

## 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 often provided on the same day as requested. FCCBH has an open access model of care in many of the clinics. A discounted fee schedule exists to provide services to FCCBH catchment area residents based upon ability to pay, as well as several funding sources can be accessed which enable qualified individuals and families to receive services at no cost. No area resident is refused medically necessary services due to inability to pay.

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 clinical screening for early detection and developing individualized levels of care, access to counseling and medication evaluation and management are based upon consumer choice and medical necessity.

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.

**Who is eligible to receive substance abuse 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 often provided on the same day as requested. FCCBH offers an open access model of care in many of the 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.

**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.

We have many funding resources for which individuals may qualify. For example, Four Corners was awarded a DOH Primary Care Grant in December of 2014. This allows for no cost SAD and MH assessments and services for those under 200% of the FPL.

Local Authority:

## Governance and Oversight Narrative

### **How is this amount of public subsidy determined?**

FCCBH serves area residents with a range of prevention treatment, clinical treatment, and 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. At the present time we have 9 FCCBH staff members participating in the NHSC program, many who have successfully completed the program, and several more FCCBH clinical professionals in the process of applying.

Local Authority:

## 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.**

FCCBH performs annual license verifications on the Utah Division of Occupational and Professional Licensing website. We obtain background criminal investigation (BCI) clearances annually for all individual clinical subcontractors. For clinical and respite subcontractors, we review their clinical records. At least annually, we check the credentialing status of our subcontractors, and renew credentialing every three years. We hold randomized site visits for off-site subcontractor providers. On a monthly basis, we check subcontractors for an exclusion status in both the List of Excluded Individuals/Entities database and the System for Award Management database. Our prescribers practice within our facilities, using our electronic health record and are subject to our ongoing internal monitoring, and quality control processes.

FCCBH requires all subcontractors to follow Medicaid and Division of Substance Abuse and Mental Health clinical documentation requirements. Further, FCCBH also audits for administrative documentation and duties. This includes insurance cards, correct coding, ROI (if applicable), and safety plans (if applicable), clinical license, acceptable malpractice insurance, background check, and business license. For external subcontractors, the initial assessment and treatment plan is required and reviewed for medical necessity before initial authorization is given for services. The same is required for ongoing authorizations.

For subcontracted organizations (for example inpatient facilities or residential facilities) FCCBH requires that subcontractors complete regular LEIE and SAM verification as well verifying that all employed clinical staff are in good standing with DOPL.

By signing the confidentiality agreement, the organizational Provider provides 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.

Local Authority:

**Form A – Mental Health Budget Narrative**

Instructions:

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

**1a) Adult Inpatient**

*Form AI - FY15 Amount Budgeted: \$352,494.00      Form AI - FY16 Amount Budgeted: \$234,620.00*

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

Because hospitalization can be very disruptive and costly, FCCBH’s hospital diversion plan is to: Hospitalize all individuals who pose a danger to self or others due to a mental illness and who cannot be stabilized and treated in a less restrictive environment. For others not requiring that level of care, alternatives for community stabilization will be developed and implemented. These include “stabilization and transitional rooms” at FCCBH residential facilities in both 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, and the University Neuropsychiatric Institute. Long term psychiatric inpatient care will be provided by the Utah State Hospital.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**  
We are seeing a trend of fewer adult inpatient admissions and an increase in the youth inpatient population. The use of our Transitional Beds has decreased costs in this area.

**Describe any significant programmatic changes from the previous year.**  
FCCBH anticipates no significant programmatic changes from the previous year.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

*Form A1 - FY15 Amount Budgeted: \$13,015.00 Form A1 - FY16 Amount Budgeted: \$57,933.00*

**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 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We are seeing a trend of fewer adult inpatient admissions and an increase in the youth inpatient population.

**Describe any significant programmatic changes from the previous year.**

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

Local Authority:

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

Local Authority:

**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 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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. Increased expense is due to inflation, and rising cost of wage and fringe.

**Describe any significant programmatic changes from the previous year.**

FCCBH anticipates no significant programmatic changes for FY16.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

*Form A1 - FY15 Amount Budgeted: \$0*

*Form A1 - FY16 Amount Budgeted: \$0*

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

FCCBH does not currently operate a children's only residential facility.

FCCBH uses intensive services including wrap around to support children and youth to prevent the need for disruptive residential services. If the need arose to place a child or youth, FCCBH would contract for these services. FCCBH contracts on a case by case basis with "Youth Village," a state-wide organization, to provide children/youth residential care services as needed.

FCCBH has not budgeted any funding in this area because the demand for this service has traditionally been very low: however residential services will certainly be contracted and paid for when clinically necessary.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

FCCBH expects no increases or decreases in children/youth residential care in FY16.

**Describe any significant programmatic changes from the previous year.**

No expected programmatic changes in children/youth residential care in FY16.

Local Authority:

## Form A – Mental Health Budget Narrative

### **1e) Adult Outpatient Care**

**Form A1 - FY15 Amount Budgeted: \$824,336.00 Form A1 - FY16 Amount Budgeted: \$1,008,848.00**

**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 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 offer; assessment, psychological testing, individual, family therapy, group therapy, case management, therapeutic behavioral services, medication management, 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. An individualized 'Personal Recovery Plan' will be developed 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 service appropriateness to support the client's progress on the goals and objectives related to recovery.

Clubhouse Psychosocial Rehabilitation 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 programs clubhouses.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have increases in funding due to the Utah Yes grant project. In years past we coded most crisis services to "assessment" under outpatient serves, and now we are coding these services to crisis intervention. This explains the decrease in outpatient clients served and the increase in clients served in crisis services.

**Describe any significant programmatic changes from the previous year.**

FCCBH was awarded the Utah Yes grant funding which will employ early intervention efforts including outreach, engagement, early detection and intervention to identify and engage young people ages 16-25 with emerging mental health problems or who are at risk of developing serious mental illness and substance use disorders as they transition into adult roles and responsibilities. Interventions will include evidenced based services and supports aimed at changing the life trajectory of these young people by early screening and assessment, intervention, symptom reduction and overall improved life function. Early psychosis screening and treatment services will be developed and provided in accordance with research based practices. Services and supports will be culturally competent, youth-guided, improve the functioning of the young people in community and daily life, employment, education, and housing. Wraparound and recovery support services will be offered and will involve and include family and community members, and will provide for a continuity of care between child- and adult-serving systems to ensure a seamless transition. This effort will include a public awareness campaign, with special emphasis on reducing stigma, for the community at large as well as cross-system provider trainings. A full complement of staff members have been hired to effectively provide the complete continuum of services throughout the tri-county area. With the Utah Yes project, we are planning for cultural and treatment "sea changes" in our agency and communities. Utah Yes services will be provided to an anticipated 64 clients in the tri-county area, with 2-3 cases involving early onset psychosis. A portion of these will be current clients and some will be new to our services.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

*Form A1 - FY15 Amount Budgeted: \$505,128.00 Form A1 - FY16 Amount Budgeted: \$601,489.00*

**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.**

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 encouraging a System 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 the 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 will be 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 continue 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.** We expect to have increases in funding due to the Utah Yes grant project.

**Describe any significant programmatic changes from the previous year.**

FCCBH was awarded the Utah Yes grant funding which will employ early intervention efforts including outreach, engagement, early detection and intervention to identify and engage young people ages 16-25 with emerging mental health problems or who are at risk of developing serious mental illness and substance use disorders as they transition into adult roles and responsibilities. Interventions will include evidenced based services and supports aimed at changing the life trajectory of these young people by early screening and assessment, intervention, symptom reduction and overall improved life function. Early psychosis screening and treatment services will be developed and provided in accordance with research based practices. Services and supports will be culturally competent, youth-guided, improve the functioning of the young people in community and daily life, employment, education, and housing. Wraparound and recovery support services will be offered and will involve and include family and community members, and will provide for a continuity of care between child- and adult-serving systems to ensure a seamless transition. This effort will include a public awareness campaign, with special emphasis on reducing stigma, for the community at large as well as cross-system provider trainings. A full complement of staff members have been hired to effectively provide the complete continuum of services throughout the tri-county area. With the Utah Yes project, we are planning for cultural and treatment “sea changes” in our agency and communities. Utah Yes services will be provided to an anticipated 64 clients in the tri-county area, with 2-3 cases involving early onset psychosis. A portion of these will be current clients and some will be new to our services.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

*Form A1 - FY15 Amount Budgeted: \$86,689.00 Form A1 - FY16 Amount Budgeted: \$141,540.00*

**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 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 will be 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 responding in person to assist a law enforcement officer, or a family who walks into the clinic for help, FCCBH crisis services will be delivered free of charge to all in need.

The 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 crisis worker is developing the wrap-around plan aimed at promoting stability and diverting hospitalization.

The Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Some increase in funding and an increase in numbers served as we are tracking these numbers more effectively with our new EHR. In years past we coded most crisis services to “assessment” under outpatient serves, and now we are coding these services to crisis intervention. This explains the decrease in outpatient clients served and the increase in clients served in crisis services.

**Describe any significant programmatic changes from the previous year.**

No significant program changes

Local Authority:

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

*Form A1 - FY15 Amount Budgeted: \$ 4,886.00*

*Form A1 - FY16 Amount Budgeted: \$21,210.00*

**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 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 responding in person to assist a law enforcement officer, or a family who walks into the clinic for help, FCCBH crisis services will be delivered free of charge 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 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. 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.

The Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Some increase in funding and an increase in numbers served as we are tracking these numbers more effectively with our new EHR. In years past we coded most crisis services to "assessment" under outpatient serves, and now we are coding these services to crisis intervention. This explains the decrease in outpatient clients served and the increase in clients served in crisis services.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes

Local Authority:

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: \$303,022.00 Form A1 - FY16 Amount Budgeted: \$240,111.00*

**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 have contracted psychiatrists, two APRN's, 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 Medical School Residency 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.

With the help of the new cloud based EHR Credible system, FCCBH utilize 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 primary care provider.

When a person is unable to pay and requires an emergency medication evaluation, this will be completed to stabilize and the client will then be referred to the appropriate community resource 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 coordinate 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.

The collocated FCCBH integrated care APRN will offer somatic healthcare. The co-location will enable better access to somatic care for FCCBH clients who need monitoring of chronic conditions.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

This decrease is primarily due to a change in nursing practice and coding. (From RN medication management to case management and personal services)

**Describe any significant programmatic changes from the previous year.**

The Utah Yes grant funding will allow qualifying adults to receive funding for Psychotropic Medication evaluation and Management.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: \$47,518.00      Form A1 - FY16 Amount Budgeted: \$35,067.00*

**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 have contracted psychiatrists, two APRN's, 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's "cloud-based" electronic medical record enables 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

This decrease is primarily due to a change in nursing practice and coding. (From RN medication management to case management and personal services)

**Describe any significant programmatic changes from the previous year.**

The Utah Yes grant funding will allow qualifying youth to receive funding for Psychotropic Medication evaluation and Management.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY15 Amount Budgeted: \$1,104,775.00 Form A1 - FY16 Amount Budgeted:\$926,872.00*

**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 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increase or decrease

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY15 Amount Budgeted: \$34,454.00 Form A1 - FY16 Amount Budgeted: \$8,011.00*

**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 youth psycho-social rehabilitation in Carbon, Emery and Grand Counties to youth 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 a personal recovery plan is developed prescribing this service. 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.

Psychosocial Rehabilitation Program components include individual and group skills development. These programs will operate during the summer school recess as well as during the school year. The programs will incorporate treatment modules designed to improve stability, decrease symptomology and maladaptive or hazardous behaviors and develop effective communication and interpersonal behaviors

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The decrease is due to youth services staffing and practices changes which have increased individual, family and group therapy and less psychosocial rehabilitation.

**Describe any significant programmatic changes from the previous year.**

There are no anticipated programmatic changes from the previous year.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY15 Amount Budgeted: \$398,733.00 Form A1 - FY16 Amount Budgeted: \$525,743.00*

**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.**

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 is prescribed and authorized on a client-centered personal recovery plan. TCM will be provided by Four Corners staff operating out of the three county clinics, the two clubhouse locations and 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 array 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have increases in funding and some increases in numbers served due to the Utah Yes grant project.

**Describe any significant programmatic changes from the previous year.**

The Utah Yes grant funding will allow qualifying adults and youth to receive case management services.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

Local Authority:

**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.**

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have increases in funding and some increases in numbers served due to the Utah Yes grant project.

**Describe any significant programmatic changes from the previous year.**

The Utah Yes grant funding will allow qualifying youth to receive case management services. We intend to provide more TBS services and see fewer individuals however with a high level of service.

**Form A – Mental Health Budget Narrative**

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

Local Authority:

**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 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.

FCCBH began construction on a housing unit in Grand County in March 2014 with completion in December 2014. This facility has 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 enables 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 now has the following: 14 permanent housing beds and 6 transitional beds in Grand County.

Carbon County- Friendship Center has 10 supported living single apartments and 1 transitional bed.

Cottonwood Apartments has 4 two bedroom units, 7 beds total.

As people progress, we encourage them to move on to independent housing.

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 Cove 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect an increase in funding for housing services.

**Describe any significant programmatic changes from the previous year.**

Utah Yes clients will obtain community support including housing development and preservation.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$56,804.00*

*Form A1 - FY16 Amount Budgeted: \$48,703.00*

**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.**

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect a minor decrease in services.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Amount Budgeted: \$22,818.00    Form A1 - FY16 Amount Budgeted: \$102,146.00*

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

Peer support 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have increases in funding and some increases in numbers served due to the Utah Yes grant project.

**Describe any significant programmatic changes from the previous year.**

The Utah Yes Grant will employ peer support specialists in each county.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

*Form A1 - FY15 Amount Budgeted: \$57,293.00 Form A1 - FY16 Amount Budgeted:\$41,990.00*

**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 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. **Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have decreases in funding and in numbers served due to the loss of the TANF funding for one FRF position.

**Describe any significant programmatic changes from the previous year.**

The Utah Yes Grant will employ peer support specialists in each county.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

*Form A1 - FY15 Amount Budgeted: \$3,250.00 Form A1 - FY16 Amount Budgeted: \$4,250.00*

**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 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. Area primary care providers 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.

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

On-call clinical consultation services will be provided 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 SQUAD Suicide Prevention Coalition. FCCBH prevention staff will assist in organizing trainings for the QPR Gatekeepers to fulfill their community training commitment for suicide prevention.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have no significant increases in funding and or numbers served.

**Describe any significant programmatic changes from the previous year.**

The Utah Yes Grant will work to educate each community about the value of early detection and referral into services. The aim will be to raise awareness, reduce stigma and identify action strategies to use when a serious mental health concern is identified for youth and young adults.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

*Form A1 - FY15 Amount Budgeted: \$3,250.00    Form A1 - FY16 Amount Budgeted: \$4,250.00*

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

A FCCBH contracted child psychiatrist will be available to 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” clients and service providers in Moab as will a FCCBH employed LMHT.

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 efforts for children’s mental health services in all three counties and provide consultation to our partner organizations and families in developing a more family driven system of care in our communities.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect to have no significant increases in funding and or numbers served..

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

*Form A1 - FY15 Amount Budgeted: \$27,030.00 Form A1 - FY16 Amount Budgeted: \$21,580.00*

**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 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 disordered 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 crisis screenings to youth in the local youth detention center.

