55	\$50	\$50	\$45
\$3,250-\$3,649	\$70	\$70	\$65	\$65	\$60	\$60	\$55
\$3,650-\$4,049	\$80	\$80	\$75	\$75	\$70	\$70	\$65
\$4,050 and above----->>>Full Cost of Services							
Adopted 4/2004 Effective 7/1/04							

IOP DISCOUNT FEE SCHEDULE

FCCBH, Inc.		
IOP Discount Fee Schedule		
*Please remember that this includes the gross monthly income from all family members living in the household. Use the income verification form to document income information.		
INCOME*	FEE	
up to \$750	\$150	
\$751-\$999	\$200	
\$1,000-\$1,499	\$300	
\$1,500-\$1,999	\$400	
\$2,000-\$2,499	\$500	
\$2,500-\$2,999	\$600	
\$3,000-\$3,499	\$700	
\$3,500-\$4,000	\$800	
\$4,000-\$5000	\$1,000	
Over \$5,000	full cost of services	
Adopted 4/2004 Effective 7/1/04		

INPATIENT DISCOUNT FEE SCHEDULE

FCCBH, Inc.		
Inpatient Discount Fee Schedule		
This includes the gross income from all family members		
Number of Dependents	Income*	Inpatient fee
1 person at or below poverty	Up to \$775 per mo	\$10 per day
1 person over poverty level	Over \$775 per mo	\$10 + 10% of excess income
4 person family at or below poverty	Up to \$1,570 per mo	\$10 per day
4 person family over poverty level	Over \$1,570 per mo	\$10 + 10% of excess income
5 person family at or below poverty	Up to \$1835 per mo	\$10 per day
5 person family over poverty level	Over \$1,835 per mo	\$10 + 10% of excess income
6 person family at or below poverty	Up to \$2,100 per mo	\$10 per day
6 person family over poverty level	Over \$2,100 per mo	\$10 + 10% of excess income
7 person family at or below poverty	Up to \$2,365 per mo	\$10 per day
7 person family over poverty level	Over \$2,365 per mo	\$10 + 10% of excess income

CLUBHOUSE PLUS OUTPATIENT DISCOUNT FEE SCHEDULE

FCCBH, INC.				
Club House Plus Outpatient Monthly Discount Fee Schedule				
*Please remember this includes the gross monthly income from all family members living in household. Use the income verification form to document income information.				
Number of dependents----->				
	1	2	3 or more	
Income*				
up to \$550	\$24	\$17	\$12	
\$600	\$27	\$21	\$16	
\$650	\$31	\$25	\$20	
\$700	\$35	\$28	\$24	
\$750	\$39	\$32	\$27	
\$800	\$42	\$36	\$31	
\$850	\$50	\$40	\$35	
\$900	\$100	\$60	\$45	
\$950	\$150	\$60	\$60	
\$1,000	\$200	\$60	\$60	
\$1,050	\$250	\$60	\$60	
\$1,100	\$300	\$60	\$60	
\$1,150	\$350	\$100	\$60	
\$1,200	\$400	\$125	\$60	
\$1,250	\$450	\$175	\$60	
\$1,300	\$500	\$225	\$60	
\$1,350	\$550	\$275	\$60	
\$1,400	\$600	\$325	\$100	
\$1,450	\$650	\$375	\$150	
\$1,500	\$700	\$425	\$200	
\$1,550	\$750	\$475	\$250	
\$1,600	\$800	\$525	\$300	
\$1,650	\$850	\$575	\$350	
\$1,700	\$900	\$625	\$400	
\$1,750	\$950	\$675	\$450	
\$1,800	\$1,000	\$725	\$500	
\$1,850	\$1,050	\$775	\$550	
\$1,900	\$1,100	\$825	\$600	
\$1,950	\$1,150	\$875	\$650	
\$2,000	\$1,200	\$925	\$700	
\$2,050	\$1,250	\$975	\$750	
\$2,100	\$1,300	\$1,025	\$800	
\$2,150	\$1,350	\$1,075	\$850	
\$2,300	\$1,500	\$1,225	\$1,000	
\$2,350	\$1,550	\$1,275	\$1,050	
\$2,400	\$1,600	\$1,325	\$1,100	
\$2,450	\$1,650	\$1,375	\$1,150	
\$2,500	\$1,700	\$1,425	\$1,200	
\$2,550	\$1,750	\$1,475	\$1,250	
\$2,600	\$1,800	\$1,525	\$1,300	
above \$2,600 full cost of service		Adopted 4/2004 Effective 7/1/04		

