

## 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 which can be accessed enabling 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, lasting until June 2016. A new DOH Primary Care Grant for FY17 was recently submitted. This allows for no cost SAD and MH assessments, services and well as integrated somatic eHealth care for uninsured and underinsured individuals and families under 100% 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, acute care and after acute care support services. Each individual's 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 7 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 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.

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 A1 - FY16 Amount Budgeted:\$234,620*

*Form A1 - FY17 Amount Budgeted: \$178,250*

*Form A – FY16 Projected Clients Served: 59*

*Form A – FY17 Projected Clients Served: 86*

**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, the University Neuropsychiatric Institute, and Salt Lake Behavioral Health. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We are seeing a trend of increased adult inpatient admissions, increased admissions of indigent and non-clients and an increase in the youth inpatient population. The use of our Transitional Beds has decreased average cost per admission in this area by diverting known clients and assisting in transitioning out of inpatient sooner.

**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 - FY16 Amount Budgeted:\$57,993*

*Form A1 - FY17 Amount Budgeted:\$109,256*

*Form A – FY16 Projected Clients Served: 8*

*Form A – FY17 Projected Clients Served: 13*

**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, high fidelity wraparound, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We are seeing a trend of increased 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**

*Form A1 - FY16 Amount Budgeted: \$461,004*

*Form A1 - FY17 Amount Budgeted: \$462,000*

*Form A – FY16 Projected Clients Served: 28*

*Form A – FY17 Projected Clients Served: 31*

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

None

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

FCCBH anticipates no significant programmatic changes for FY17.

Local Authority:

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: \$0*

*Form A – FY16 Projected Clients Served: 0*

*Form A – FY17 Projected Clients Served: 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, high fidelity 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None.

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

No expected programmatic changes in children/youth residential care in FY17

Local Authority:

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

*Form A1 - FY16 Amount Budgeted: \$1,008,848*

*Form A1 - FY17 Amount Budgeted: \$991,022*

*Form A – FY16 Projected Clients Served: 641*

*Form A – FY17 Projected Clients Served: 864*

**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.

A variety of individual and group EBP interventions will be used in providing treatment for adults with depression, anxiety, a history of childhood sexual abuse, Borderline Personality Disorder, codependency issues, parenting education needs and other diagnosis benefitted from treatment.

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 both during SUD treatment groups, as well as in an independent setting. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We expect to have increases in clients served 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. We have just under 4 years left for use of this grant. 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 - FY16 Amount Budgeted:\$601,489*

*Form A1 - FY17 Amount Budgeted:\$540,373*

*Form A – FY16 Projected Clients Served: 468*

*Form A – FY17 Projected Clients Served: 468*

**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.

Children and youth with trauma concerns will be provided Trauma Focused CBT treatment from certified providers. Also, FCCBH volunteered to take part in statewide trauma training initiative through The Children’s Center to receive Attachment, Self-Regulation, Competency (ARC) training. This two year program includes training on how to develop a trauma informed system of care, how to screen, assess, and to provide evidence based trauma treatments to children and their families. Clinical supervision by the developer is provided monthly to ensure fidelity. By the end of the two year project FCCBH should have a sustainable trauma treatment program for children and families in our communities.

School based therapy will be offered in majority of the elementary, middle, and high schools in Carbon, Grand, and Emery counties. 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 children and youth with serious emotional disturbances 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 youth and children with serious emotional disturbance. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**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

Local Authority:

Form A – Mental Health Budget Narrative

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

*Form A1 - FY16 Amount Budgeted: \$141,540*

*Form A1 - FY17 Amount Budgeted: \$54,556*

*Form A – FY16 Projected Clients Served: 428*

*Form A – FY17 Projected Clients Served: 233*

**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 (including holidays) 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 business hours crisis services will be provided by a FCCBH on-call LMHT in each county. A “high-risk list,” for youth and adults separately, will be maintained in each county and high-risk cases will be staffed at least weekly, but in many cases several times per week. The on-call therapist will be required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the source of the crisis, 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.

In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Also, all FCCBH clinical staff will be trained using the Collaborative Assessment and Management of Suicidality (CAMS) approach in working with clients endorsing concerns around suicide.

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

Fy16 expected funding and numbers served included daytime crisis. These services are now reported in outpatient. FY17 expected funding and numbers served includes only after hour and weekend emergencies, resulting in a decreased amount of funding and clients served reported under Adult 24-hour crisis.

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

Continued education around improving services to clients endorsing concerns around suicide through use of the CAMS approach. Implementation of the C-SSRS screening to all individuals being served in crisis, and subsequent full C-SSRS assessment when clinically indicated. This is in line with our current Performance Improvement Project (PIP) objectives.

Local Authority:

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: \$21,210*

*Form A1 - FY17 Amount Budgeted: \$19,744*

*Form A – FY16 Projected Clients Served: 63*

*Form A – FY17 Projected Clients Served: 61*

**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 (including holidays) 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. This list is exclusive to just children and youth. These cases will be closely monitored and clinically reviewed at least weekly and in many cases multiple times per week.

The on-call therapist will be required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the crisis source 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 high fidelity wrap-around plan, to resolve and/or divert crisis situations. In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Also, all FCCBH clinical staff will be trained using the Collaborative Assessment and Management of Suicidality (CAMS) approach in working with clients endorsing concerns around suicide.

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

Fy16 expected funding and numbers served included daytime crisis. These services are now reported in outpatient. FY17 expected funding and numbers served includes only after hour and weekend emergencies, resulting in a decreased amount of funding and clients served reported under ~~Adult~~ Child/ Youth 24-hour crisis.

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

Continued education around improving services to clients endorsing concerns around suicide through use of the CAMS approach. Implementation of the C-SSRS screening to all individuals being served in crisis, and subsequent full C-SSRS assessment when clinically indicated. This is in line with our current Performance Improvement Project (PIP) objectives.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY16 Amount Budgeted: \$240,111*

*Form A1 - FY17 Amount Budgeted: \$269,202*

*Form A – FY16 Projected Clients Served: 336*

*Form A – FY17 Projected Clients Served: 357*

**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 our EHR (Credible), FCCBH utilizes 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**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 - FY16 Amount Budgeted: \$35,067*

*Form A1 - FY17 Amount Budgeted: \$34,705*

*Form A – FY16 Projected Clients Served: 78*

*Form A – FY17 Projected Clients Served: 70*

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

None

**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 - FY16 Amount Budgeted: \$926,872*

*Form A1 - FY17 Amount Budgeted: \$975,109*

*Form A – FY16 Projected Clients Served: 114*

*Form A – FY17 Projected Clients Served: 144*

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

Expected increased in clients served are due to funding from the Utah YES program.