**Describe any significant programmatic changes from the previous year.**

There are no expected significant programmatic changes from the previous fiscal year. We have seen a slight decrease in the cost of the services however we have had a large increase in clients served. Because of our new EHR we are able to more effectively capture all clients served.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increases or decreases expected.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY15 Amount Budgeted: \$20,458.00 Form A1 - FY16 Amount Budgeted: \$20,458.00*

**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.**

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increases or decreases from last year

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

*Form A1 - FY15 Amount Budgeted: \$0*

*Form A1 - FY16 Amount Budgeted: \$0*

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

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 LMHT who will 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: visits to and from family members, food, clothing, clinical services, medications, dental or physical healthcare and/or 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No increases or decreases are anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

*Form A1 - FY15 Amount Budgeted: \$64,485.00 Form A1 - FY16 Amount Budgeted: \$57,954.00*

**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 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 medication management will be provided by Four Corners until treatment is progressing and medications are stabilized.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No significant increases in funding or clients served.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

*Form A1 - FY15 Amount Budgeted: \$17,142.00 Form A1 - FY16 Amount Budgeted: \$22,874.00*

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

Unfunded children and youth in need of services typically receive an assessment and up to three individual or family sessions. If the youth is SED or acuity dictates, the full 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 clinical offices. When indicated, a referral to a time limited group therapy may 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. When clinically appropriate, a referral may be made to the local FQHC.

Unfunded clients may be eligible to 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No significant increases in funding or clients served.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes..

Local Authority:

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

*Form A1 - FY15 Amount Budgeted: \$0    Form A1 - FY16 Amount Budgeted: \$16,536.00*

**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.**

**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. 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.

In FY16, FCCBH will join community medical partners to embark on a tri-county educational campaign to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths. This effort will be directed at educating professionals, primary care providers, pharmacists and families to expand access to naloxone (Narcan) and help prevent overdose deaths.

In the December of 2014, Four Corners was awarded a DOH Primary Care Grant to provide no cost MH and SUD assessments as well as general medical care and services for those under 200% of the FPL. This will increase access and remove funding barriers for individuals in need.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect an increase in funding and in clients served.

**Describe any significant programmatic changes from the previous year.**

The DOH Primary Care Grant will provide no cost MH and SUD assessments as well as general medical care and services for those under 200% of the FPL. This will increase access and remove funding barriers for individuals in need.

Local Authority:

**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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First 62A-15-105.2** 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. The Four Corner’s Utah Yes Grant will include employment assistance to grant recipients.

**• 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 and Grand Counties, FCCBH will employ consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

Local Authority:

## **2. Client Employment (cont.)**

### **• Peer Specialists/Family Resource Facilitators providing Peer Support Services**

#### **Peer Specialists/Family Resource Facilitators**

FCCBH will also have 1 Family Resource Facilitator working in the tri-county area. FCCBH will also have 4 Peer Support Specialists providing service in the tri-county area working under the Utah Yes grant.

### **• Supported Employment to fidelity**

FCCBH is affiliated with the Utah Clubhouse Network but neither clubhouses are currently ICCD certified. Where possible FCCBH works to maintain fidelity to the clubhouse model which emphasizes employment and meaningful work as a major vehicle of recovery from SPMI. 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.

## 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 new “cloud-based” EMR which will allow greater connectivity for shared medical information.

FCCBH intends to continue 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 continue efforts to maintain 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.

Training goals are in place to ensure FCCBH staff are trained in MRT, MI, and Wrap-Around and agency support to practice these to fidelity.

- **Outcome Based Practices**

FCCBH plans to use the resources available through the CREDIBLE EMR system. 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**

In December of 2014, Four Corners was awarded a DOH Primary Care Grant to provide no cost MH and SUD assessments and services for those under 200% of the FPL. This will increase access and remove funding barriers for individuals in need. The Utah Yes grant will increase service capacity.

- **Increased access for Medicaid and Non-Medicaid funded individuals**

In the next fiscal year FCCBH will have a LMHT available for walk-in customer in each of our clinic locations.

A clinical screening will be provided for each person regardless of ability to pay. Appointments may be scheduled or individuals may choose to engage in open access. It is anticipated that open access will reduce assessment “no shows” and enhance availability of services when individuals are ready to begin care. In the December of 2014, Four Corners was awarded a DOH Primary Care Grant to provide no cost MH and SUD assessments and services for those under 200% of the FPL. This will increase access and remove funding barriers for individuals in need.

- **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.

- In FY16, FCCBH will join community medical partners to embark on a tri-county educational campaign to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths. This effort will be directed at educating professionals, primary care providers, pharmacists and families to expand access to naloxone (Narcan) and help prevent overdose deaths.

Local Authority:

**Form A – Mental Health Budget Narrative**

**3. Quality and Access Improvements (cont.)**

**• Coalition development**

Moab Community Action Coalition MCAC: The mission of MCAC is to develop community protective factors and to reduce community risk factors for substance abuse and other social problems among youth and adults. MCAC does this by creating, supporting, and promoting evidence based programs and relationships which take into consideration the interrelationship between the physical, mental, spiritual, and environmental health of our inhabitants.

CHEER: Emery County Coalition which works to eliminate substance abuse through prevention, education, improving treatment, and working with the legal system.

HOPE Squad: Suicide prevention in Eastern Utah.

JRI- We are currently in the beginning stages of establishing a 'Justice Reinvestment Initiative Coalition' with our community partners.

Sober Living Collaborative- 2 separate coalitions were recently established with community partners including FCCBH, the Sheriffs, Jail Commanders, AP&P, County Commissioners, city council members, members of the local homeless coordinating council, FCCBH prevention specialist, local concerned citizens, Mentorworks, members of the recovery community and some Drug Court graduates, to initiate and support a sober living effort in Grand and Carbon counties to support the tri-county area.

**• Describe process for monitoring subcontractors**

FCCBH performs annual license verifications on the Utah Division of Occupational and Professional Licensing website. We obtain background criminal investigation (BCI) clearances annually for all individual clinical subcontractors. For clinical and respite subcontractors, we review their clinical records. At least annually, we check the credentialing status of our subcontractors, and renew credentialing every three years. We hold randomized site visits for off-site subcontractor providers. On a monthly basis, we check subcontractors for an exclusion status in both the List of Excluded Individuals/Entities database and the System for Award Management database. Our prescribers practice within our facilities, using our electronic health record and are subject to our ongoing internal monitoring, and quality control processes.

FCCBH requires all subcontractors to follow Medicaid and Division of Substance Abuse and Mental Health clinical documentation requirements. Further, FCCBH also audits for administrative documentation and duties. This includes insurances cards, correct coding, ROI (if applicable), and safety plans (if applicable), clinical license, acceptable malpractice insurance, background check, and business license. For external subcontractors, the initial assessment and treatment plan is required and reviewed for medical necessity before initial authorization is given for services. The same is required for ongoing authorizations.

For subcontracted organizations (for example inpatient facilities or residential facilities) FCCBH requires that subcontractors complete regular LEIE and SAM verification as well verifying that all employed clinical staff are in good standing with DOPL.

By signing the confidentiality agreement, the organizational Provider provides 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.

**• In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**

NHSC loan repayment is a vital tool for recruitment and retention in our locations, which are not merely rural, but frontier. NHSC provides a job announcement service with national accessibility. The NHSC program provides a boost to the limited salaries that a private non-profit organization can offer. Also, it is a draw for young clinicians that otherwise have little incentive to move into the remote communities that we serve.

In the past two years we have had two site visits for recertification by the NHSC. Our sliding scale fee scale was updated with the latest poverty guidelines to assure eligibility. We are in an on-going comprehensive review of our policies and procedures to ensure compliance with NHSC and other guidelines.

**• Other Quality and Access Improvements (if not included above)**

Local Authority:

#### **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 and 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.

In December of 2014, Four Corners was awarded a DOH Primary Care Grant to provide no cost MH and SUD assessments, treatment services as well as primary physical health care for those under 200% of the FPL. This will increase access and remove funding barriers for individuals in need.

**Form A – Mental Health Budget Narrative**

**4. Integrated Care (cont.)**

**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.

Local Authority:

**Form A – Mental Health Budget Narrative**

**5a) Children/Youth Mental Health Early Intervention**

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

A Family Resource Facilitators (FRF) will be employed directly by FCCBH to implement and sustain a wraparound to fidelity program in each 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 FY15.

**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 proving 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.

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

**Describe any significant programmatic changes from the previous year.**

**Describe outcomes that you will gather and report on.**

Local Authority:

**Form A – Mental Health Budget Narrative**

**5c) Children/Youth Mental Health Early Intervention**

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

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.**

No significant increases or decreases from the previous 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)

Local Authority:

**Form A – Mental Health Budget Narrative**

**6. Suicide Prevention, Intervention and Postvention**

**Describe 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 plans to continue to host and provide QPR Gatekeeper Training in the next fiscal year.

**Intervention:**

FCCBH plans, in the coming fiscal year to continue to train and use 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 continue to train incoming staff members to use the “Crisis Plan” which is incorporated into the CREDIBLE EMR, it 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. Four Corners also participated in a suicide screening and training program entitled “Suicide Malpractice and Decision making Course” made available through our liability insurance carrier Zimmet and Zimmet. This course will continue on into FY16.

**Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.**

A multidisciplinary team was gathered and completed the Organization Self-Assessment for Suicide Safe Care/Zero Suicide, by the Action Alliance. As a result of that assessment, here are the areas of focus Four Corners will be addressing over the next year to improve our efforts with preventing suicide.

-We will be developing a policy on suicide prevention, using inside and outside sources to provide input on drafting and in the development of that policy.

-Implementation of the C-SSRS tool into our EHR, training on use of the tool, and increase in screening of all clients entering our facility and those interacted with on crisis.

-Revising of our safety plan model, including increased methods and procedures for outreach following a crisis.

-Provide, at minimum, one training annually for staff specifically targeted around suicide awareness, trauma-informed care, and documentation.

**Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.** FCCBH provides all MH crisis services for both local hospitals in Carbon and Grand Counties. When patients are seen at the E.R, 24 hour crisis workers are contacted. An thorough evaluation is completed and then a plan is established. Patients may be moved into a higher level of care (i.e. inpatient hospitalization) or a plan for safety, including follow up services, will be established with both the patient and a family member/support person. Medical providers are included throughout the process. In FY16 we will be monitoring clients that are clinically determined to be “high risk” and conduct additional assessments on their clinical charts to review whether additional or remedial intervention may be needed. In FY16, the QAPI committee’s goal is to place a clinical notation in the electronic health record specifying that the case that the case is “high Risk” and provide enhanced monitoring and governance of these specified cases.

Local Authority:

## Form A – Mental Health Budget Narrative

### **7. Justice Reinvestment Initiative**

#### **Identify the members of your local JRI Implementation Team.**

FCCBH will work together with community partners to initially complete a local community needs assessment and from the results of that assessment, design local programming and supports to create effective alternatives to incarceration for this designated prison diversion population. The aim will be to engage and retain the defined population in SUD and MH treatment services, improve overall stability and functioning, and reduce recidivism. Four Corners has begun the process in Carbon County with an initial meeting held on May 19 and monthly meetings thereafter. Grand County's initial JRI collaborative meeting will be held on June 30<sup>th</sup> 2015. Meetings are currently being coordinated in Emery County. "A Checklist for Implementation of EBP" (SAMSA) will be used as a guide for the JRI Implementation teams.

#### **Implementation teams:**

##### **Carbon County**

Presiding Judges: Judge George Harmond and Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Jeremy Humes,  
Local Substance Abuse/Mental Health Director Designee: Kara Cunningham  
Sherriff: Sheriff Jeff Wood  
Jail Commander: Justin Sherman  
Defense Attorney: David Allred  
County Commissioner: Jake Mellor  
Sober Living Provider: Mentorworks Joseph White

##### **Emery County**

Presiding Judge: Judge Scott Johansen  
Regional AP&P Director- Richard Laursen  
County Attorney: Brent Langston  
Local Substance Abuse/Mental Health Director Designee: Jennifer Thomas  
Sherriff: Sheriff Greg Funk  
Defense Attorney: David Allred  
County Commissioner: Keith Brady

##### **Grand County**

Presiding Judge: Mary Manley  
Regional AP&P Director- Richard Laursen  
County Attorney: Andrew Fitzgerald  
Local Substance Abuse/Mental Health Director Designee: Holly Long  
Sherriff: Sheriff White  
Jail Commander: Veronica Bullock  
Sober Living Provider: Mentorworks Joseph White  
County Commissioner: Liz Tubbs

#### **Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

The focus of Four Corners services will be on effective screening, engagement of and retention into evidenced based treatment services and supports. For this designated prison diversion population, the full continuum of FCCBH services and care may be utilized to stabilize and treat. Criminogenic Screening-We currently use the RANT (risk and Needs Triage) tool. We are in the early stages of researching other evidence based screening tools which can be used to determine criminogenic risk and assist with accurate placement into an array of evidence based clinical interventions to reduce criminogenic risk.

Prevention Plan- We plan to use universal prevention programs to reduce widespread risk through community-wide targeting low as well as high risk groups.

Treatment- FCCBH staff involved in the JRI effort will be trained and provide evidenced based treatment interventions including but not limited to: Moral Reconciliation Therapy, Motivational Interviewing, and a curriculum for decreasing criminal thinking.

For persons with serious and persistent mental illness, stabilization units in Emery and Carbon County will be created and utilized, when suitable, as an alternative to incarceration and/or inpatient psychiatric hospitalization. A Housing First model will be used.

#### **Identify your proposed outcome measures.**

Our outcome measures for this designated population will be treatment retention, completion, recidivism reduction, decreased court involvement, and decreased incarceration rates in general. We will work together with the Implementation team to determine a method to accurately measure recidivism.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

**1) Screening and Assessment**

*FY15 Amount Budgeted: 24,021*

*FY16 Amount Budgeted: 21,163*

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults for substance use disorders. 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.

All clients assessed for services will be provided a full substance abuse and mental health assessment. 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. Over the past year we have also added open access in some of our clinics for same day mental health assessments.

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. Collateral information is also gathered from appropriate resources (family, referring agency, etc.) to ensure comprehensive current and historical information is collected.

At the time of assessment, the client may be asked to complete one or more assessment tools, including (but not limited to) the SASSI, A-SASSI, MAST, BDI, ACE. The ASAM is administered to help determine the level of care that will best assist the client in his or her recovery goals. Once the assessment is complete, initial recommendations are provided through a multidisciplinary team process. The recommendations are then shared with the client, and the client is provided an opportunity to contribute feedback around recommendations.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Because of the Primary Care Grant, we will be providing free mental health and substance abuse assessments; therefore we will anticipate an increase in the number of individuals served.

**Describe any significant programmatic changes from the previous year.**

None

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)**

*FY15 Amount Budgeted: 0*

*FY16 Amount Budgeted: 0*

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

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 (but not limited to); Payson Hospital, Highland Ridge Hospital, Utah Valley Regional Medical Center, and UNI.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**None**

**Describe any significant programmatic changes from the previous year.**

**None**

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)**

*FY15 Amount Budgeted: 39,841*

*FY16 Amount Budgeted: 68,479*

**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.

Residential 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 DCFS involvement may be a part of an individual's recovery program.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We anticipate an increase in funding and individuals served.