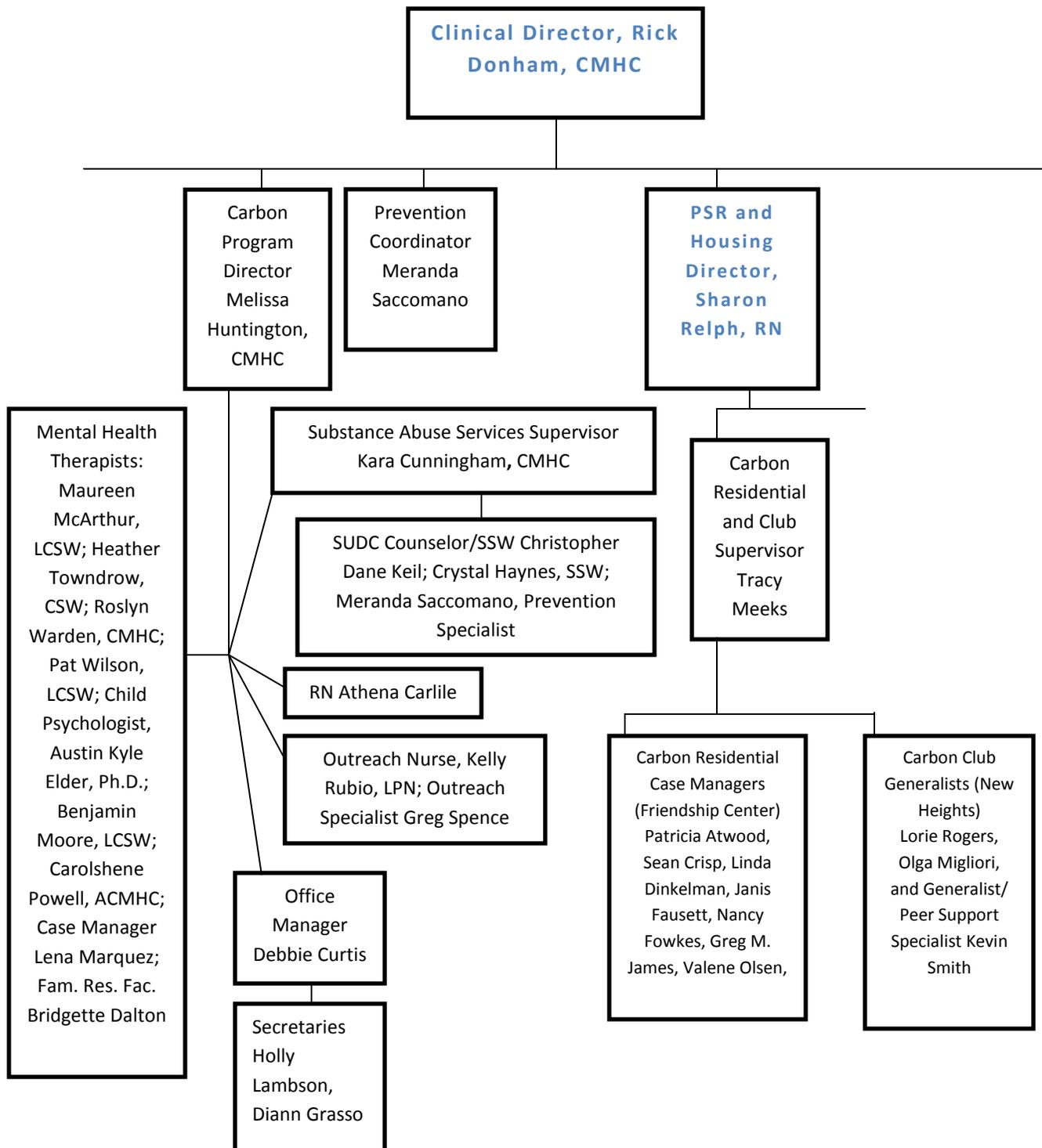
INDIGENT MEDICATION FEE SCHEDULE

FCCBH, Inc.	
Indigent Medication Fee Schedule	
Set-up fee per medication	\$20
Monthly fee per medication	\$10
Adopted 4/2004 Effective 7/1/04	