**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 - FY16 Amount Budgeted: \$8,011*

*Form A1 - FY17 Amount Budgeted:\$13,728*

*Form A – FY16 Projected Clients Served: 43*

*Form A – FY17 Projected Clients Served: 35*

**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 children and youth with serious emotional disturbance. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**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 - FY16 Amount Budgeted: \$525,743*

*Form A1 - FY17 Amount Budgeted: \$602,248*

*Form A – FY16 Projected Clients Served: 336*

*Form A – FY17 Projected Clients Served: 446*

**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 and will be updated through the clients course of treatment to reflect accurately on-going needs.

Targeted case management is included in the FCCBH array of in-home services. Outreach monitoring services, provided by a both case managers and nursing staff, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Nurses, outreach staff, and Utah YES case managers have increased case management services to the SMI and SPMI populations.

**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**

*Form A1 - FY16 Amount Budgeted: \$90,567*

*Form A1 - FY17 Amount Budgeted: \$36,280*

*Form A – FY16 Projected Clients Served: 114*

*Form A – FY17 Projected Clients Served: 151*

**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 youth and children with serious emotional disturbance 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 children/youth with serious emotional disturbance 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) and peer support workers through the Utah YES grant, 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. High fidelity 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 serious emotional disturbance 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; this may be accomplished within the wraparound process or independently through CM work. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Services are expected to increase, however because mental health therapist were largely providing these services in FY16, costs were higher. Now that FCCBH case management is fully staffed, costs will be lower.

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

None

Local Authority:

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: \$109,297*

*Form A1 - FY17 Amount Budgeted: \$105,506*

*Form A – FY16 Projected Clients Served: 26*

*Form A – FY17 Projected Clients Served: 31*

**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: 22 permanent and 6 transitional housing units in Grand County. Carbon County- Friendship Center has 10 supported living single apartments and 2 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Additional housing has helped clients move from more restrictive 24-hour supported living to independent housing monitored by FCCBH.

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

None

Local Authority:

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: \$48,703*

*Form A1 - FY17 Amount Budgeted: \$21,368*

*Form A – FY16 Projected Clients Served: 25*

*Form A – FY17 Projected Clients Served: 26*

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

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, as well throughout the course of treatment, if they need respite for their child/youth with serious emotional disturbance. 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 high fidelity wraparound process, needs and services will be determined and developed for each individual child, youth or family. FCCBH will employ 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 children and youth with serious emotional disturbance.

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

We expect a minor decrease in funding due to the number of other community resources available to provide respite.

**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 - FY16 Amount Budgeted: \$102,146*

*Form A1 - FY17 Amount Budgeted: \$80,664*

*Form A – FY16 Projected Clients Served: 82*

*Form A – FY17 Projected Clients Served: 97*

**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. Peer support specialists are integrated as part of the regular treatment team.

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

During the initial stages of Peer Support implementation, it was difficult to fill and maintain employees in those positions, thus case managers were largely fulfilling that role. This resulted in high costs, with less clients served. Vacancies for peer support workers are currently full, which will result in lower costs and more clients served.

**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 - FY16 Amount Budgeted: \$41,990*

*Form A1 - FY17 Amount Budgeted:\$18,858*

*Form A – FY16 Projected Clients Served: 50*

*Form A – FY17 Projected Clients Served: 24*

**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 Facilitation and through peer support specialists for the Utah Yes grant.

Peer support employees will implement a peer support based family resource facilitation program aimed at improving mental health services by targeting families and caregivers of children and youth with serious emotional disturbance through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. Peer support specialists, whether through FRF or Utah Yes, will work to develop a strong mentoring component to strengthen family involvement and self-advocacy and assist in the wrap-around model of services.

All peer support specialists will be trained and certified as the per DSAMH criteria with the capacity to deliver wraparound services with high 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. As a peer support specialists, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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.**

None

Local Authority:

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: \$4,250*

*Form A1 - FY17 Amount Budgeted: \$6,094*

*Form A – FY16 Projected Clients Served: N/A*

*Form A – FY17 Projected Clients Served: N/A*

**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, at least twice annually, to “lunch and learn” conferences with FCCBH prescribers.

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 clinical staff 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 members 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We are currently in the process of writing a Prevention by Design Grant which will increase our Mental Health First Aid training capacity, including adult and youth sections and expect to have significant increases in all three counties.

**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 - FY16 Amount Budgeted: \$4,250*

*Form A1 - FY17 Amount Budgeted: \$6,094*

*Form A – FY16 Projected Clients Served: N/A*

*Form A – FY17 Projected Clients Served: N/A*

**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. Frequent consultation is also provided to school personnel and school officials by way of the SBEI intervention.

On-call clinical consultation services will be provided to physicians in the emergency departments and intensive care units of Castlevew 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, coordinated system of care in our communities.

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

We are currently in the process of writing a Prevention by Design Grant which will increase our Mental Health First Aid training capacity, including adult and youth sections and expect to have significant increases in all three counties.

**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 - FY16 Amount Budgeted: \$21,580*

*Form A1 - FY17 Amount Budgeted: \$56,426*

*Form A – FY16 Projected Clients Served: 101*

*Form A – FY17 Projected Clients Served: 304*

**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. Mental health and substance abuse treatment groups will be held weekly in each county jail. 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. 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.

We have also increased our coordination efforts with the courts and the jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. The JRI planning and implementation process continues to be ongoing, meeting frequently with stakeholders to further efforts in serving the court compelled/JRI populations.

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

FCCBH has seen a large increase in clients served because the current EHR effectively captures all clients served.

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

FCCBH has increased our coordination efforts with the courts and the jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. Case Managers are present at many Justice Court proceedings, in order to immediately outreach clients struggling with SUD and MH concerns, in order to get them into services more quickly and efficiently. The JRI planning and implementation process continues to be ongoing, meeting frequently with stakeholders to further efforts in serving the court compelled/JRI populations.

Local Authority:

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY16 Amount Budgeted: \$20,458*

*Form A1 - FY17 Amount Budgeted: \$22,775*

*Form A – FY16 Projected Clients Served: 60*

*Form A – FY17 Projected Clients Served: 120*

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

Other resources have allowed outplacement funds to cover more clients at the lower cost per individual. The other resources cover high cost items such as rental deposits.