**Describe any significant programmatic changes from the previous year.**

None

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Outpatient (Methadone - ASAM I)**

*FY15 Amount Budgeted:* 0

*FY16 Amount Budgeted:* 0

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

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No anticipated increase or decrease in funding or number of individuals served.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes from last year.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Outpatient (Non-methadone – ASAM I)**

***FY15 Amount Budgeted: 731,008***

***FY16 Amount Budgeted: 698,471***

**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 approaches ranging from .5 hours to up to 9 hours a week. Treatment programs and recommendations are individualized for each client, accommodating specific recovery needs and medical necessity. Initial treatment recommendations are derived from the initial assessment, though treatment recommendations may be modified, adjusted, or added to at any point in the client’s program to fit individual needs. Program options address (but are not limited to) individual therapy (addressing substance use and co-occurring mental health disorders, marriage/family therapy, parenting skills, co-dependency concerns, and other recommended psycho-educational courses. Case management and recovery coaching will be offered to assist clients with stabilization, accessing of basic resources and with setting and maintaining future life goals.

Some core evidence-based models used are CBT, REBT, Motivational Interviewing, MRT, Seeking Safety, DBT, and the Matrix Model. Trauma informed, gender specific treatments are available to all clients and are incorporated in all Level I and Level II programming. All educational and program materials will be based upon evidence-based treatment programing. Interim services will also be made available.

Medication assisted treatment (MAT) will be provided based on medical necessity through our prescribers, and/or though referral to other community providers. Clients presenting with somatic concerns/conditions are referred to our in-house primary care physician, private provider, or the nearest FQHC.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served**

None

**Describe any significant programmatic changes from the previous year.**

FCCBH has implemented many evidenced-based practices over the past several years in Substance Use Disorder treatment, and will be moving toward supervising/monitoring the practice of those EBP’s to fidelity. Motivational Interviewing and Moral Recognition Therapy (MRT) will be the first of those programs.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Intensive Outpatient (ASAM II.5 or II.1)**

*FY15 Amount Budgeted: 600,323*

*FY16 Amount Budgeted: 584,847*

**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 (Seeking Safety). 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. There is a strong family support component built into our programming; provided to the clients at a specific point in their treatment for maximum effectiveness.

Also, during the assessment, each client's readiness to engage in treatment is assessed and preliminary or interim services (i.e. limited treatment, with a heavy emphasis on case management and recovery coaching) is provided to those in that stage of recovery. 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 though referral to community providers.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

None

**Describe any significant programmatic changes from the previous year.**

FCCBH has implemented many evidenced-based practices over the past several years in Substance Use Disorder treatment, and will be moving toward supervising/monitoring the practice of those EBP's to fidelity. Motivational Interviewing and Moral Recognition Therapy (MRT) will be the first of those programs.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Recovery Support Services**

*FY15 Amount Budgeted: 62,585*

*FY16 Amount Budgeted: 44,038*

**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 support the informal network of recovery support in the tri-county area. Recovery support meetings will be peer led and offered, rent free, in a dedicated space at the FCCBH clinical offices in Grand and Carbon Counties. 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. Other opportunities to attend recovery support meetings within the community will be supported by Four Corners programming and staff, providing it follows an organized program (i.e. AA, NA, RR) or other approved recovery support activity as part of their personal recovery program.

FCCBH will provide deposits for housing, one-time rental payments, dental, vision, physical health payments, and other creative supports to reduce barriers to social inclusion, through use of Drug Court Recovery Support funding.

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

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

The FCCBH administrative team and program directors were instrumental in working with the Mentor Works program (a private non-profit corporation specializing in sober living placements) to support them in bringing sober living home to clients in recovery. Clients in all three counties will benefit from this partnership. FCCBH has, and will continue to support this program in expanding and enhancing their efforts through assisting them in coordinating community members, providing meeting space for trainings, recruiting volunteers, and other local needs they may have to increase these efforts.

FCCBH also will provide housing support through deposits for housing and one-time rental payments to help clients obtain and/or keep housing, within appropriations.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increase

**Describe any significant programmatic changes from the previous year.**

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

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Drug Testing**

*FY15 Amount Budgeted: 0      FY16 Amount Budgeted: 119,604*

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

Clients receiving their initial assessment, with an emphasis on substance use/abuse, are asked to provide a UA sample for a basic 9-13 panel drug screen. This is administered in each of the clinics, by a substance abuse treatment program provider, and the results of the drug screen are reported in the client's electronic health record. In addition, each client participating in Level I and Level II treatment services are randomly drug screened, at minimum once weekly. Breathalyzer analysis is also used to determine alcohol intoxication/abuse when appropriate. These are also administered in the clinic, via hand-held device by a program provider. Confirmation drug/alcohol testing (GCMS) is sent out to a contracted provider (Redwood Labs) on occasion, when a discrepancy on a drug screen takes place. All results are meant and used for treatment purposes/plans only. All results are reported in the client's electronic health record.

Drug Court clients, who are actively participating in treatment services, are drug screened through a different procedure. Their UA's are captured through both a randomized, daily call-in, schedule system and through random home visits. There is a designated location in each county where those drug screens take place and an appropriate procedure that takes place during the collection process. All drug and alcohol screens will be initially collected using a combination of instant result 9-13 panel drug screen and breathalyzer to determine use. If a positive drug screen is contested by the client, then the secured sample will be sent off to a contracted provider (Redwood Labs) for GCMS testing.

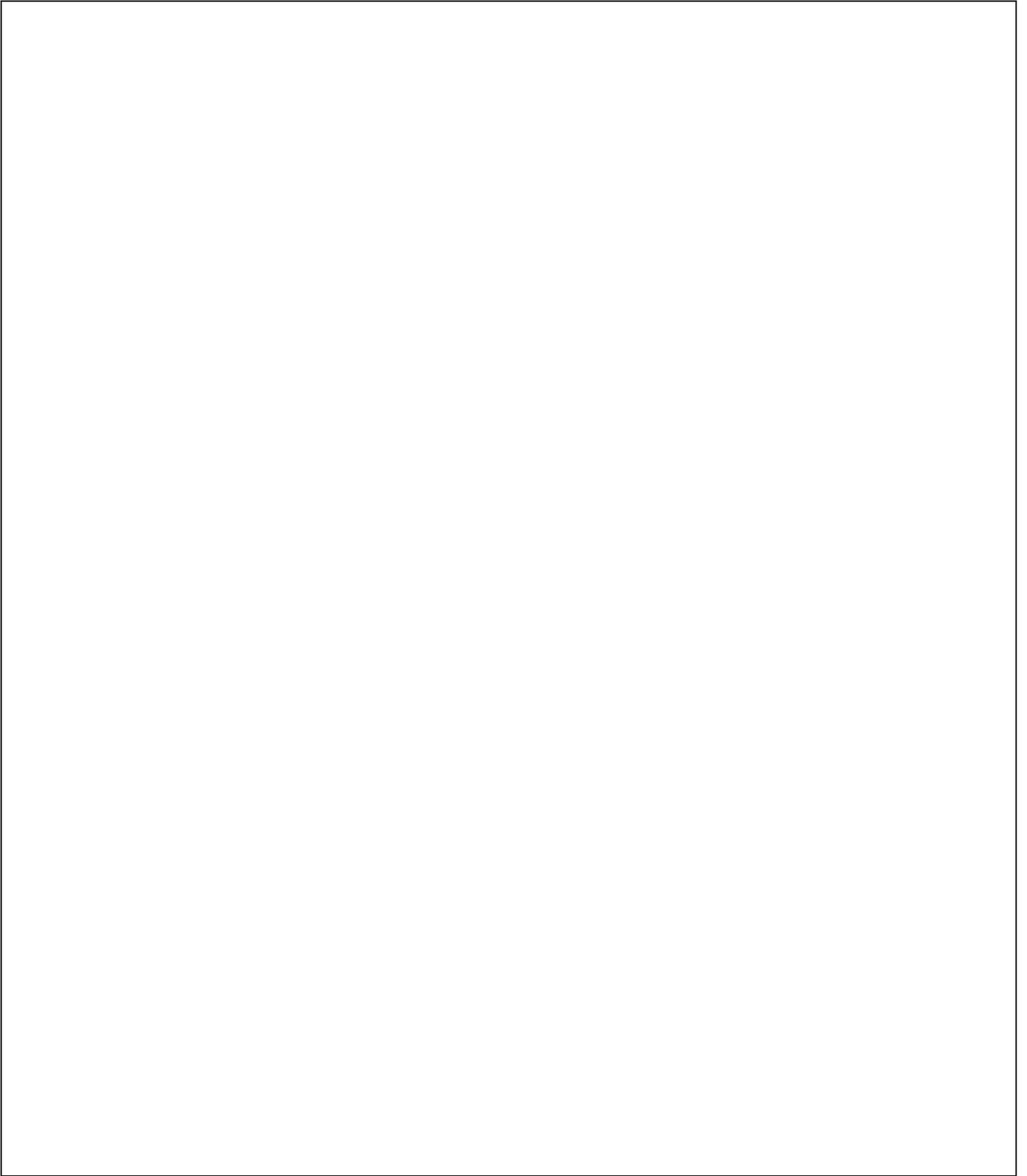
**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increase or decrease in funding or individuals served in this area, however the FY 15 amount budgeted on this page shows zero, because this was not reported as a separate line item in the FY 15 area plan.

**Describe any significant programmatic changes from the previous year.**

We will be moving away from the Siemens V-Twin (machine) screen testing for Drug Court, in all three counties and moving towards an I-cup (instant result) screen for all drug testing. If a positive drug screen is contested by the client, then the secured sample will be sent off to a contracted provider (Redwood Labs) for GCMS testing.

Local Authority:



Local Authority:

## Form B – Substance Abuse Treatment Budget Narrative

### 9) **Quality and Access Improvements**

#### **Describe your Quality and 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 have updated our FCCBH website, using a more user-friendly, trauma informed approach.
5. We will continue to streamline the intake process and eliminate any unnecessary documentation and/or paperwork. With the update of our new user-friendly website, intake packets will be accessible from home on that the site so clients can complete required documentation prior to their first appointment.
6. We have access to a MH and SUD therapist in the FQHC in Green River, Utah, which is one of the most underserved areas in our region. We will be expanding the therapists time spent in that clinic, to meet the demands of needed services. Individuals may be referred by the FQHC to FCCBH for an assessment and treatment, where appropriate.
7. 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.
8. We will be implementing a more efficient, technology-based reminder system to aid clients in making scheduled appointments and significantly decrease no-shows.

#### *Quality Improvements:*

1. Greater coordination of treatment between LMHT, SUD treatment team members, and primary care physician which has increased integrated MH, SUD, and physical 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. FCCBH has implemented many evidenced-based practices over the past several years in Substance Use Disorder treatment, and will be moving toward supervising/monitoring the practice of those EBP's to fidelity. Motivational Interviewing and Moral Recognition Therapy (MRT) will be the first of those programs.
4. Improved documentation within the electronic health record, with the implementation of Credible; including the development of new electronic forms, reports, and other tools to aid staff in monitoring, tracking, and other excellent record keeping functions.
5. Improving gender-specific treatment services for men.
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 programing, 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. Improvement in technology –based supervision, in which those specializing in areas of MH or SUD treatment anywhere in the agency will better able to contribute to the professional development of new or training staff.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility**

*FY15 Amount Budgeted:0*

*FY16 Amount Budgeted:16,294*

*FY16 SAPT Funds Budgeted:0*

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

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increase or decrease in funding or individuals served in this area, however the FY 15 amount budged on this page shows zero, because this was not reported as a separate line item in the FY 15 area plan.

**Describe any significant programmatic changes from the previous year.**

No anticipated programmatic changes.

Local Authority:

## **Form B – Substance Abuse Treatment Budget Narrative**

### **11) Integrated Care**

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

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 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)

#### **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

#### **Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

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 are 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. In addition, we incorporate lessons and discussion into our Level I and Level II SUD treatment services addressing the benefits of quitting tobacco and nicotine use. 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. In our supported living facilities, we have nicotine replacement supplements and tools available to those wishing to stop smoking, while they are waiting to receive on-going support/supplements through resources like the Quit Line in the mail.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**12) Women’s Treatment**

*FY15 Amount Budgeted: 616,805*

*FY16 Amount Budgeted: 739,441*

**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.**

Women’s specific treatment services are provided by FCCBH in each of our clinics. All SUD treatment programs include a group services specifically for women, using the Seeking Safety curriculum. Priority for treatment is provided for pregnant and IV drug using women, in order according to the priority population criteria. Women are encouraged to express voice and choice with many aspects of their treatment, such as gender of primary therapist, in order to provide them with trauma-informed treatment options. We will be incorporating the ACE as a standard assessment tool to better identify and serve those with past or current trauma. We have also increase our services around identifying and building parenting tools and skills over the past year, as this has been identified as a potential stressor to many women with children as they enter recovery. FCCBH will provide transportation to services for pregnant women, or women with children, when needed.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Increase in expense from FY 15 to FY 16 is a reflection of the increase inflation and wage/fringe. No significant increase or decrease in number of clients served.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes anticipated.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Adolescent (Youth) Treatment**

*FY15 Amount Budgeted: 94,443*

*FY16 Amount Budgeted: 64,391*

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

The FCCBH Adolescent Intensive Outpatient Substance Abuse Program will include an evidence based mental health group for youth with SUD and with dual diagnosis. MRT (for youth) has been heavily incorporated in the past year to better address thinking errors and accountability with youth entering treatment at any level. Other EBP, such as Adolescent Matrix is also being incorporated into the Level I and Level II programming. Relapse prevention and program maintenance services are also available to adolescents who have been through some form of prior treatment. Family therapy groups are continually being enhanced as a key component of the adolescent treatment program.

Efforts in the upcoming year will focus on improving adolescent treatment services, including state level committee participation by administrative staff around improving treatment efforts in this area. Also, in an effort to improve quality of services, we will be actively looking at risk assessment tools for youth to be completed at assessment to better determine placement into treatment services. With this, we will be considering how separating high-risk and low-risk youth may be incorporated into our treatment program.

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

**Describe efforts to provide co-occurring services to adolescent clients.**

Four Corners has always provided a full-spectrum of services to adolescent clients, depending on identified need and medical necessity. Adolescents entering treatment that are endorsing a co-occurring mental health disorder will be provided with a LMHT for individual and family therapy. If needed, clients may also be provided with case management services (specific to youth and families) and may be referred for wraparound services through the Family Resource Facilitator. Multidisciplinary staffing of adolescents participating in both MH and SUD services takes place formally at least once weekly. If adolescents receiving treatment for co-occurring disorders are determined to have medication needs, they will be referred to either one of our in-house providers, our integrated primary care physician, or referred back to their primary care provider for a psychiatric evaluation.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Four Corners has budgeted a significant decrease in funding and anticipated number of clients served, however the budget will be increased depending on results of needs assessment and ongoing program development.

**Describe any significant programmatic changes from the previous year.**

Refer to narrative above.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**14) Drug Court**

*FY15 Amount Budgeted: 581,265      FY16 Amount Budgeted: 583,810*

*FY15 Recovery Support Budgeted:31,500      FY16 Recovery Support Budgeted:31,500*

**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. All treatment services and drug court fees are offered on sliding scale. Treatment groups offered include: Mind over Mood, Moral Reconciliation Therapy, separate men and women's specific groups treatment, 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. Advancement in Drug Court is not contingent on treatment completion. All three drug courts are internally evaluated often, through steering committee meetings, for use of Drug Court best practice.