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# Four Corners Community Behavioral Health, Inc. Organizational Structure

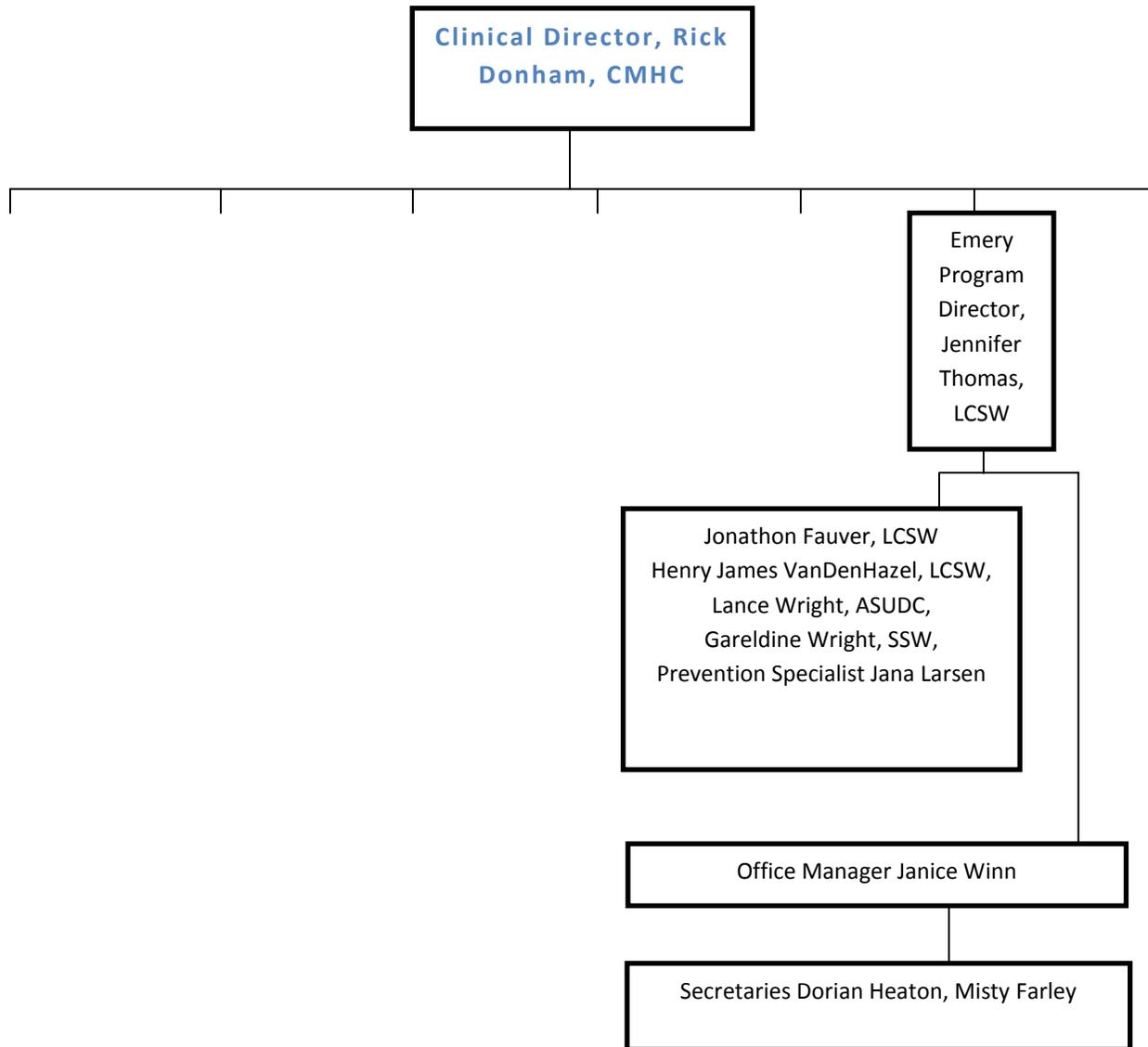
CARBON COUNTY OFFICES (NON-ADMINISTRATIVE) as of 4/10/2014