**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**

**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 and a dedicated liaison to facilitate it. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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 - FY16 Amount Budgeted: \$57,954*

*Form A1 - FY17 Amount Budgeted: \$129,988*

*Form A – FY16 Projected Clients Served: 81*

*Form A – FY17 Projected Clients Served: 135*

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

In prior years only funding and clients covered by the unfunded dollars, listed in the allocation letter, were reported on this page. FY 17 amount budgeted and projected clients served includes funding from other areas.

**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 - FY16 Amount Budgeted: \$22,875*

*Form A1 - FY17 Amount Budgeted:\$25,695*

*Form A – FY16 Projected Clients Served: 33*

*Form A – FY17 Projected Clients Served: 28*

**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.**

Unfunded children and youth in need of services typically receive an assessment and up to three individual or family sessions. If the child or youth has a serious emotional disturbance 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.

All children/youth entering services as unfunded will be screened for the suitability of receiving other entitlement (i.e. Medicaid). If the child/youth does meet criteria for such entitlements, case management services may be provided to assist the clients family in establishing those.

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

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 - FY16 Amount Budgeted: \$16,536*

*Form A1 - FY17 Amount Budgeted: \$22,454*

*Form A – FY16 Projected Clients Served: N/A*

*Form A – FY17 Projected Clients Served: 56*

**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.

Utah YES funding allows for creative interventions with SPMI/SMI youth and adults.

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 joined 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. Efforts around this will be continued in FY17.

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 increase access and has remove funding barriers for individuals in need.

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

We expect an increase in funding and in clients served due to Utah YES funding for creative interventions.

**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.

Through the Utah Yes Grant we are in the research stage of the evidence based Individual Placement and Support (IPS) model which is a specific type of employment service. Research has demonstrated that this method of supported employment is the most effective approach for helping people with serious mental illness who want to work in regular jobs. Because research has consistently shown that IPS is more effective than other types of employment programs.

Local Authority:

**Form A – Mental Health Budget Narrative**

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

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

**Peer Specialists/Family Resource Facilitators**

FCCBH will 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. In Grand County in grant partnership with USARA, a peer recovery specialist is employed full time assisting Four Corner's clients.

**• Evidence-Based Supported Employment**

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.

Local Authority:

## 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 internet-based, electronic health record which will allow greater connectivity for shared medical information through our in-house, integrated primary care medical provider.

FCCBH volunteered to take part in statewide trauma training initiative through The Children’s Center to receive Attachment, Self-Regulation, Competency (ARC) training. This two year program includes training on how to develop a trauma informed system of care, how to screen, assess, and to provide evidence based trauma treatments to children and their families. Clinical supervision by the developer is provided monthly to ensure fidelity. By the end of the two year project FCCBH should have a sustainable trauma treatment program for children and families in our communities.

FCCBH continues efforts to maintain a “trauma-informed organization”. FCCBH policies and procedures are 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.

In addition, FCCBH will increase its focus and initiatives around “Customer Service.” Training specific to this will be provided for all support staff in each of the clinics, Program Directors and Supervisors, as well as Administrative staff. Information will then be disseminated out to the remaining staff through team meetings and supervision. An executive walk through, focusing on customer service and quality of access to services will be conducted several times throughout the year.

#### • 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 has increased access and removed funding barriers for individuals in need. FCCBH has written again for that grant in order to continue providing this benefit to clients in need. The Utah Yes grant has and is anticipated to increase service capacity as well.

#### • Increased access for Medicaid and Non-Medicaid funded individuals

-Open access in each of our clinic locations. If desired, scheduled appointments may also be made upon request.

-A clinical screening is provided for each person regardless of ability to pay.

-Enhanced availability of services when individuals are ready to begin care.

#### • Efforts to respond to community input/need

FCCBH will maintain support of The HOPE Suicide Prevention Coalition in Carbon County, though continued membership. That coalition maintains oversight of training in the community 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. Four Corners will increase the number of trained staff members in Mental Health First Aid, for both adults and youth. Trainers will frequently provide training for community members and seek out opportunities to increase awareness in more isolated areas and underserved areas of our communities. FCCBH has a sustainable method for motivating and maintaining training 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. Training on the CAMS practice model for working with individuals endorsing suicidal ideation will also be provided this year to all FCCBH clinical staff.

- In FY16, FCCBH joined 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 expanded to interest being increased by local law enforcement. And since then, most pharmacies carry and readily make available the 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.

CARE: The Carbon County CARE coalition is committed to providing a safe environment that empowers youth to be healthy, successful, and compassionate members of our community.

Emery Youth Coalition: Youth attending Emery High School work to decrease substance use using the strategic prevention framework.

HOPE Squad: Suicide prevention in Eastern Utah.

JRI- We actively involved in the continued development and maintenance of a ‘Justice Reinvestment Initiative Coalition’ with our community partners.

**• 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 three 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.

**• Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

For many years, FCCBH has provided clinical treatment services to individuals residing in the 4 local nursing facilities in the tri-county area, offering the full continuum of MH and SUD services. In addition to MH and SUD needs, we also provide support to the nursing facilities by providing crisis intervention, 24 hours a day, 7 days a week. We are also the contracted provider to complete PASRR assessments, when requested either by the local hospitals or the nursing facilities themselves.

**• 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 continue to provide, through contract, a co-located LMHT to the Green River Medical Clinic (FQHC). Over the past year, the number of days dedicated to providing treatment within that facility has increased from 1 day to 2 days weekly, due to need.

Four Corners Integrated Care Clinic-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.

Local Authority:

**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. Those with an SSW and case managers, 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 campuses 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.

FCCBH will also be participating in a Tobacco Cessation train-the-trainer program, DIMENSIONS, that is being offered through DSAMH and the Department of Health. This will allow us to maintain a sustainable Tobacco Cessation training in all three counties for years to come.

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 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 Facilitator (FRF) will be employed directly by FCCBH to implement and sustain a high fidelity wraparound 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. **Include expected increases or decreases from the previous year and explain any variance over 15%.** There are no expected increases or decreases over FY17.

**Describe 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. FCCBH does not use Early Intervention money to fund the FRF position.

Local Authority:

**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. We will, however, participate in the Mobile Crisis Team training offered by the DSAMH, in order to continuously evaluate and improve our own unique crisis intervention in each of our counties.