UA's for Drug Court participants are captured through both a randomized, daily call-in, schedule system and through random home visits. There is a designated location in each county where those drug screens take place and an appropriate procedure that takes place during the collection process. All drug and alcohol screens will be initially collected using a combination of instant result 9-13 panel drug screen and breathalyzer to determine use. If a positive drug screen is contested by the client, then the secured sample will be sent off to a contracted provider (Redwood Labs) for GCMS testing.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

None. Drug Court funds on form B(1) are overstated because a portion of the Drug Court expense will be covered by FCCBH reserves.

**Describe any significant programmatic changes from the previous year.**

We will be moving away from the Siemens V-Twin (machine) screen testing for Drug Court, in all three counties and moving towards an I-cup (instant result) screen for all drug testing. If a positive drug screen is contested by the client, then the secured sample will be sent off to a contracted provider (Redwood Labs) for GCMS testing.

**Describe the Recovery Support Services you will provide with Drug Court RS funding.**

FCCBH will provide deposits for housing, one-time rental payments, dental, vision, physical health payments, and other creative supports to reduce barriers to social inclusion.

Local Authority:

## **Form B – Substance Abuse Treatment Budget Narrative**

### **15) Justice Reinvestment Initiative**

#### **Identify the members of your local JRI Implementation Team.**

FCCBH will work together with community partners to initially complete a local community needs assessment and from the results of that assessment, design local programming and supports to create effective alternatives to incarceration for this designated prison diversion population. The aim will be to engage and retain the defined population in SUD and MH treatment services, improve overall stability and functioning, and reduce recidivism. Four Corners has begun the process in Carbon County with an initial meeting held on May 19 and monthly meetings thereafter. Grand County's initial JRI collaborative meeting will be held on June 30<sup>th</sup> 2015. Meetings are currently being coordinated in Emery County. "A Checklist for Implementation of EBP" (SAMSA) will be used as a guide for the JRI Implementation teams.

#### **Implementation teams:**

##### **Carbon County**

Presiding Judges: Judge George Harmond and Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Jeremy Humes,  
Local Substance Abuse/Mental Health Director Designee: Kara Cunningham  
Sherriff: Sheriff Jeff Wood

##### **Jail Commander: Justin**

Defense Attorney: David Allred  
County Commissioner: Jake Mellor  
Sober Living Provider: Mentorworks Joseph White

##### **Emery County**

Presiding Judge: Judge Scott Johansen  
Regional AP&P Director- Richard Laursen  
County Attorney: Brent Langston  
Local Substance Abuse/Mental Health Director Designee: Jennifer Thomas  
Sherriff: Sheriff Greg Funk  
Defense Attorney: David Allred  
County Commissioner: Keith Brady

##### **Grand County**

Presiding Judge: Mary Manley  
Regional AP&P Director- Richard Laursen  
County Attorney: Andrew Fitzgerald  
Local Substance Abuse/Mental Health Director Designee: Holly Long  
Sherriff: Sheriff White  
Jail Commander: Veronica  
Sober Living Provider: Mentorworks Joseph White  
County Commissioner: Liz Tubbs

#### **Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

The focus of Four Corners services will be on effective screening, engagement of and retention into evidenced based treatment services and supports. A screening process will allow for the distinction between high risk and low risk individuals and a treatment service plan to eliminate mixing these populations will be established. For this population, the full continuum of FCCBH services and care may be utilized to stabilize and treat.

**Criminogenic Screening-**We currently use the RANT (risk and Needs Triage) tool. We are in the early stages of researching other evidence based screening tools which can be used to determine criminogenic risk and assist with accurate placement into an array of evidence based clinical interventions to reduce criminogenic risk.

**Prevention Plan-** We plan to use universal prevention programs to reduce widespread risk through community-wide targeting low as well as high risk groups.

**Treatment-** FCCBH staff involved in the JRI effort will be trained and provide evidenced based treatment interventions including but not limited to; Moral Reconciliation Therapy, Motivational Interviewing, and a curriculum for decreasing criminal thinking. For persons with serious and persistent mental illness, stabilization units in Emery and Carbon County will be created and utilized, when suitable, as an alternative to incarceration and/or inpatient psychiatric hospitalization. A Housing First model will be used.

#### **Identify your proposed outcome measures.**

Our outcome measures for this designated population will be treatment engagement, treatment completion and recidivism reduction. We will work together with the Implementation team to determine a method to accurately measure recidivism.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

***FY15 Amount Budgeted: \$ 121,816.00***

***FY16 Amount Budgeted: \$73,857.00***

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

**Carbon County**

Presiding Judges: Judge George Harmond and Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Jeremy Humes,  
Local Substance Abuse Director Designee: Kara Cunningham  
Sherriff: Sheriff Jeff Wood  
Defense Attorney: David Allred

**Emery County**

Presiding Judge: Judge Scott Johansen  
Regional AP&P Director- Richard Laursen  
County Attorney: Brent Langston  
Local Substance Abuse Director Designee: Jennifer Thomas  
Sherriff: Sheriff Greg Funk  
Defense Attorney: David Allred

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

We anticipate that we will serve ~~60~~ 28 individuals in the DORA program with 25% of these in the program on July 1, 2015.

Local Authority:

## 16) Drug Offender Reform Act (Cont.)

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

FCCBH makes available comprehensive substance abuse assessment, treatment and drug testing 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 (outpatient) and Level II (Intensive outpatient) treatment, in accordance with the **ASAM** placement criteria. Mental health and substance abuse treatment programming is available for all DORA clients regardless of treatment level. Level II 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 treatment groups include: Matrix curriculum treatment groups, family group, and relapse prevention 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. All clients referred in DORA are drug tested on the same randomized system as other Level I/Level II participants; minimum of once weekly.

- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

~~To establish level of care,~~ To determine treatment need, FCCBH will provide DORA clients with a full substance abuse and mental health assessment that includes use of the MAST, SASSI and other evaluation instruments, ~~if determined.~~ The level of care ~~determined by the assessment~~ recommended will be provided in accordance with the **ASAM** placement criteria and is indicated as Level I, II, III, etc. Clients may be provided a spectrum of services, based on recommendation, ranging from preventative services through Level II (Intensive Outpatient) treatment. Any client requiring a higher level of care, including residential services (Level III) will be served through a referral process to a contracted facility. All recovery plans will be developed in consideration of collaborative Person Centered Planning. These recovery plans will be reviewed regularly and modified according to the individual's ASAM level of care criteria. One way that FCCBH assures that the treatment being provided is Person Centered rather than program-centered is by these regular reviews of ASAM placement. Thus the individual's treatment content is adjusted to meet each individual's ongoing clinical need.

Recovery teams will regularly review DORA 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 ambivalent 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 accessing community resources. All educational and program materials will use evidence-based programming. A balance of incentives and sanctions will be used to encourage pro-social behavior and treatment participation.

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, DORA clients will be referred to a psychiatrist for medication evaluation and management. Clients with co-occurring mental health and substance use disorders may be referred to a mental health therapist for more concentrated attention to a mental health disorder. Program services will include: individual and couples counseling; family and group therapy; individual and group therapeutic behavior services; psycho-education classes; case management services as needed, and ongoing random drug screen urine analysis.

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

Treatment quality, treatment fidelity and program integrity will be consistently monitored by ongoing internal and external supervision, auditing and review.

DORA clients presenting with medical concerns/conditions, as the result of specific medically focused inquiries in the assessment process, will be referred to the FCCBH in-house APRN, a client-preferred primary care physician, the nearest FQHC, or the nearest office of SEUHD to screen for, prevent and treat serious chronic medical conditions including HIV/AIDS, Hepatitis B, C and tuberculosis.

With a release of information signed by each participant, treatment, supervision and criminal justice agencies will coordinate and communicate individual needs, progress, correctional supervision requirements and will measure progress in meeting treatment and supervision goals and objectives.

- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan..

The budget amount listed on this page includes other resources in addition to DORA funding utilized to fund DORA services. The amount budgeted on the following page reflects the state DORA allocation for FY16.

Local Authority:

## Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

<b>Personnel</b>	
<b>Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.</b>	
<b>Total Personnel Costs</b>	<b>\$ 54,917.00</b>

(Provide budget detail and narrative here)

Kara Cunningham CMHC 17% \$15,258.00  
 Dane Keil, SSW 3% \$1749.00  
 Lori Huntington CM 20% \$4159.00  
 Unfilled MHT 5% \$3063.00  
 Daniel Gibson SSW 24% \$11,448.00  
 Lance Wright LSUDC 10% \$8,246.00  
 Heather Towndrow MHT 14% \$10,994.00

<b>Contract Services</b>	
<b>Briefly describe the Contract Services you will pay for with DORA funding.</b>	
<b>Total Contract Costs</b>	<b>\$ 0</b>

(Provide budget detail and narrative here)

<b>Equipment, Supplies and Operating (ESO)</b>	
<b>Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.</b>	
<b>Total ESO Costs</b>	<b>\$ 7532.00</b>

(Provide budget detail and narrative here)

Drug testing supplies

<b>Travel/Transportation</b>	
<b>Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.</b>	
<b>Total Travel/Training Costs</b>	<b>\$ 0</b>

(Provide budget detail and narrative here)

<b>Total Grant</b>	<b>\$ 62,449.00</b>
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Local Authority:

Local Authority:

Program Name: Botvin Life Skills			Cost: \$ 57,150.00		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level: Blueprints- Model					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduced 10<sup>th</sup> Grade lifetime use.</p> <p>Alcohol: 28.9% Tobacco: 19.8%</p>	<p>Perceived Risk of Drug Use</p> <p>Attitudes Favorable toward ASB.</p>	<p><u>Carbon</u> Helper Middle School: Approx. #: 200 Mt. Harmon Middle School: Approx. #: 200</p> <p><u>Emery</u> San Rafael Approx. #: 90 Canyon View Approx. #: 100</p> <p><u>Grand</u> Grand County Middle School Approx. #: 225</p>	<p>Levels I, II, &amp; III will be taught to Carbon county 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> Graders at a minimum of 1 45 min lesson per week and a limit of 1 lesson per day.</p> <p>Levels II, &amp; III will be taught to Grand and Emery 7<sup>th</sup> and 8<sup>th</sup> Graders at a minimum of 1 45 min lesson per week and a limit of 1 lesson per day.</p>	<p>Maintain or decrease perceived risk of drug use</p> <p>Maintain or decrease favorable attitudes to ASB.</p>	<p>Life time use reported by 10<sup>th</sup> Graders</p> <p>Alcohol: ≤40.2% Tobacco: ≤27.7%</p>		
Measures & Sources	2013 SHARP Survey	SHARP Survey  Pre test				SHARP Survey  Pre/Post test data	2021 SHARP Survey	

Program Name: EASY	Cost: \$9,500.00	Evidence Based: <u>Yes</u> or No
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Agency: FCCBH	Tier Level:
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	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Maintain or Decrease underage drinking.	Perceived availability of alcohol  Community laws and norms favorable to use.	Universal: Youth ages 12- 21 years living in Four Corners Region.			Organize quarterly compliance checks w/in Emery and Carbon county, for a total of 20 grocery and convenience stores, by law enforcement officers. An average of 2.5 hours per compliance check.  80 individual checks total per year.  Continue encouraging Grand County city/county officials to see the importance of checks/enforcement.	Reduce perceived availability of alcohol  Reduce community laws and norms favorable to drug use.  Establish base line compliance rates for Carbon, Emery, & Grand.	≤28.9% all grades lifetime use.
Measures & Sources	FCCBH County compliance check records	SHARP survey  FCCBH Compliance check data				FCCBH program records  FCCBH County compliance check records	Baseline: 2015 SHARP survey  Benchmark: 2017 SHARP survey	2019 SHARP Survey

Program Name: EASY			Cost:		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Maintain or Decrease underage drinking.	Perceived availability of alcohol  Community laws and norms favorable to use.	Universal: Youth ages 12- 21 years living in Four Corners Region.			Organize quarterly compliance checks w/in Emery and Carbon county, for a total of 20 grocery and convenience stores, by law enforcement officers. An average of 2.5 hours per compliance check.  80 individual checks total per year.  Continue encouraging Grand County city/county officials to see the importance of checks/enforcement.	Reduce perceived availability of alcohol  Reduce community laws and norms favorable to drug use.  Establish base line compliance rates for Carbon, Emery, & Grand.	≤28.9% all grades lifetime use.
Measures & Sources	FCCBH County compliance check records	SHARP survey  FCCBH Compliance check data				FCCBH program records  FCCBH County compliance check records	Baseline: 2015 SHARP survey  Benchmark: 2017 SHARP survey	2019 SHARP Survey

Program Name: Prime For Life			Cost: \$11,062.00		Evidence Based: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduced recidivism for DUI offenders	Decreased perceived risk of drug and alcohol use	Adult offenders over 18 years of age.			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	Participants who have completed ALL four classes will have an increased knowledge of the risks associated with alcohol and other drugs.	A sample size of participants who have successfully completed First Offender PRI have fewer ATOD violations in the year following the completion of the class VS a sample size of students who did not attend or successfully complete First Offender.
Measures & Sources	Violator Court Referrals	Violation Referral information and pre-test	Violation Referrals from the Court			Program Records provided by the facilitator	Post-class test	System Records

Program Name: Carbon County CTC Building			Cost: \$16,800.00		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level: Blueprints - Promising					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduced underage lifetime alcohol use.</p> <p>All Grades: 30.2%</p>	<p>Low Neighborhood attachment</p> <p>Low commitment to school.</p>	Invest time and political capitol on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.			<p>Complete a community readiness survey.</p> <p>Provide training and technical assistance in CTC process and fidelity.</p>	<p>Establish a functioning key leader and community board.</p> <p>Identify clear goals through the SPF process based on a community needs assessment to address low neighborhood attachment and low commitment to school,</p>	<p>Sustain and maintain community coalition with the political capital to effect change.</p> <p>Reduced lifetime use all grades from 30.2% to ≤28%</p>
Measures & Sources	2013 SHARP Survey				Coalition Meeting attendance, training, and minute logs.	Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs	2023 SHARP Survey

Program Name: Green River CHEER CTC Coalition			Cost: \$4,300.00		Evidence Based: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Agency: FCCBH			Tier Level: Blueprints- Promising					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce lifetime alcohol use All Grades: 22.3%	Strategic Low neighborhood attachment  Low commitment to school	Universal population of Green River.  Approx. #: 1000			Provide technical assistance and training to sustain and maintain CTC	Increase neighborhood attachment  Increase commitment to school  Use SPF model to evaluate current goals and establish new means to address the need..	Decreased lifetime alcohol use from 22.3% to ≤20%
Measures & Sources	2013 SHARP	SHARP				Coalition training, attendance, and minutes logs.	Coalition training, attendance, and minutes logs.	2019 SHARP

Program Name: MCAC (SPF)			Cost: \$15,600.00		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce Underage lifetime alcohol use</p> <p>All grades: 35.4%</p>	<p>Low neighborhood attachment</p> <p>Opportunities for Pro-social involvement.</p>	<p>Invest time and political capitol on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.</p>			<p>Complete a community readiness and/or needs survey.</p> <p>Provide training and technical assistance in SPF process and fidelity.</p>	<p>Increase neighborhood attachment and opportunities for prosocial involvement.</p> <p>Establish a functioning key leader and community board working toward increase political capital.</p> <p>Identify clear goals through the SPF process based on a community needs assessment.</p>	<p>Sustain and maintain community coalition with the political capital to effect change.</p> <p>Maintain or Reduced lifetime alcohol across all grades. ≤35.4%</p>
Measures & Sources	2013 SHARP Survey				Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs	2023 SHARP Survey

Program Name: MCAC (SPF)			Cost: cont.		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce Underage lifetime alcohol use</p> <p>All grades: 35.4%</p>	<p>Low neighborhood attachment</p> <p>Opportunities for Pro-social involvement.</p>	Invest time and political capitol on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.			<p>Complete a community readiness and/or needs survey.</p> <p>Provide training and technical assistance in SPF process and fidelity.</p>	<p>Increase neighborhood attachment and opportunities for prosocial involvement.</p> <p>Establish a functioning key leader and community board working toward increase political capital.</p> <p>Identify clear goals through the SPF process based on a community needs assessment.</p>	<p>Sustain and maintain community coalition with the political capital to effect change.</p> <p>Maintain or Reduced lifetime alcohol across all grades. ≤35.4%</p>
Measures & Sources	2013 SHARP Survey				Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs	2023 SHARP Survey

Program Name: MCAC (SPF)			Cost: cont.		Evidence Based: <u>Yes</u> or No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce Underage lifetime alcohol use</p> <p>All grades: 35.4%</p>	<p>Low neighborhood attachment</p> <p>Opportunities for Pro-social involvement.</p>	<p>Invest time and political capitol on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.</p>			<p>Complete a community readiness and/or needs survey.</p> <p>Provide training and technical assistance in SPF process and fidelity.</p>	<p>Increase neighborhood attachment and opportunities for prosocial involvement.</p> <p>Establish a functioning key leader and community board working toward increase political capital.</p> <p>Identify clear goals through the SPF process based on a community needs assessment.</p>	<p>Sustain and maintain community coalition with the political capital to effect change.</p> <p>Maintain or Reduced lifetime alcohol across all grades. ≤35.4%</p>
Measures & Sources	2013 SHARP Survey				Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs	2023 SHARP Survey

## 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).**

Each of the three counties in the FCCBH LSAA region has unique and varied concerns. To identify these unique concerns efforts have been made to form local coalitions, within the prioritized areas. Upon assessment of these local coalitions and their adherence to any evidenced based process, we have identified significant deviations from fidelity. It is our intent to work to provide resources and training to enhance fidelity.