# Four Corners Community Behavioral Health, Inc. Organizational Structure

As of 4/10/2014

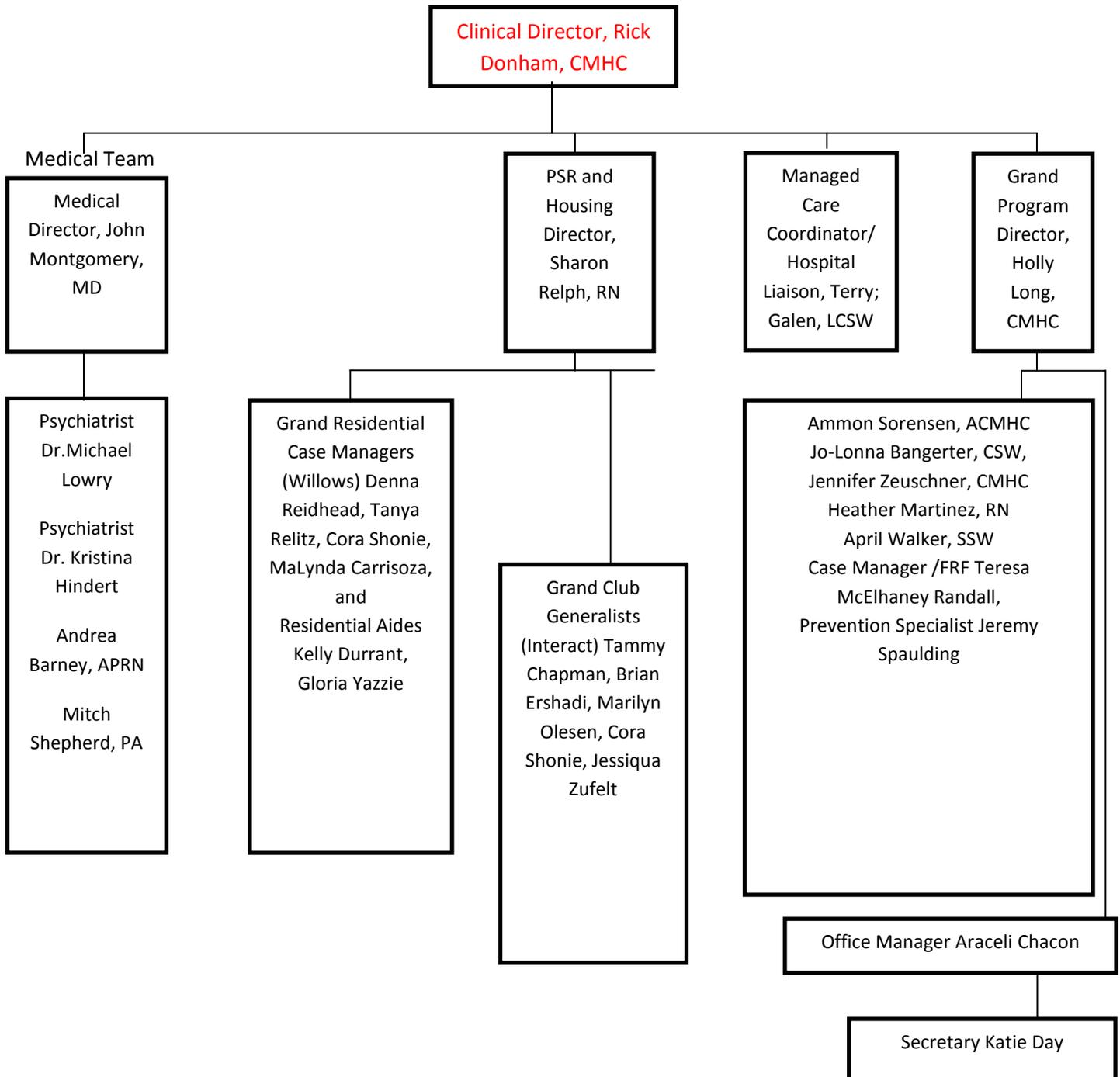
## EMERY COUNTY OFFICE



# Four Corners Community Behavioral Health, Inc. Organizational Structure

GRAND COUNTY OFFICES

as of 4/10/2014



# Four Corners Community Behavioral Health, Inc. Organizational Structure

as of 4/10/2014