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

No expected increases or decreases

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

No significant programmatic changes this year.

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

None

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 nine elementary schools, four Middle Schools/Jr. High schools, three high schools, and one charter school in all three counties. 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, changes in absenteeism, and DIBLES testing. School behavioral records will be tracked by the school counselor. Youth Outcome Questionnaires (YOQ-30) will be administered to all parents/students to obtain feedback on behavioral improvement. **Include expected increases or decreases from the previous year and explain any variance over 15%.**

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 hopes to increase the level of service provided within the school supported by the SBEI program, by offering group services in all three counties, in addition to the individual therapy, case management, and other services currently provided.

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

- 1) Changes in academic grade point averages
- 2) DIBELS -The three DORF (Fluency, Accuracy, Retell) scores
- 3) Changes in absenteeism
- 4) 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. FCCBH will also be establishing a Zero Suicide committee internally. This committee will consist of a chair and representatives from each clinic/team who will meet together quarterly to oversee and make recommendations around prevention, Intervention, and postvention improvements.

**Intervention:**

FCCBH will continue to implement and adhere to the standards established in the State-wide Performance Improvement Project, for 2017.

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.

#### **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 and ongoing training regarding Zero Suicide, here are the areas of focus Four Corners will be addressing over the next year to improve our efforts with preventing suicide.

-Developing a Zero Suicide committee

-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.

-Training on the CAMS treatment modality and implementation by clinicians and crisis workers.

-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 FY17 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 FY17, 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.**

**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  
Sheriff: Sheriff Jeff Wood  
Jail Commander: Justin Sherman  
Defense Attorney: David Allred  
County Commissioner: Jake Mellor  
Justice Court Judge: John Carpenter

**Emery County**

Presiding Judge: Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Brent Langston/Mike Olsen  
Local Substance Abuse/Mental Health Director Designee: Jennifer Thomas  
Sheriff: Sheriff Greg Funk  
Defense Attorney: David Allred  
County Commissioner: Keith Brady  
Justice Court Judge: Steve Stream

**Grand County**

Presiding Judge: Mary Manley  
Regional AP&P Director- Richard Laursen  
County Attorney: Andrew Fitzgerald  
Local Substance Abuse/Mental Health Director Designee: Belinda Hurst  
Sheriff: Sheriff White  
Jail Commander: Veronica  
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.**

FCCBH will comply with the standards that are outlined in the Utah State JRI rule, R523-4, regarding screening, assessment, prevention, treatment, and recovery support services.

The focus of Four Corners services will be on effective screening, engagement of and retention into evidenced based treatment services and supports. Our current screening and assessment process, including use of the LS-RNR assessment tool, allows 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.

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, REBT, and other 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. Clients supported by the JRI will be able to access resources including case management, residential treatment, MAT services, Naloxone kits and other services as clinically indicated.

**Identify your proposed outcome measures.**

Our outcome measures for this designated population will be treatment engagement, completion and recidivism reduction.

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**

*Form B - FY16 Amount Budgeted \$21,163*

*Form B - FY17 Amount Budgeted: \$36,440*

*Form B – FY16 Projected Clients Served: 134*

*Form B – FY17 Projected Clients Served: 191*

**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, Hepatitis C, and Tuberculosis and referred to the Southeastern Utah Department of Health. FCCBH provides same day/open access services in all three counties. 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

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 (including tobacco use), 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. Screening of physical healthcare needs will also be completed as part of the client assessment. Referral for primary health care needs will either be referred out, provided by our in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options; when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. 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, and LS/RNR (JRI). 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 referring agency with signed ROI. 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, the MAST, and LSI-SV. Individuals with multiple DUI charges on record will be also referred for a full A&D/MH 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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. The JRI efforts will contribute continued increase.

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

Significant efforts have been made over the past year to improve use of Motivational Interviewing with all clinical and non-clinical staff. Using evidenced-based fidelity tools, clinical staff will be monitored for their use of MI on a frequent basis.

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)**

***Form B - FY16 Amount Budgeted: 0***

***Form B - FY17 Amount Budgeted: 0***

***Form B – FY16 Projected Clients Served: 0***

***Form B – FY17 Projected Clients Served: 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, Utah Valley Regional Medical Center, and UNI.

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

**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)**

*Form B - FY16 Amount Budgeted: \$68,479*

*Form B - FY17 Amount Budgeted: \$47,247*

*Form B – FY16 Projected Clients Served: 19*

*Form B – FY17 Projected Clients Served: 15*

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

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.

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

We anticipate a decrease in expected funding and individuals served from FY 16 to FY 17 budget because actual assignments to this level of care have proven to be lower.

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

None

Local Authority:

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

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

*Form B - FY16 Amount Budgeted: 0*

*Form B - FY17 Amount Budgeted: 0*

*Form B – FY16 Projected Clients Served: 0*

*Form B – FY17 Projected Clients Served: 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.

FCCBH will provide education to clients and their families around Medication Assisted Treatment options; when clinically indicated and the client is amenable.

FCCBH will also provide Naloxone education and training, as well as assistance to access the medication, to clients, families, friends, and significant others.

FCCBH has also partnered with local law enforcement in all three counties in an attempt to obtain and distribute Naloxone kits to all law enforcement officers. This is an important effort in reducing overdose deaths, by providing kits to those first responders on the scene of an overdose.

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

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)**

*Form B - FY16 Amount Budgeted: \$698,471*

*Form B – FY16 Projected Clients Served: 420*

*Form B - FY17 Amount Budgeted: \$721,314*

*Form B – FY17 Projected Clients Served: 370*

**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, trauma-focused treatment, 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, Motivational Interviewing, MRT, Seeking Safety, TREM, MOST, DBT, REBT, 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 programming. Interim services (limited treatment) will also be made available.

Screening of physical healthcare needs will also be completed as part of the client assessment. Referral for primary health care needs will either be referred out, provided by our in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options; when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider.

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

None

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

Significant efforts have been made over the past year to improve use of Motivational Interviewing with all clinical and non-clinical staff. Using evidenced-based fidelity tools, clinical staff will be monitored for their use of MI on a frequent basis. We have also significantly increased the number of staff trained to provide MRT and will be increasing fidelity oversight of that EBP in the next year.