The assessment for this need was done through request to local coalitions to provide data based and anecdotal feedback; as a means to identify areas of struggle. This feedback garnered a response of challenges to maintain community participation with high demands placed on small communities. This concern will guide capacity, planning and implementation decisions moving forward.

The current coalitions are: Carbon: Price – HOPE Squad, Grand: Moab-Moab Community Action Coalition (MCAC), and Emery: Green River-CHEER Coalition.

The initial step for the FCCBH prevention program will be to provide the necessary capacity to expand and evaluate assessment reports. This will be done through a more thorough data collection process that will include readiness and resources measurements. Resources from the Partnership for Success Grant will be used to acquire the equipment and software capacity necessary to do this local data collection. The outcome of this will be timely population specific feedback that will enable a more focused effort moving into identifying capacity needs and programing for planning.

The Carbon county area will serve as our pilot community for our most comprehensive community assessment to date, thus leading to the community lead selection of prioritized risk factors and protective factors. The selection of these factors will be guided by CTC training and FCCBH staff as to ensure there is a clear identification of need as well as capacity to address the selected concern.

In addition to our Carbon pilot there has been an identified loss in the Castle Dale Community of Emery county. This was the loss of the Governors Youth Council. After discussions with school leadership we have identified an opportunity to form a Youth Coalition that will follow a SPF model to address concerns within their local school community.

The most recent formal community readiness assessment was done by the Moab Community Action Coalition in FY 2013. Since that time there has been no further readiness assessment.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

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

**Coalition Identified Factors:**

**Carbon:**

**HOPE Coalition**

- **RISK FACTORS**
  1. Lack of Awareness
  
- **PROTECTIVE FACTORS**
  2. Pro-Social Involvement

(Because the HOPE coalition has a suicide prevention focus, they have chosen to place an emphasis on increasing awareness of resources (ie: QPR, hotlines, & local providers) as well as sponsoring local community events aimed to engage citizens in pro-social behavior.)

**Emery:**

Castle Dale: N/A

**CHEER Coalition Green River:**

- **RISK FACTORS**
  1. Low neighborhood Attachment and community disorganization
  2. Extreme Economic Deprivation

**Family**

1. Family history of the problem behavior
2. Favorable parental attitudes to ASB

**School**

1. Lack of commitment to school

**Individual/Peer**

1. Friends who engage in problem behavior
2. Favorable attitudes toward the problem behavior

- **PROTECTION FACTORS**
  1. Opportunities for pro-social involvement

**Grand:**

- **RISK FACTORS**
  1. N/A
- **PROTECTIVE FACTORS**
  1. Opportunities for Prosocial Involvement
  2. Rewards for Prosocial Involvement

(The MCAC has become disengaged from the CTC prevention processes due to reported lack of human capacity to fallow models with fidelity. Due to this they have decided to heavily consolidate their efforts toward one protective area. FCCBH will focus on encouraging and helping build capacity to follow a SPF model.)

## FCCBH Identified Factors

### Carbon:

#### Risk Factor-

1. Low Neighborhood Attachment
2. Low Commitment to School

#### Protective Factor-

1. Belief in a Moral Order
2. Rewards for Pro-Social Involvement

### Emery:

#### Risk Factor-

1. Perceived Availability of Drugs
2. Laws and Norms favorable to Drug Use

#### Protective Factor-

1. Opportunities for Pro-Social Involvement
2. Belief in a Moral Order

### Grand:

#### Risk Factor-

1. Low Neighborhood Attachment
2. Low Commitment to School

#### Protective Factor-

1. Belief in a Moral Order
2. Rewards for Pro-Social Involvement

It is of great concern to the FCCBH prevention team that the areas of coalition focus; and our areas of focus, significantly deviate. This fundamentally conflicts with the concept of a coalition. To address this discrepancy, efforts will be concentrated on creating and sustaining a dialog with community partners and leaders to ensure prioritization of needs is done in a more collaborative way following an evidenced based process.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

A focus on capacity to identify and build infrastructure to address prevention concerns will be the top priority of FY16. This capacity will be provided through thoughtful use of Partnership for Success funding as well as leveraging local human, financial, and technical resources.

To accomplish this FCCBH will coordinate training opportunities to build a CTC in Carbon county and to train a youth coalition in Castle Dale. We will also provide technical support to our entire region through surveying tools that can provide heightened assessment measures. This support will be further amplified in our Moab area through the recruitment of an AmeriCorps volunteer that will focus their energy on increasing data capacity and usage by the MCAC.

It is the intent of this focus on providing the infrastructure necessary to preform optimal community prevention; that planning for future capacity needs will become efficient and effective.

In addition to this focus on community based prevention programming we will continue to utilize and build on our partnerships with:

Local School Districts to provide EBP

&

Local Law Enforcement to ensure: EASY compliance Checks are increased to be performed 4 times per year, and documented in the GEARS system.

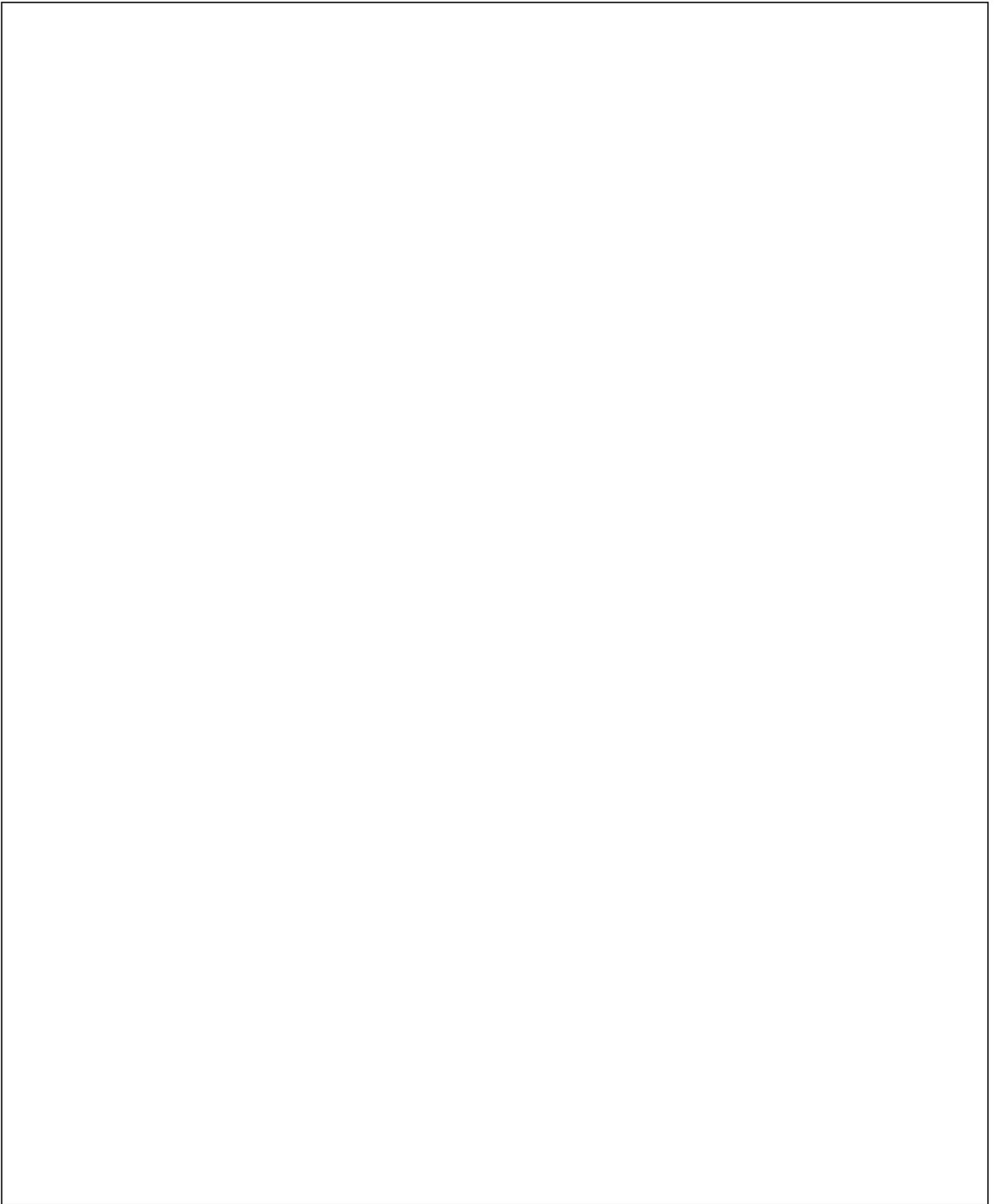
(Previous years compliance checks:

Carbon:

- Buys were done on April 26, 2014 in Carbon County.
- 6 stores were checked and 0 buys were completed.

Emery:

- Buys were done December 17th & 20<sup>th</sup>, 2014
- 18 Stores Were Checked with 0 Buys ) Buys Completed



**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

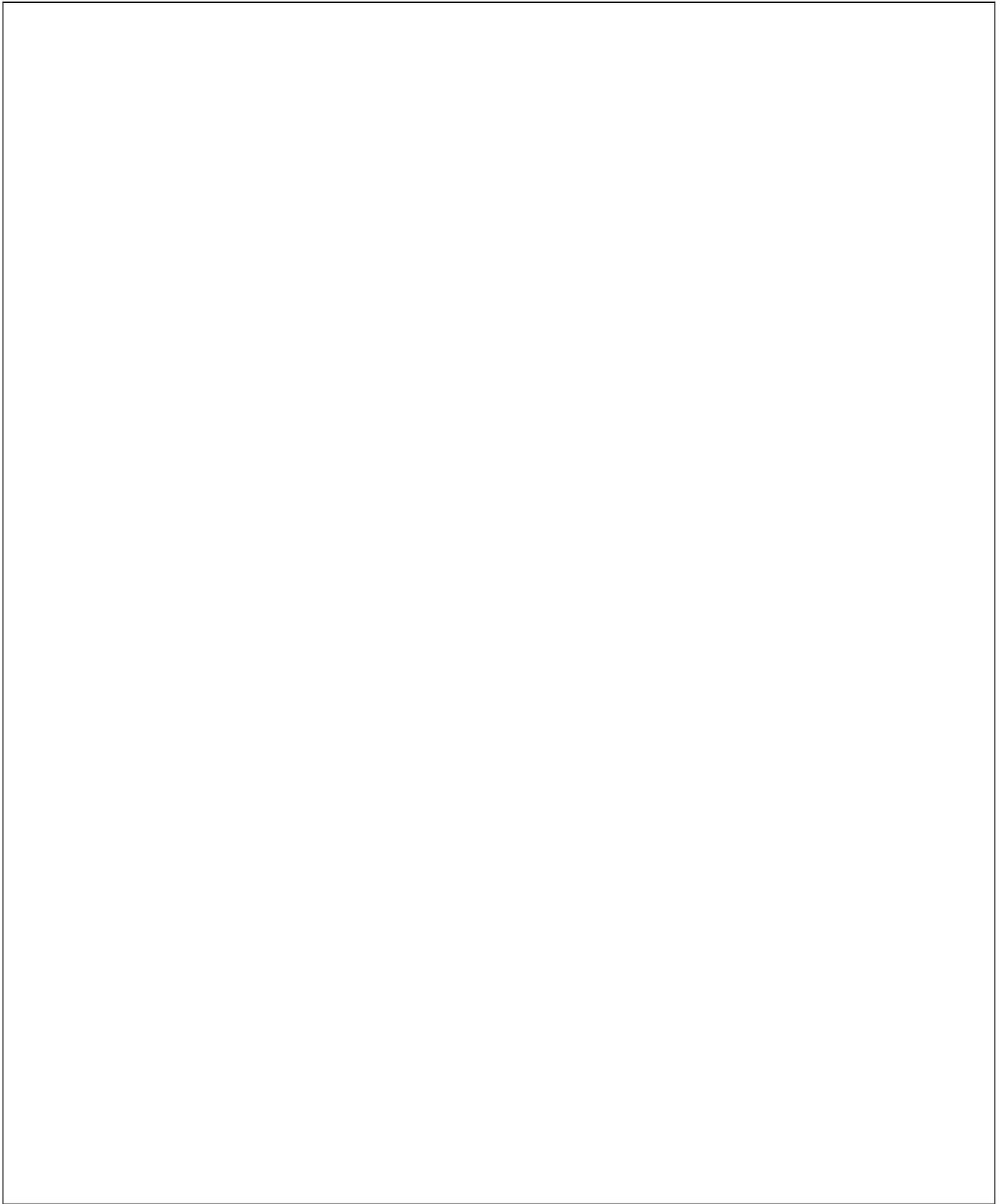
As an agency we have followed the planning process outlined in the strategic planning framework. This process has led to an identified need to address our community coalition's current and future structure. It is vital that we focus on creating the appropriate vehicle for all future planning to occur with fidelity.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

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 (ie: SHARP, Community Readiness Survey, LST pre-test, etc) will be reassessed to determine what changes occurred as a result of our evidence-based programming. This will have an emphasis on tracking short term outcomes of establishing community readiness and adherence to fidelity for community based prevention programming.