Local Authority:

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

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

*Form B - FY16 Amount Budgeted: \$584,847*

*Form B – FY16 Projected Clients Served: 225*

*Form B - FY17 Amount Budgeted: \$531,171*

*Form B – FY17 Projected Clients Served: 193*

**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.**

Priority for treatment will be in the following order: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others. FCCBH will provide these services directly. Upon entering treatment, FCCBH will provide clients with a full substance abuse and mental health assessment.

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, and LS/RNR (JRI). 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. 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/limited treatment services will also be made available.

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. Clients may be sorted upon the basis of risk and need, with other similar needs clients.

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. Screening of physical healthcare needs will also be completed as part of the client assessment. Referral for primary health care needs will either be referred out, provided by our in-house integrated health care provider, or the nearest FQHC.

In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options; when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. Also, naloxone education and training will be provided to individual, families and others who may benefit from receiving the medication. Assistance with obtaining the medication will also be provided.

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.

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

None

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

Significant efforts have been made over the past year to improve use of Motivational Interviewing with all clinical and non-clinical staff. Using evidenced-based fidelity tools, clinical staff will be monitored for their use of MI on a frequent basis.

Local Authority:

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

**7) Recovery Support Services**

*Form B - FY16 Amount Budgeted: \$44,038*

*Form B - FY17 Amount Budgeted: \$132,958*

*Form B – FY16 Projected Clients Served: 149*

*Form B – FY17 Projected Clients Served: 175*

**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 coaches are available in each county. 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 in all three counties.

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

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

A significant increase in both funding and clients served is expected. More funding will go to finding sober housing options; preparing individuals to support their long-term recovery (including primary health care, employment readiness, etc.)

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

The sober living facility, Mentor works, recently closed their programs from the Carbon and Grand areas, which will result in decreased sober-housing placement options. We intend to use funds to support individuals to secure sober housing options.

Local Authority:

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

**8) Drug Testing**

*Form B - FY16 Amount Budgeted: \$119,604*

*Form B – FY16 Projected Clients Served: 200*

*Form B - FY17 Amount Budgeted: \$113,650*

*Form B – FY17 Projected Clients Served: 468*

**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 dip, or combination of dips to include detection of specific substances, such as designer drugs. This is administered in each of the clinics, by a substance abuse treatment program provider. In addition, each client participating in Level I and Level II treatment services are randomly drug screened, at minimum once weekly. A hand-held breathalyzer analysis and an EtG dip panel may also be used to determine alcohol intoxication/abuse when appropriate. Results of the drug screen and alcohol testing are reported in the client's electronic health record. Confirmation drug/alcohol testing will be completed through a gas chromatography/mass spectrometry (GC/MS) process and 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.

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 a chain of custody procedure that is followed during the collection process. All drug and alcohol screens will be initially collected using a combination of instant result 9-13 panel drug screen (other dip screens when applicable), EtG dip, 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 GC/MS testing.

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

A slight decrease in funding is expected because better pricing for drug testing supplies was secured.

FY 16 drug testing numbers served was actually underestimated thus it appears that there will be a large expected increase in drug testing for FY17. Clients served from FY 16 to FY 17 does not represent a large increase.

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

We are exclusively using instant result, panel dips for all initial drug testing in all three counties. This also includes UA's collected for Drug Courts. Within all drug courts, if a positive drug screen results, and it is contested by the client, then the secured sample will be sent off to a contracted provider (Redwood Labs) for GC/MS testing.

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 been offering same-day intake services, for all clients, through our open access system in each of our three clinics.
2. Reducing intake requirements: We continue to work at minimizing the amount of paperwork completed at intake and the duplication of information gathered. We are consistently streamlining the intake process and currently looking at implementing a patient navigation system within each of our clinics. Intake packets will be accessible from home on that the site so clients can complete required documentation prior to their first appointment.
3. We will be adding updates, client access to treatment information, and other trauma-informed/wellness information on our FCCBH website over the next year.
4. We started a Facebook page for Four Corners, which is well managed by administrative staff, as an additional source of information for clients. Positive messages, notification about wellness events, and other wellness information is updated frequently on this page.
5. 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 expanded the therapists time spent in that clinic, from one day to two days a week, to meet the demands of needed services. Individuals may be referred by the FQHC to FCCBH for an assessment and treatment, where appropriate.
6. The Interim Treatment and Recovery coach 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. Also, limited treatment as a level of care has allowed clients to continue enrollment in low-level programming after they have finished a more intensive level of care. This allows clients to “step-down” from treatment, by providing them much needed ongoing support into their long-term recovery program.
7. We have implemented a more efficient, text-based reminder system for all appointments. This decreases no-shows and allows a conversation to develop prior to the appointment time if the client has needs that might otherwise prevent them from attending much needed treatment appointments.

#### *Quality Improvements:*

1. Stronger integrated care model between our in-house primary health physician and our treatment teams.
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 is currently developing an ongoing Trauma Informed approach to: staff supervision, clinical programming, facility management and client care. FCCBH has recently developed a Trauma Informed Care policy and is in process of developing the specific procedures related to trauma screening, assessment and service planning. This this past year multiple trainings have been provided on TIC. This effort will be continued throughout the coming year.
4. Continued improvements in technology –based supervision, thereby increasing oversight around use of EBT and the ability to provide specialized clinical supervision to staff throughout the agency.
5. Heavy emphasis on good customer service, spanning from internal trainings to discussion around a monthly initiatives. This has also contributed to several remodeling projects within our buildings in all counties to enhance TIC and good customer service.

#### **Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

FCCBH is committed to consistently improving treatment through use of evidenced-based practices (EBP), and has most recently implemented Motivational Interviewing throughout the agency to full fidelity of the model in the clinical setting. All FCCBH staff were trained in this model, including support staff and administrative staff. Over the next year, MRT will become a focus for oversight and monitored to fidelity. We have already begun the process of all staff involved with SUD and JRI populations trained in this modality. We have also increased our coordination efforts with the courts and the jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement.

Local Authority:

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

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

**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. Mental health and substance abuse treatment groups will be held weekly in each county jail. 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.

We have also increased our coordination efforts with the courts and the jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. The JRI planning and implementation process continues to be ongoing, meeting frequently with stakeholders to further efforts in serving the court compelled/JRI populations.

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

None

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

Furthering the coordination efforts using case management to aid community members and clients in linking to resources quicker and more efficiently through the jail and court systems.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

No

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 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, on an on-going basis, to address 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 “quit kits” available at our front office that we will hand out to anyone interested. These are provided in support by the Health Department.

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**

*Form B - FY16 Amount Budgeted: \$739,441*

*Form B - FY17 Amount Budgeted: \$704,905*

**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 and/or Helping Women Recover. Continued training opportunities for new staff with these programs have been provided by the Division of Substance Abuse and Mental Health over the past several years. If these training opportunities by DSAMH were to be discontinued in the future, FCCBH would seek out other training opportunities in order to continue these programs in each of our clinics. Fidelity oversight of these programs in each of the clinics will be done through a polycom-based supervision monitoring system. This system is currently in place.

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 have incorporated the ACE as a standard assessment tool to better identify and serve those with past or current trauma. We have also increased our services around identifying and building parenting tools and skills over the past year in all three counties, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**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**

***Form B - FY16 Amount Budgeted: \$64,764    Form B - FY17 Amount Budgeted: \$37,903***

**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 provides same day/open access services in all three counties for adolescent/youth. All youth 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.

The FCCBH Adolescent Substance Use Disorder program will include group, individual, and family treatment for youth with SUD and with dual diagnosis. Implementation of the screening tool DUSI-R will be incorporated as part of all initial client assessments, to aid in determining risk and need and to avoid placement of low risk individuals in high risk groups. In addition, we will educate and train collaborative partners in the use of the DUSI-R Brief Screener for Youth, to aid in determining the appropriateness of referring an individual for services.

MRT (for youth) has been implemented in all counties. Other evidence based programs, including Adolescent Matrix, are also incorporated into 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. In effort to reduce barriers and provide earlier intervention, FCCBH does not charge for adolescent SUD treatment services

FCCBH is actively engaged in the process for evaluating and improving quality adolescent treatment by participating in the state-wide TRI project. We will complete the process and implement recommended changes to enhance adolescent treatment programming.

**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/or may be referred for High Fidelity Wraparound services through the Family Resource Facilitator in Carbon and Emery Counties.

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

In house services (also known as silos of care) that have been emerging in the local human services agencies including DCFS, DJJS, along with youth treatment grants written by local schools and hospitals have led to a decrease in referrals and a decrease in numbers served in Four Corners Youth services.

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

Implementation of the DUSI-R into treatment programming to aid in determining risk/need of adolescents and thus appropriate placement into treatment groups based on results of that tool.

Local Authority:

## Form B – Substance Abuse Treatment Budget Narrative

### 14) Drug Court

*Form B - FY16 Amount Budgeted: \$417,342*

*Form B - FY17 Amount Budgeted: Felony \$202,163*

*Form B - FY17 Amount Budgeted: Family Dep. \$427,674*

*Form B - FY17 Amount Budgeted: Juvenile \$0*

*Form B1 - FY16 Recovery Support Budgeted: \$31,500*

*Form B1 - FY17 Recovery Support Budgeted : \$42,741*

**Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

Due to size, this is attached at the end of the document

**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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

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.

Family and Felony Drug Court Treatment, in all counties, 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 (Family and Felony). 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 (but not limited to):

Motivational Interviewing, Moral Reconciliation Therapy, separate men and women's specific groups treatment, REBT, Life Skills, Parenting (Love Limits and Latitude), Codependency, Mind over Mood, DBT, Mind/Body Bridging, and Mindfulness Oriented Skills Training (MOST). Level I groups include: Matrix A&D education classes, family group, and maintenance group. Parenting group may also be provided as part of an individual's Level I program.

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 all 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 (through a chain of custody procedure) using a combination of instant result 9-13 panel drug screen, breathalyzer and/or EtG panel dip 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/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).**

FCCBH does not expect an increase in funding between FY16 and FY17 budget, however, the budget listed above all Drug Court expense include those covered by sources other than State Drug Court funding.

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

In addition to treatment sliding scale fees, Drug Court fees for both family and felony are also determined using a sliding scale.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

As a result of JRI, many eligible participants for Drug Court, may not have acquired felony charges prior to being considered for the program. Thus, the courts in our areas are considering renaming the court program to "Problem-Solving Court." Other such names may evolve as familiarity with legislative changes around JRI is improved. Also as a result, clients will not require the presence of felony charges in order to take part in the program, but will need to be indicated as high risk/high need regarding their addiction.

**Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

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

**Form B - FY16 Amount Budgeted:** *not listed* **Form B - FY17 Amount Budgeted:** **\$145, 148**

#### **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 an ongoing meeting schedule established in all three counties. Initially, we met every month with each of the implementation teams. Currently, our scheduled meetings occur every other month. "A Checklist for Implementation of EBP" (SAMSA) will be used as a guide and continued practice 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  
Sheriff: Sheriff Jeff Wood  
Jail Commander: Justin Sherman  
Defense Attorney: David Allred  
County Commissioner: Jake Mellor  
Justice Court Judge: John Carpenter

##### **Emery County**

Presiding Judge: Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Brent Langston/Mike Olsen  
Local Substance Abuse/Mental Health Director Designee: Jennifer Thomas  
Sheriff: Sheriff Greg Funk  
Defense Attorney: David Allred  
County Commissioner: Keith Brady  
Justice Court Judge: Steve Stream

##### **Grand County**

Presiding Judge: Mary Manley  
Regional AP&P Director- Richard Laursen  
County Attorney: Andrew Fitzgerald  
Local Substance Abuse/Mental Health Director Designee: Belinda Hurst  
Sheriff: Sheriff White  
Jail Commander: Veronica  
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.**

FCCBH will comply with the standards that are outlined in the Utah State JRI rule, R523-4, regarding screening, assessment, prevention, treatment, and recovery support services.

The focus of Four Corners services will be on effective screening, engagement of and retention into evidenced based treatment services and supports. Our current screening and assessment process, including use of the LS-RNR assessment tool, allows 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.

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, REBT, and other 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. Clients supported by the JRI will be able to access resources including case management, residential treatment, MAT services, Naloxone kits and other services as clinically indicated.

#### **Identify training and/or technical assistance needs.**

Needs include ongoing training around MRT and financial support to supervise and monitor that practice to fidelity. More identification and training around other evidenced based models that support the JRI population.