**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.**

SYNAR compliance checks:

This program has been discontinued due the health department oversight for this program. It has been identified that the greatest need of focus for our agency will be on coalition development and community engagement. It is our hope that through this process we will build the capacity to have the human and political capital to have a greater influence in this area at some point in the future.

Governing Youth Council/Emery:

This program is being replaced with a youth coalition that will be structured following a SPF process.

Girls in real life:

This program is discontinued in an effort to move toward identifying EBP that will more effectively address our target risk factors and protective factors.

Comm Planning & Prev Advisory:

This has not been discontinued per se. The area of community planning and advisory has been broken into the various coalitions in our region in an effort to more clearly identify the programming models being used.

Iowa Strengthening Families:

This program has been discontinued due to lack of capacity to implement in Grand County, and the JJS that serves Carbon and Emery have received funding to implement this program.

Emery Smoking Cessation:

This program was discontinued due to lack of referral, as well as a poor connection to preventative efforts.

**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.**

Community engagement has been the area in which the most efforts and response has occurred. The best support we have for this impact is the requests for involvement being directed toward our prevention programming. These requests have led to the early stages of development for a CTC coalition in Carbon County and a request for Moab Charter School to build a comprehensive implementation of Prevention Dimensions programming. This community engagement is a foundational element for future successful program implementation.

In terms of a more immediate impact we have been pleased to build the capacity to implement the Botvin Life Skills program in all three of our school districts. Through this we have been able to reach approx. 450 kids with some element of the curriculum. It is our hope to continue forward toward full fidelity implementation, which will yield identifiable results through our pre/posttest evaluation as well as through SHARPS data collection.

**Four Corners Community Behavioral Health  
Administrative Procedure**

**OPERATIONS PROCEDURE – OP09 – ADOPTED 10/22/2003; Revised 9/21/05**

**CLIENT FEES, PAYMENTS AND COLLECTIONS**

**I. At the Time Services are Requested:**

- A. A non-Medicaid request for service that is not an emergency requires payment information before scheduling an intake appointment. Individuals with a third party payer shall be advised of the insurance fee policy.
- B. If an individual states they have Medicaid or Medicare make a copy of the current card. Verify Medicaid eligibility on the Medicaid Eligibles Report in the management information system / electronic records (MIS/EMR).
- C. All non-Medicaid clients shall complete a *Payment Information* form.
- D. FCCBH, Inc. accepts PEHP, CHIP or other insurances approved by the Executive Director. Record insurance information on the *Insurance Information Verification Form*.
  1. If the insurance will only verify that the individual is covered until a diagnosis is provided, schedule an assessment / evaluation and call the insurance after a diagnosis is available.
  2. Provide the client with estimated co-pay. Enter insurance information on AFS and verify insurance every six months.
- E. If a discount fee is requested verify income and retain documentation in file. Discount fees must be approved by the clinic supervisor.
  1. Enter “no insurance coverage” on AFS and the per session or per month fee amount and verify income every six months.
  2. The clinical supervisor is the only person who can authorize client assistance. (Refer to procedure OP 15 Client Request for Fee Waiver or Reduction)

**II. Payment Expectations**

- A. Clients shall be required to pay fees at the time service is received including: (1) discount fees, (2) full cost of services if the individual has insurance not accepted by FCCBH, Inc., (3) full cost of service if the client is not eligible for discount fee or has no insurance (4) full cost of service if no income is declared or documentation is not provided (5) the insurance co-payment for individuals with insurance accepted by FCCBH, Inc.
- B. Clients shall be required to pay the following monthly fees no later than the first visit of the month or the 5<sup>th</sup> day of each month: clubhouse plus outpatient monthly fee, IOP fee, indigent medications monthly fee, other fees as applicable.
- C. The electronic record shall be checked to verify client fee, co-pay or balance due at the time service is provided.
- D. Drug court fees shall be collected according to established protocols.

**III. Insurance**

- A. When a client has insurance not accepted by FCCBH, Inc. he/she shall be required to pay the full cost of services at the time services are received. FCCBH, Inc. shall provide a HCFA 1500 so the client can bill the insurance for reimbursement.

1. When a client has a primary insurance and a secondary insurance accepted by FCCBH, Inc. the client shall pay the primary insurance co-pay and the insurance specialist shall bill both insurances.
  2. When a client has a primary insurance accepted by FCCBH, Inc. and a secondary insurance not accepted by FCCBH, Inc. the client shall pay the primary insurance co-pay. FCCBH, Inc. shall provide a HCFA 1500 so the client can bill the secondary insurance for reimbursement. The insurance specialist shall bill the primary insurance. (See C below)
  3. When a client has a primary insurance not accepted by FCCBH, Inc. and a secondary insurance accepted by FCCBH, Inc. The client shall pay the secondary insurance co-pay. FCCBH, Inc. shall provide a HCFA 1500 for reimbursement from the primary insurance. The client needs to provide FCCBH, Inc. with an EOB so the secondary insurance can be billed. If the client fails to provide the EOB within 60 days he/she shall pay the difference between the secondary insurance co-pay and the full cost of services.
- B. FCCBH, Inc. shall accept Medicare as an insurance payer. A therapist providing Medicare services must have a Medicare PIN number. Medicare will reimburse for clinical services provided by physicians, psychologists and LCSWs with PINs. The client is required to pay the Medicare co-pay at the time of services.
1. An Advance Beneficiary Notice (ABN) shall be provided for any services received and not covered by Medicare.
  2. Individuals with Medicare insurance have an annual deductible. The deductible start date and amount shall be confirmed with the client and noted on the AFS in the comments box.
- C. When a client has Medicare and another insurance the insurance specialist shall bill both insurances. Collect the Medicare co-payment at the time services are received.
- D. If an individual has insurance not accepted by FCCBH, Inc. and he/she requests a single case agreement refer to procedure OP16 Single Case Agreements.
- E. If a drug-court client has insurance that covers substance abuse treatment and pre-approval has been received the insurance shall be billed the full cost of service. The drug-court client shall pay the required insurance co-pay not to exceed the discount fee schedule. A list of drug court clients and all insurance information shall be sent to the insurance specialist and updated as new clients enter the system.
- F. The full cost of services shall be billed for an IOP participant with insurance not accepted by FCCBH, Inc. if pre-approved by insurance. The full cost of services shall be billed for all IOP participants with insurance accepted by FCCBH, Inc. The client co-pay shall not exceed the discount fee schedule. Adolescent clients shall not be charged out of pocket for substance abuse services.
1. Clients enrolled in IOP will be charged the monthly discount fee on a calendar month basis. The billing system does not pro-rate IOP fees.
- G. Clients with insurance coverage shall not be eligible for a discounted fee unless the client meets the FCCBH, Inc. acuity criteria and one or more of the following apply: (1) insurance benefits are exhausted, (2) client has Medicare and the recommended treatment is not a covered Medicare benefit and the client chooses to receive the service and receives an *Advance Beneficiary Notice*.
- H. Clients with insurance shall be provided with information to assist them in billing their insurance company. This shall include but not be limited to a verbal explanation of how to inquire about submitting a bill / invoice, giving contact numbers for their insurance and offering the handout *Billing Your Own Insurance*.
- I. Insurance Panels  
Employees shall not apply to serve on an insurance panel on behalf of FCCBH, Inc. without approval from the Clinical Director or Executive Director.

#### IV. Credit and Non Payment

- A. Clients who request payment arrangements for balances owed shall complete the *Credit Application and Agreement for Payment* for review which shall be approved by the clinic supervisor. The monthly fee due shall be entered in the electronic record.
- B. Non-payment of fees or failure to comply with an agreement for payment shall be reported to the client's therapist or physician and supervisor for resolution. If a fee has not been paid for three consecutive visits continuation of services shall be suspended. A *Credit Application and Agreement for Payment* or *Client Assistance Form* and approval by the clinic supervisor may restore services.
- C. The business manager shall review client account credit balances twice yearly and make recommendations to the Executive Director for refunds if appropriate.
- D. The business manager shall review client account indebtedness and unpaid insurance balances twice yearly and make recommendations for adjustments or write-offs. (Refer to Policy 3.62 Client Fee Write-offs)
- E. A list of outstanding client indebtedness shall be submitted to the Associate Director for Operations on December 15<sup>th</sup> and June 15<sup>th</sup> each year.

This procedure is being revised and will be approved by the FCCBH Exec team on 6-16-15 We will send an updated version.

**Four Corners Community Behavioral Health  
Administrative Procedure**

**OPERATIONS PROCEDURE – OP09 – ADOPTED 10/22/2003; Revised 6/16/15**

**CLIENT FEES, PAYMENTS AND COLLECTIONS**

**I. At the Time Services are Requested:**

- A. A non-Medicaid request for service that is not an emergency requires payment information before scheduling an intake appointment. Individuals with a third party payer shall be advised of the insurance fee policy.
- B. If an individual states they have Medicaid or Medicare, make a copy of the card and/or verify in MMCS. Enter insurance information in the EHR. Verify insurance information is correct at every visit.
- C. All non-Medicaid clients shall complete a *Payment Information* form.
- D. FCCBH is a preferred provider with PEHP, CHIP and other insurances approved by the Financial Director. If the client has insurance with a contracted insurance, enter the insurance information and the estimated co-pay in the EHR. Verify insurance information is correct at every visit.
- E. Clients may qualify for a mental health discount fee when he/she has an inability to pay for services.
  - 1. If a mental health discount fee is requested due to inability to pay, verify income and fill out the “mental health” discount fee request form. Discount fees must be requested by the Program Director and approved by the Executive Committee.
  - 2. Enter “Self Pay” in the insurance section of the EHR and the “per service” and “monthly maximum” fee in the liability section of the EHR. Verify income every 60 days.
- F. Adult clients receiving SUD services will be charged per service on an income based sliding scale fee with a monthly maximum.
- G. Youth clients receiving SUD services will not be charged for services.

**II. Payment Expectations**

- A. Clients shall be required to pay fees at the time service is received including: (1) discount fees (2) full cost of services if the individual has insurance not contracted with FCCBH (3) full cost of service if the client is not eligible for discount fee or has no insurance (4) full cost of service if no income is declared or documentation is not provided (5) the insurance co-payment for individuals with insurance contracted with FCCBH.
- B. The electronic record shall be checked to verify client fee, co-pay or balance due at the time service is provided.
- C. Drug court fees shall be collected according to established protocols.

**III. Insurance (Mental Health Services)**

- A. When a client has insurance not billed by FCCBH, Inc. he/she shall be required to pay the full cost of services at the time services are received. The client shall be responsible to seek reimbursement from his/her insurance.
- B. When a client has a primary insurance and a secondary insurance contracted with FCCBH the client shall pay the primary insurance co-pay and the Insurance Specialist shall bill both insurances.
- C. When a client has a primary insurance contracted with FCCBH and a non-contracted secondary insurance, the client shall pay the primary insurance co-pay. The Insurance Specialist shall bill the primary insurance and the client will be responsible to seek reimbursement from his/her secondary insurance.

- D. When a client has primary insurance that is not contracted with FCCBH and a secondary contracted insurance, the client shall pay the secondary insurance co-pay. The client shall be responsible for seeking reimbursement from both of his/her insurance companies.
- E. FCCBH, Inc. shall accept Medicare as an insurance payer. A therapist providing Medicare services must have a Medicare PIN number. Medicare will reimburse for clinical services provided by physicians, psychologists and LCSWs with PINs. The client is required to pay the Medicare co-pay at the time of services.
  - 1. An Advance Beneficiary Notice (ABN) shall be provided for any services received and not covered by Medicare.
  - 2. Individuals with Medicare insurance have an annual deductible. The deductible start date and amount shall be confirmed with the client and noted on the AFS in the comments box.
  - 3. When a client has Medicare and an additional insurance the Insurance Specialist shall bill both insurances. Collect the Medicare co-payment at the time services are received.
- D. If an individual has insurance not contracted with FCCBH and he/she requests a single case agreement refer to procedure OP16 Single Case Agreements.
- E. Clients with insurance coverage shall not be eligible for a discounted fee unless the client meets the FCCBH, Inc. acuity criteria and one or more of the following apply: (1) insurance benefits are exhausted, (2) client has Medicare and the recommended treatment is not a covered Medicare benefit and the client chooses to receive the service and receives an *Advance Beneficiary Notice*.
- F. Insurance Panels  
Employees shall not apply to serve on an insurance panel on behalf of FCCBH, Inc. without approval from the Clinical Director or Executive Director.

#### **IV. Insurance (Substance Use Disorder Services)**

- A. If a substance use disorder client has insurance that covers substance abuse treatment and pre-approval has been received the insurance shall be billed the full cost of service. The client shall be billed for services based on the income based sliding scale fee. Any payments made by insurance will be applied to the clients balance.

#### **V. Forgiveness of Debt/Write off**

- A. The Program Director is the only person who request client assistance, which must be approved by the Executive Committee. (Refer to procedure OP 15 Client Request for Fee Waiver or Reduction)

#### **VI. Credit and Non Payment**

- A. Clients who request payment arrangements for balances owed shall complete the *Credit Application and Agreement for Payment*, which shall be approved by the Program Director. The monthly fee due shall be entered in the EHR.
- B. Non-payment of fees or failure to comply with an agreement for payment shall be reported to the Program Director. Services may be suspended if non-payment is not due to inability to pay. A *Credit Application and Agreement for Payment* or *Client Assistance Form* and approval by the Program Director may restore services.
- C. The Financial Director shall review client account indebtedness and unpaid insurance balances yearly and make recommendations for adjustments or write-offs. (Refer to Policy 3.62 Client Fee Write-offs)

Adopted by Executive Committee 10/22/03; Revised 6/16/15

Signature: \_\_\_\_\_  
Executive Director

Signature: \_\_\_\_\_  
Clinical Director

Signature: \_\_\_\_\_  
Financial Director

Signature: \_\_\_\_\_  
Systems Administrator

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

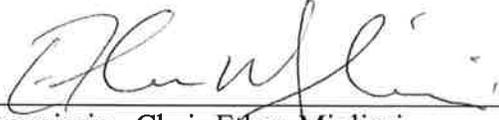
The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

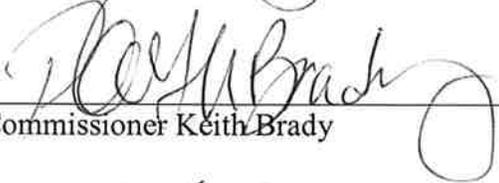
The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # LMHA #130075 and LSAA #130074, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

The Four Corners Community Behavioral Health, Inc. FY2016 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Emery County Commissioners at a regular meeting of the Commission on June 16, 2015.

**LOCAL AUTHORITY OFFICIAL SIGNATURES:**

  
\_\_\_\_\_  
Commission Chair Ethan Migliori

6/16/15  
Date

  
\_\_\_\_\_  
Commissioner Keith Brady

6/16/15  
Date

  
\_\_\_\_\_  
Commissioner Paul Cowley

6-16-15  
Date

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

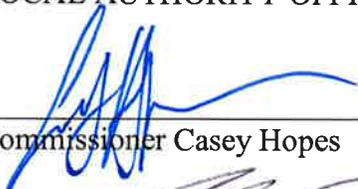
The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # LMHA #130075 and LSAA #130074, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

The Four Corners Community Behavioral Health, Inc. FY2016 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Carbon County Commissioners at a regular meeting of the Commission on June 17, 2015.