Local Authority:

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

**16) Drug Offender Reform Act**

*Form B - FY16 Amount Budgeted: \$73,857*

*Form B - FY17 Amount Budgeted: \$44,041*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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  
Sheriff: Sheriff Jeff Wood  
Defense Attorney: David Allred

**Emery County**

Presiding Judge: Judge Thomas  
Regional AP&P Director- Richard Laursen  
County Attorney: Mike Olsen  
Local Substance Abuse Director Designee: Jennifer Thomas  
Sheriff: 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 2017? 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, 2016)?

Expected clients served is 19 individuals with 7 of these in the program on July 1, 2017.

- 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 adults with drug-related felony offenses, referred into DORA by the courts and AP&P in Carbon and Emery Counties. FCCBH treatment program also complies with the standards outlined in the Utah State JRI statute, R523-4.

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 I and Level II treatment programs are offered to Drug Court participants (Family and Felony). 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 (but not limited to): Motivational Interviewing, Moral Reconciliation Therapy, separate men and women's specific groups treatment, REBT, Life Skills, Parenting (Love Limits and Latitude), Codependency, Mind over Mood, DBT, Mind/Body Bridging, and Mindfulness Oriented Skills Training (MOST). Level I groups include: Matrix A&D education classes, family group, and maintenance group. Parenting group may also be provided as part of an individual's Level I program.

Local Authority:

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

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 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. The level of care 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. Recommendations for treatment, progress in treatment, and other treatment benefitting information will be shared with the referring DORA agent, with active ROI. 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. Treatment quality, treatment fidelity and program integrity will be consistently monitored by ongoing internal and external supervision, auditing and review.

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.

FCCBH will educate clients about Medication Assisted Treatment (MAT) options; when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. All MAT recommendations will be shared with referring agent/probation officer.

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>\$ 44,041</b>

(Provide budget detail and narrative here)

Lance Wright – LSAC 8% \$5,128  
 Heather Towndrow – MHT 14% \$12,414  
 Daniel Gibson – SSW 24% \$11,307  
 Kara Cunningham – Director/MHT \$9,926  
 Dane Keil – ACMHC 4% \$2,875  
 Ammon Sorenson – MHT 3% \$2,391

<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>\$ 0</b>

(Provide budget detail and narrative here)

<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>\$ 44,041</b>
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Local Authority:

Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**Provisional MH/SUD Justice Certification Application Continued†**

**SITE 1:**

Site Name: Four Corners Community Behavioral Health – Carbon Clinic

Site Administrator's Name: Kara Cunningham, CMHC

Address: 575 E. 100 S.

Price, Utah 84501

Phone Number: 435-637-2358 Administrator's Email Address: kcunningham@fourcorners.ws

Type of Services:  Substance Use Disorders  Mental Health Disorders  Co-occurring Disorders  
 Education/Prevention  Outpatient  Intensive Outpatient  Inpatient  
 Residential

**SITE 2:**

Site Name: Four Corners Community Behavioral Health- Grand Clinic

Site Administrator's Name: Belinda Hurst, CMHC

Address: 198 East Center Street

Moab, Utah 84532

Phone Number: 435-259-6131 Administrator's Email Address: bhurst@fourcorners.ws

Type of Services:  Substance Use Disorders  Mental Health Disorders  Co-occurring Disorders  
 Education/Prevention  Outpatient  Intensive Outpatient  Inpatient  
 Residential

**SITE 3:**

Site Name: Four Corners Community Behavioral Health- Emery Clinic

Site Administrator's Name: Jennifer Thomas, LCSW

Address: 45 E. 100 S.

Castledale, Utah 84513

Phone Number: 435-381-2432 Administrator's Email Address: jthomas@fourcorners.ws

Type of Services:  Substance Use Disorders  Mental Health Disorders  Co-occurring Disorders  
 Education/Prevention  Outpatient  Intensive Outpatient  Inpatient  
 Residential

† Please copy this page and complete for additional sites being submitted in this request

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** Four Corners Community Behavioral Health

**Agency Director's Name:** Karen Dolan, LCSW

**Agency Director's Email Address:** kdolan@fourcorners.ws

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified;
  - **Outpatient Treatment: Emery, Carbon, Grand, FCCBH Green River Clinic**
  - **Residential Support: Friendship Center, Willows**
  - **Day Treatment: New Heights, Interact**
- b. Accreditations; - **Not Applicable**
- c. Levels of care:
  - i. Criminogenic- High, Moderate, Low- **Outpatient treatment provided in all three counties for criminogenic risk levels low, moderate, and high.**
  - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and **Will be serving clients on an outpatient basis, with varying levels of intensity up to Intensive outpatient. All diagnosable (behavioral health) Axis I and II, MH and SUD disorders will be served through each of our clinics.**
  - iii. Substance Use Disorders per ASAM; **The level of care 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.**
- d. Population Capacity for Males and Females **FCCBH serve both men and women with treatment needs, without exception.**
- e. Evidence Based Practices currently being used  
**Treatment groups offered include:**  
**Motivational Interviewing, Moral Reconciliation Therapy, separate men and women's specific (seeking safety/TREM) groups treatment, REBT, Life Skills, Mind over Mood, Parenting (Love Limits and Latitude), Codependency, DBT, Mind-Body Bridging, Motivational Enhancement Therapy (MET), and Mindfulness Oriented Skills Training (MOST), PRIME for Life, Matrix A&D education classes, family group, and Relapse Prevention Therapy (RPT), Straight Ahead: Transition skills for recovery.**

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental Health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*

- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

\_\_\_\_\_  
Melissa Huntington, CMHC

Signature of Authorizing Officer

\_\_\_\_\_  
4/22/16

Date

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Carbon County	<ul style="list-style-type: none"> <li>• Low Commitment to School</li> <li>• Early Initiation of ASB</li> <li>• Depressive Symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Comm. Rewards</li> <li>• Family Attachment</li> </ul>	Due to be posted by Dec 2016 @ CARE4Carbon.org
Grand County	<ul style="list-style-type: none"> <li>• In phase 1 of CTC</li> </ul>	→	Projected completion Spring 2017
Emery County (Emery County Youth Coalition)	<ul style="list-style-type: none"> <li>• Perceived Risk of Use</li> </ul>	<ul style="list-style-type: none"> <li>• School Rewards</li> </ul>	Emery County Youth Coalition (attached)
Emery County (Cheer Coalition)	<ul style="list-style-type: none"> <li>• Low Commitment to School</li> <li>• Low Neighborhood Attachment</li> </ul>	<ul style="list-style-type: none"> <li>• Community Rewards</li> </ul>	
FCCBH Region	<ul style="list-style-type: none"> <li>• Perceived Risk of Use</li> <li>• Community Disorganization</li> </ul>		

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

FY17 will be a time of tremendous growth. Our base capacity to offer Botvin Life Skills, as a means to address our region wide priority of “Perceived Risk,” is continuing to expand to a full fidelity offering across all areas of our region. Training and necessary capacity will be identified and implemented as needed to maintain fidelity.