**LOCAL AUTHORITY OFFICIAL SIGNATURES:**

 _____ Commissioner Casey Hopes	<u>6-17-15</u> _____ Date
 _____ Commissioner Jake Mellor	<u>6-17-15</u> _____ Date
 _____ Commissioner Jae Potter	<u>6-17-15</u> _____ Date

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

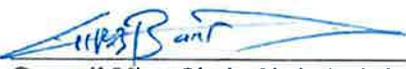
The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # LMHA #130075 and LSAA #130074, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

The Four Corners Community Behavioral Health, Inc. FY2016 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Grand County Council at a regular meeting of the Council on July 21, 2015.

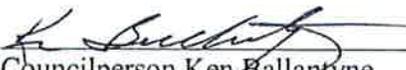
**LOCAL AUTHORITY OFFICIAL SIGNATURES:**

  
\_\_\_\_\_  
Council Chair Elizabeth Tubbs

7-21-15  
Date

  
\_\_\_\_\_  
Council Vice Chair Chris Baird

7-21-15  
Date

  
\_\_\_\_\_  
Councilperson Ken Ballantyne

7-21-15  
Date

  
\_\_\_\_\_  
Councilperson Jaylyn Hawks

7-21-2015  
Date

  
\_\_\_\_\_  
Councilperson Lynn Jackson

7-21-2015  
Date

  
\_\_\_\_\_  
Councilperson Mary McGann

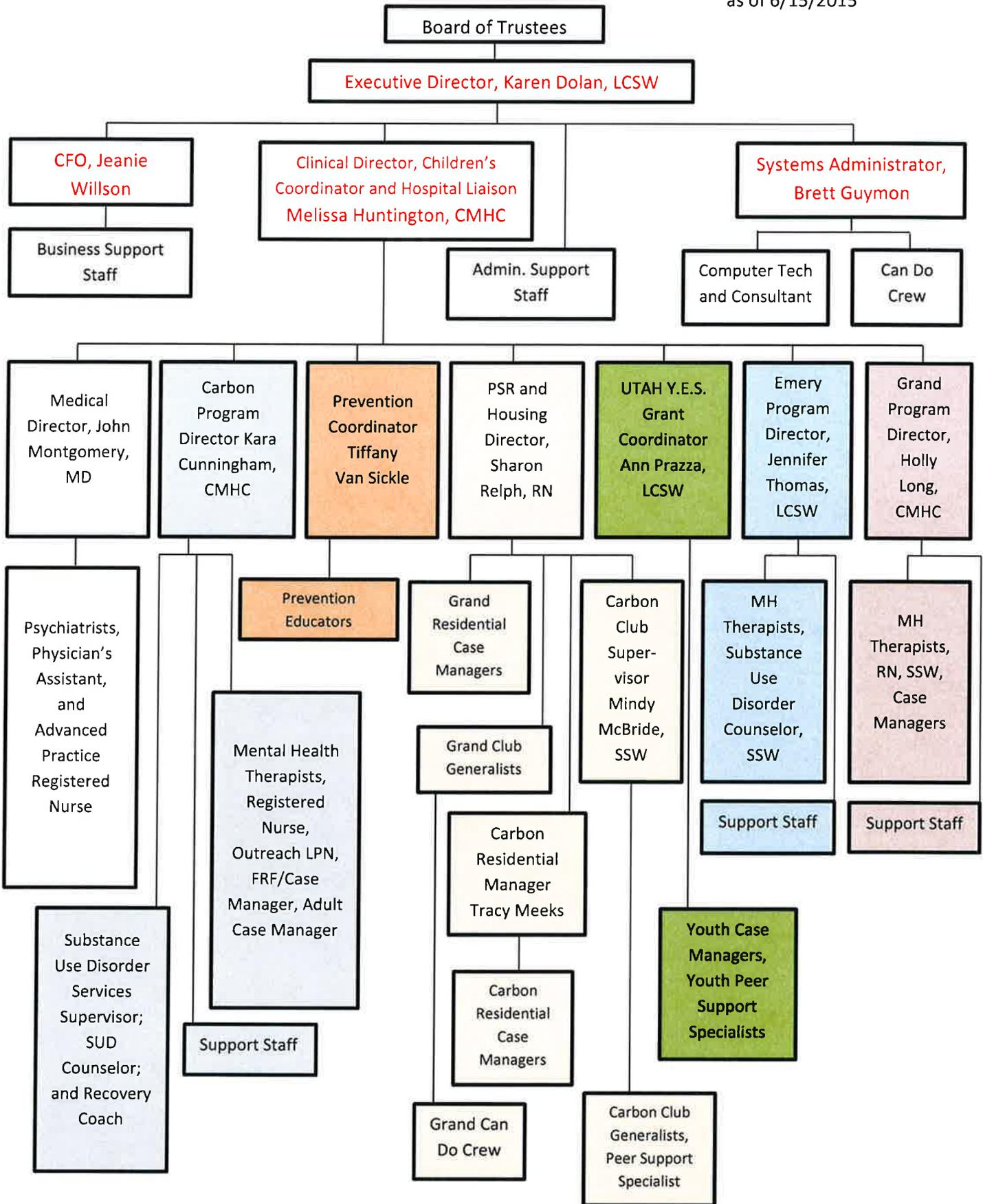
7-21-15  
Date

  
\_\_\_\_\_  
Councilperson Rory Paxman

7-21-2015  
Date

# Four Corners Community Behavioral Health, Inc. Organizational Structure

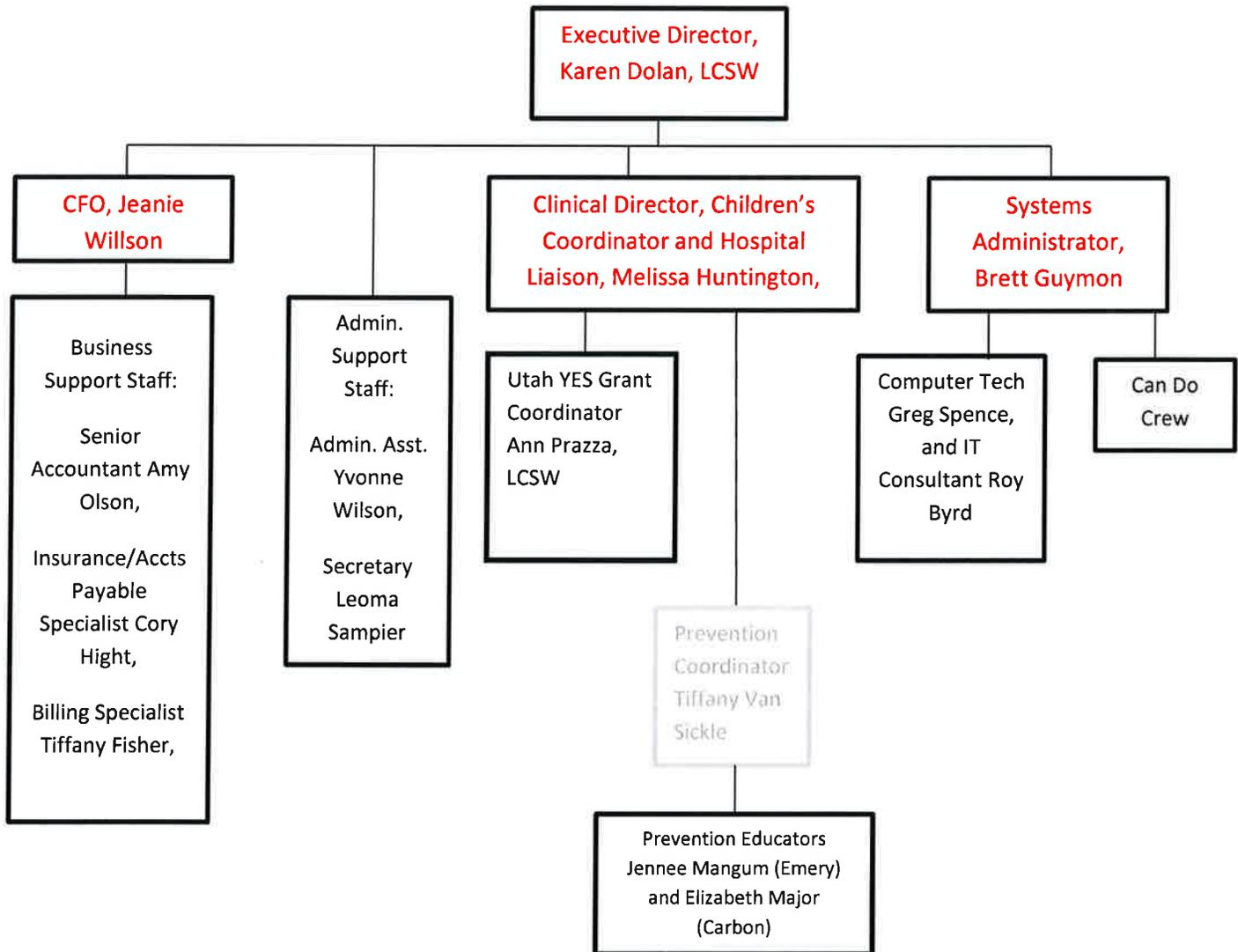
as of 6/15/2015



# Four Corners Community Behavioral Health, Inc. Organizational Structure

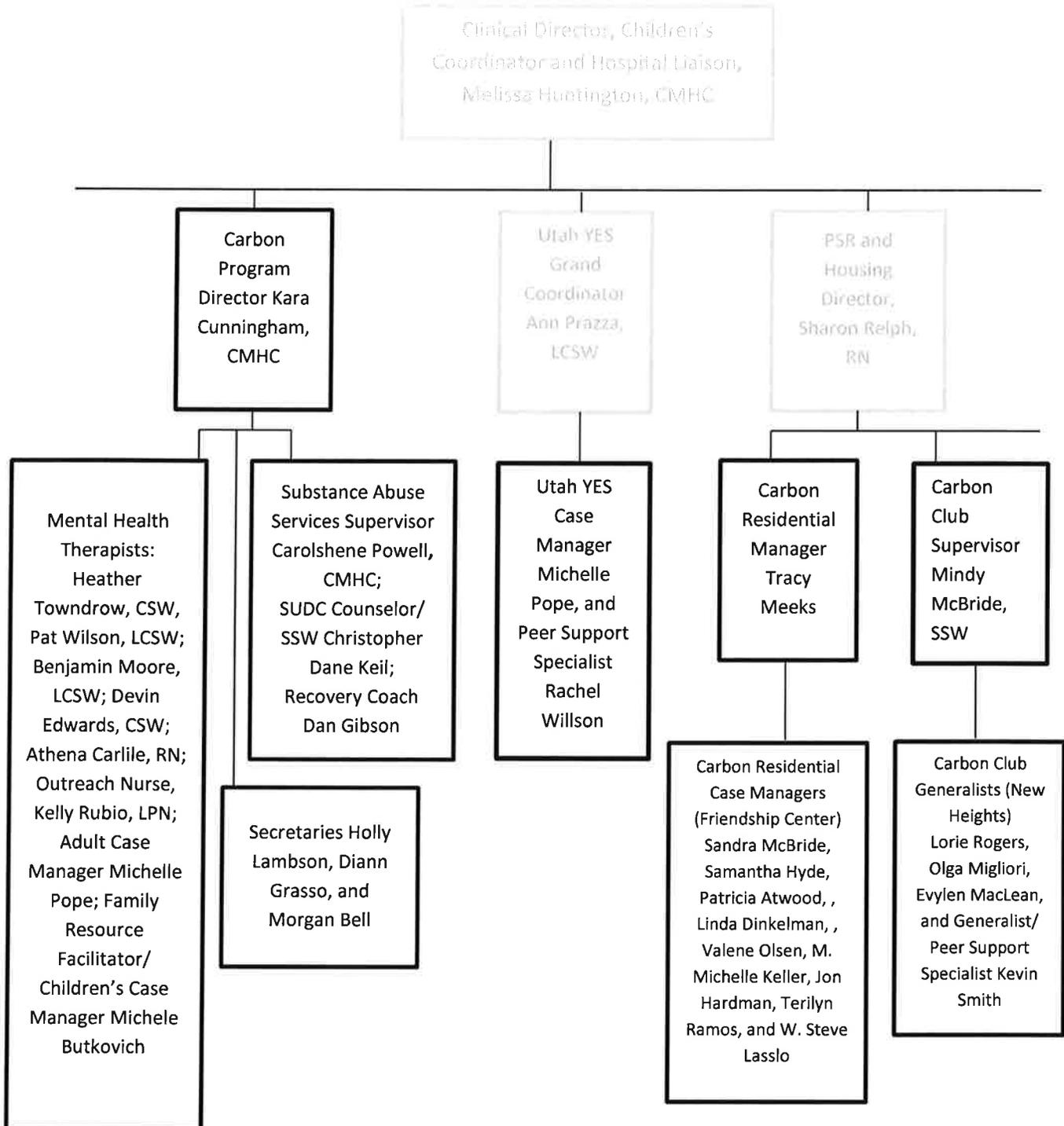
## ADMINISTRATIVE OFFICE

as of 6/15/2015



# Four Corners Community Behavioral Health, Inc. Organizational Structure

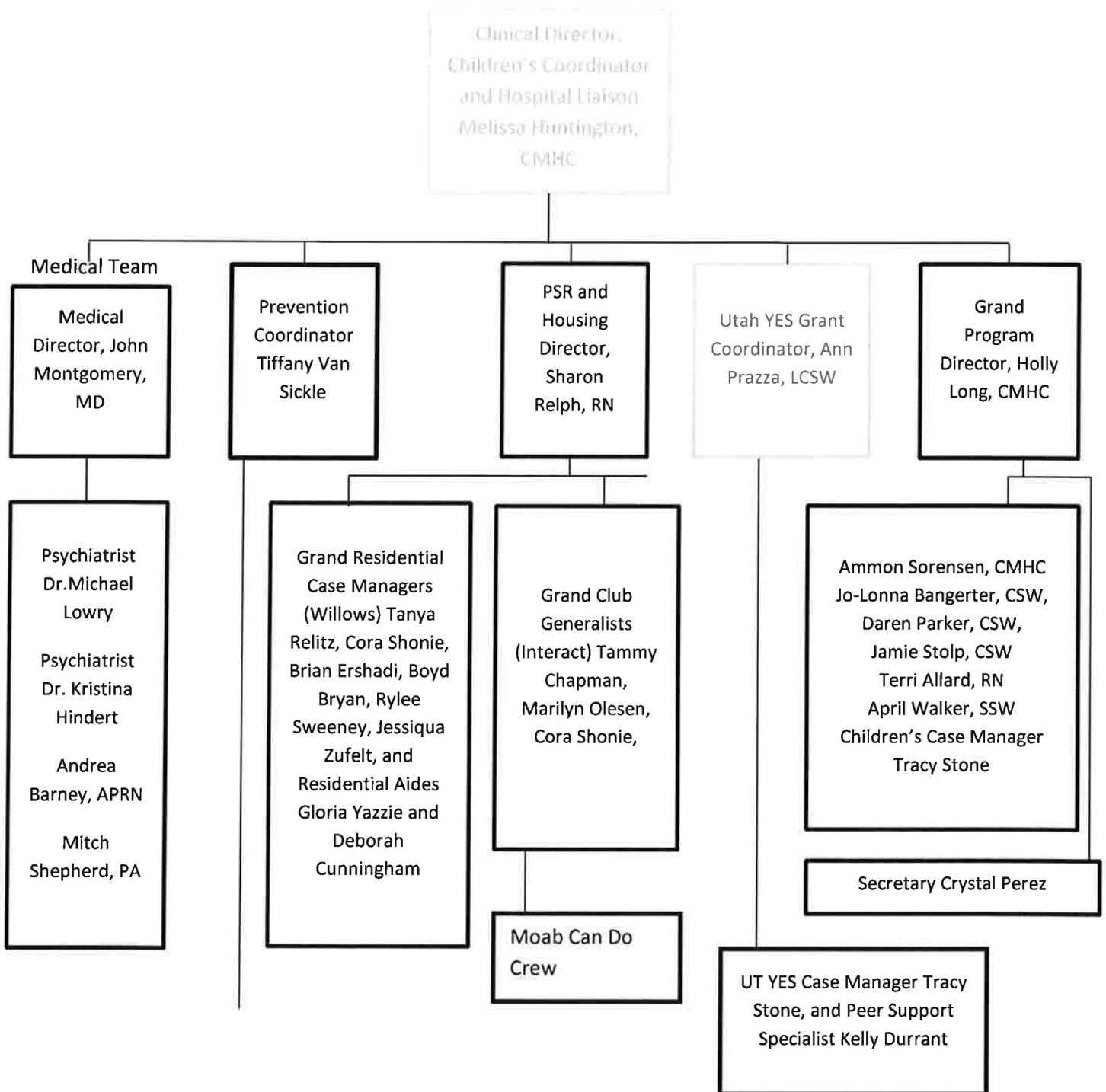
CARBON COUNTY OFFICES (NON-ADMINISTRATIVE) as of 6/15/2015



# Four Corners Community Behavioral Health, Inc. Organizational Structure

## GRAND COUNTY OFFICES

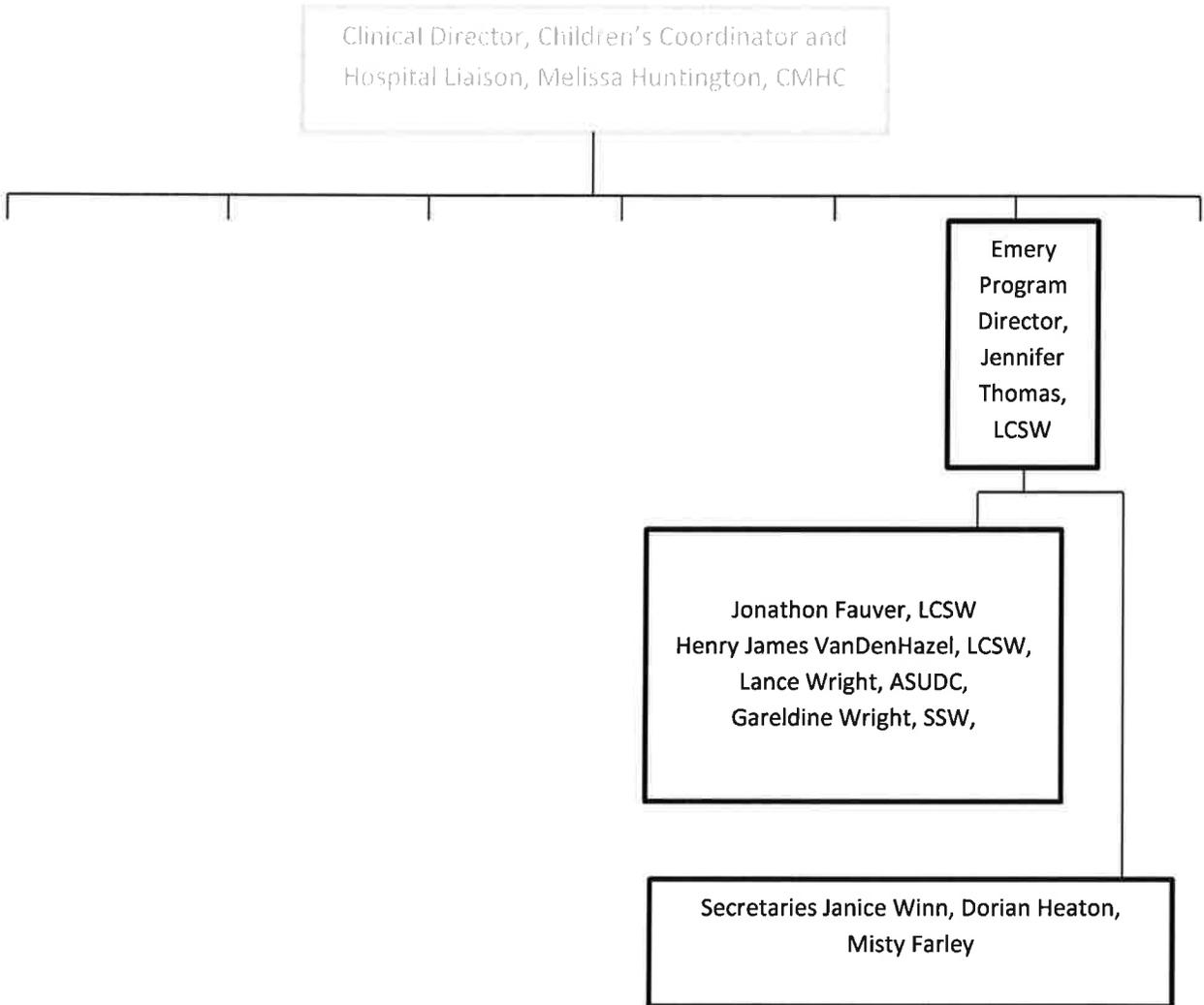
as of 6/15/2015



# Four Corners Community Behavioral Health, Inc. Organizational Structure

As of 6/15/2015

## EMERY COUNTY OFFICE



FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 71,470	\$ 608,504		\$ 80,829		\$ 355,734	\$ 2,633,610	\$ 25,217	\$ 6,568	\$ 402,950	\$ 218,975	\$ 16,000	\$ 266,190	\$ 4,686,047

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		49,481				28,939	214,193							\$ 292,613	67
Residential Care (171 & 173)		74,532				43,591	322,633						20,249	\$ 461,004	28
Outpatient Care (22-24 and 30-50)	40,097	187,436		80,829		103,241	764,126	3,784	6,568	276,029	130,432	12,000	5,796	\$ 1,610,338	1,109
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		7,150				4,181	39,773						111,646	\$ 162,750	491
Psychotropic Medication Management (61 & 62)		30,711				17,962	132,942			33,870	55,693	4,000		\$ 275,178	414
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		152,534				89,211	660,289			d	32,850			\$ 934,884	157
Case Management (120 & 130)		89,979				52,625	389,499			84,207				\$ 616,310	450
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		6,901				4,036	29,873	7,892					109,297	\$ 157,999	51
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	10,915	9,781				11,948	80,282	13,541		8,844			8,824	\$ 144,135	133
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		-				-	-						8,500	\$ 8,500	
Services to persons incarcerated in a county jail or other county correctional facility		-				-	-						21,580	\$ 21,580	101
Adult Outplacement (USH Liaison)	20,458	-				-	-							\$ 20,458	60
Other Non-mandated MH Services		-				-	-						16,536	\$ 16,536	-
FY2016 Mental Health Expenditures Budget	\$ 71,470	\$ 608,504	\$ -	\$ 80,829	\$ -	\$ 355,734	\$ 2,633,610	\$ 25,217	\$ 6,568	\$ 402,950	\$ 218,975	\$ 16,000	\$ 302,428	\$ 4,722,285	

MH Revenue Budget does not equal MH Expenditures Budget

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	20,458	499,069		57,954		63,975	2,387,761	25,217		333,275	203,339	16,000	205,957	\$ 3,813,005	1,012
YOUTH/CHILDREN	51,012	109,435		22,875		291,759	245,849	6,568		69,675	15,636		96,471	\$ 909,280	502
Total FY2016 Mental Health Expenditures	\$ 71,470	\$ 608,504	\$ -	\$ 80,829	\$ -	\$ 355,734	\$ 2,633,610	\$ 25,217	\$ 6,568	\$ 402,950	\$ 218,975	\$ 16,000	\$ 302,428	\$ 4,722,285	1,514

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 46,539	\$ 21,451			\$ 23,001	\$ 420		\$ 8,824	\$ 100,235

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 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	8,732	1,123			2,386			7,059	\$ 19,300	20	\$ 965
FRF-ADMIN	2,183	280			597			1,765	\$ 4,825		
School Based Behavioral Health-CLINICAL	28,499	16,038			16,014	336			\$ 60,888	105	\$ 580
School Based Behavioral Health-ADMIN	7,125	4,010			4,004	84			\$ 15,222		
FY2016 Mental Health Expenditures Budget	\$ 46,539	\$ 21,451	\$ -	\$ -	\$ 23,001	\$ 420	\$ -	\$ 8,824	\$ 100,235	125	\$ 802

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

**FY2016 Form A (1) - Proposed Cost and Clients Served by Population**

Carbon County (Four Corners Community Beh Health)  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$ 234,620	ADULT	59	\$ 3,977
\$ 57,993	CHILD/YOUTH	8	\$ 7,249
<b>Residential Care Budget</b>			
\$ 461,004	ADULT	28	\$ 16,464
	CHILD/YOUTH		#DIV/0!
<b>Outpatient Care Budget</b>			
\$ 1,008,848	ADULT	641	\$ 1,574
\$ 601,489	CHILD/YOUTH	468	\$ 1,285
<b>24-Hour Crisis Care Budget</b>			
\$ 141,540	ADULT	428	\$ 331
\$ 21,210	CHILD/YOUTH	63	\$ 337
<b>Psychotropic Medication Management Budget</b>			
\$ 240,111	ADULT	336	\$ 715
\$ 35,067	CHILD/YOUTH	78	\$ 450
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 926,872	ADULT	114	\$ 8,130
\$ 8,011	CHILD/YOUTH	43	\$ 186
<b>Case Management Budget</b>			
\$ 525,743	ADULT	336	\$ 1,565
\$ 90,567	CHILD/YOUTH	114	\$ 794
<b>Community Supports Budget (including Respite)</b>			
\$ 109,297	ADULT (Housing)	26	\$ 4,204
\$ 48,703	CHILD/YOUTH (Respite)	25	\$ 1,948
<b>Peer Support Services Budget</b>			
\$ 102,146	ADULT	82	\$ 1,246
\$ 41,990	CHILD/YOUTH (includes FRF)	51	\$ 823
<b>Consultation &amp; Education Services Budget</b>			
\$ 4,250	ADULT		
\$ 4,250	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 21,580	ADULT Jail Services	101	\$ 214
<b>Outplacement Budget</b>			
\$ 20,458	ADULT	60	\$ 341
<b>Other Non-mandated Services Budget</b>			
\$ 16,536	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

<b>Totals</b>			
\$ 3,813,005	Total Adult		
\$ 909,280	Total Children/Youth		

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

<b>Unfunded (\$2.7 million)</b>			
\$ 57,954	ADULT	81	\$ 715
\$ 22,875	CHILD/YOUTH	33	\$ 693
<b>Unfunded (all other)</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Carbon County (Four Corners Community Behavioral Health)

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court		8,825	17,023	7,006	2,206	23,443	19,730	4,039		1,397		333,673	\$417,342
Drug Offender Reform Act											11,408	62,449	\$73,857
Local Treatment Services	146,245	66,995	101,901	53,181	16,749	177,954	149,772	30,662		10,603	118,335	19,110	\$891,507
Total FY2016 Substance Use Disorder Treatment Revenue	\$146,245	\$75,820	\$118,924	\$60,187	\$18,955	\$201,397	\$169,502	\$34,701	\$0	\$12,000	\$129,743	\$415,232	\$1,382,706

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority													Total FY2016 Client Served
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	
Assessment Only	1,029	1,052	1,000	835	263	2,794	2,352	481	0	166	1,800	9,390	\$21,163	134
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	0		0	0	0	0	0	0	0	0	0	\$0	0
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	22,122	2,846	20,000	2,259	711	7,558	6,361	1,302	0	450	4,869		\$68,479	19
Outpatient (Methadone: ASAM I)	0	0		0	0	0	0	0	0	0	0	0	\$0	0
Outpatient (Non-Methadone: ASAM I)	59,164	34,718	47,055	27,560	8,680	92,220	77,615	15,890	0	5,495	59,410	256,880	\$684,686	420
Intensive Outpatient (ASAM II.5 or II.1)	59,981	29,070	39,129	23,076	7,268	77,218	64,989	13,305	0	4,601	49,745	206,464	\$574,847	225
Recovery Support (includes housing, peer support, case management and other non-clinical)	0	2,189	4,222	1,738	547	5,814	4,894	1,002	0	346	3,746	19,540	\$44,038	149
Drug testing	3,949	5,945	7,518	4,719	1,486	15,792	13,291	2,721	0	941	10,173	53,069	\$119,604	200
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$146,245	\$75,820	\$118,924	\$60,187	\$18,955	\$201,397	\$169,502	\$34,701	\$0	\$12,000	\$129,743	\$545,343	\$1,512,817	

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	54,774	41,736	24,190	19,594	10,436	110,865	59,914	24,618	0	3,870	18,189	139,774	\$507,960
All Other Women (18+)	6,043	8,865	38,787	8,946	2,216	23,547	27,357	10,083	0	391	25,986	62,630	\$214,851
Men (18+)	59,575	16,881	55,947	26,894	4,219	50,103	82,231		0	7,385	85,568	336,439	\$725,242
Youth (12- 17) (Not Including pregnant women or women with dependent children)	25,853	8,338		4,753	2,084	16,882			0	354	0	6,500	\$64,764
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$146,245	\$75,820	\$118,924	\$60,187	\$18,955	\$201,397	\$169,502	\$34,701	\$0	\$12,000	\$129,743	\$545,343	\$1,512,817

Total FY2016 Cost/ Client Served
\$158
#DIV/0!
\$3,604
#DIV/0!
\$1,630
\$2,555
\$296
\$598
#DIV/0!

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Carbon Co (FCCBH)

Form B1

Local Authority

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	1,085	6,654	2,337		10,076
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	2,171	13,308	5,106		20,585
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	32,293	148,964	54,537		235,794
Intensive Outpatient (ASAM II.5 or II.1)	29,038	143,062	54,894		226,994
Recovery Support (includes housing, peer support, case management and other non-clinical )	1,628	20,714	10,786		33,128
Drug testing	7,642	79,964	12,200		99,806
<b>FY2016 DORA and Drug Court Expenditures Budget</b>	<b>73,857</b>	<b>412,666</b>	<b>139,860</b>	<b>0</b>	<b>626,383</b>

Local Authority

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue	\$ -	\$ -		\$ 59,796	\$ -	\$ -	\$ 87,516	\$ 15,001	\$ -	\$ -	\$ -	\$ -	\$ 162,313

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct							83,850	15,001						\$ 98,851	
Universal Indirect				48,734			3,666							\$ 52,400	
Selective Services														\$ -	
Indicated Services				11,062										\$ 11,062	
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ 59,796	\$ -	\$ -	\$ 87,516	\$ 15,001	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 162,313	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ -	\$ 61,350	\$ 6,500		\$ 10,166	\$ 9,500	\$ 87,516