In addition to this region wide effort we are diligently working to build community capacity for the implementation of the Communities that Care Coalition Structure. Two communities in our catchment area (Carbon & Grand) are moving toward contracting with the division for matching funds and plan to hire coordinators for their local coalition. A third community ( Emery) is working to build the capacity of the Emery County Youth coalition, as well as maintaining a well-established CTC coalition in Green River.

Our intent is to provide support to the infrastructure needed for these two coordinator staff positions, as well as technical assistance to all SA prevention coalitions within our region. This will include developing local expertise through trainings and professional development. (ie: SAPST, UPCA Summit, CADCA, CTC Facilitator training, Fall Conference, and others as needed.)

Finally we are continuously working to increase our capacity to support EASY. We are hopeful that capacity built through our community coalitions will increase our ability to see a higher level of implementation in this area. To provide this, we are seeking to host training and provide continued technical assistance to our local law enforcement to ensure completion and timely reimbursement for the program.

3. Attach Logic Models for each program or strategy.

Program Name: Botvin Life Skills			Cost: \$57832		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 All Grades lifetime use.</p> <p><del>Alcohol: 26.9%</del></p> <p><del>Tobacco: 18.9%</del></p>	<p>Perceived Risk of Drug Use</p> <p>Attitudes Favorable toward ASB.</p>	<p><u>Carbon</u></p> <p>Helper Middle School: Approx. #: 200</p> <p>Mt. Harmon Middle School: Approx. #: 200</p> <p><u>Emery</u></p> <p>San Rafael Approx. #: 90</p> <p>Canyon View Approx. #: 100</p> <p><u>Grand</u></p> <p>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</p>	<p>Decrease perceived risk of drug use</p> <p>From 39.7 to ≤37%</p> <p>Decrease favorable attitudes to ASB.</p> <p>From 28.6 to ≤26%</p>	<p>Life time use reported by All Grades</p> <p>From: Alcohol: 26.9%</p> <p>Tobacco: 18.9%</p> <p>To: Alcohol: ≤25%</p> <p>Tobacco: ≤15%</p>		

				1 45 min lesson per week and a limit of 1 lesson per day.		
Measures & Sources	2015 SHARP Survey	SHARP Survey Pre test	Utah PACE Report	Fidelity Checklist	SHARP Survey Pre/Post test data	2021 SHARP Survey

Program Name: Carbon County CTC Building			Cost: \$17812		Evidence Based: <u>Yes</u> or No				
Agency: FCCBH			Tier Level: Blueprints - Promising						
	Goal	Factors	Focus Population			Strategies	Outcomes		
			<u>U</u>	S	I		Short	Long	
Logic	Reduced underage lifetime alcohol use.  All Grades: <del>28.3%</del>	Early Initiation of ASB  Low commitment to school.	Invest time and political capital on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.			Provide training and technical assistance in CTC process and fidelity.  Program selection and fidelity implementation on selected to address identified priority factors.  Sustain and maintain community coalition with	Decrease Early Initiation of ASB. From 36.3% to ≤34%  Decrease Low commitment to school. From 44.1% to ≤42%	Reduced lifetime use all grades from 30.2% to ≤28%	

				the political capital to effect change.		
Measures & Sources	2015 SHARP Survey			Coalition Meeting attendance, training, and minute logs.	Program selection matches registry for identified factors.  Fidelity evaluation documentation.	Coalition Meeting attendance and minutes logs  2023 SHARP Survey

Program Name: Green River CHEER CTC Coalition			Cost: \$3874	Evidence Based: Yes or No			
Agency: FCCBH			Tier Level: Blueprints- Promising				
	Goal	Factors	Focus on		Strategies	Outcomes	
			U	S		I	Short
Logic	Reduce lifetime alcohol use All Grades: <del>36.9%</del>	Low neighborhood attachment  Low commitment to school	Universal population of Green River.  Approx. #: 1000		Provide technical assistance and training to sustain and maintain CTC  Use SPF model to evaluate current goals and establish new means to address the need.	Increase neighborhood attachment From 51.2% to ≤50%  Increase commitment to school From 54.1% to ≤ 52%	Decreased lifetime alcohol use from 36.9% to ≤33%
Measures & Sources	2015 SHARP	SHARP			Coalition training, attendance, and minutes logs.	Coalition training, attendance, and minutes logs.	2019 SHARP

Program Name: EASY			Cost: \$9200	Evidence Based: Yes or No				
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			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 drugs. ≤24%  Reduce community laws and norms favorable to drug use. ≤22%	Decrease lifetime alcohol use from 26.9% to ≤25% in all grades.

Measures & Sources	FCCBH County compliance check records	SHARP survey FCCBH Compliance check data	Census Data	FCCBH program records FCCBH County compliance check records	Baseline: 2015 SHARP survey Benchmark: 2017 SHARP survey	2019 SHARP Survey
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Program Name: Emery County Youth Coalition (SPF)			Cost: \$15580		Evidence Based: Yes or No			
Agency: FCCBH			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes Short      Long	
		○	U	S	I			
Logic	Reduce Chewing Tobacco use in 10 <sup>th</sup> graders:	Reduce Perceived Availability of Drugs.  Perceived risk of drugs.	Emery County High School			Provide training and technical assistance in SPF.  Provide training and technical assistance in the formation of bylaws and coalition standards. (ie: student involvement standards, meeting frequency, leadership structure, etc.)  Establish a functioning youth leadership board.	Reduce perceived availability of drugs. From: 20.7% To: ≤18%  Perceived risk of drugs. From: 29.3% to ≤27%	Maintain or decrease Chewing Tobacco use in 10 <sup>th</sup> graders From:  18.9% & 12 <sup>th</sup> graders: 19.7% To: 10 <sup>th</sup> <18% & 12 <sup>th</sup> graders: <19%

				Identify clear goals through the SPF process based on a community (school) needs assessment.		
Measures & Sources	2015 SHARP Survey	SHARP Survey	Utah PACE Report	Coalition Meeting & minute logs.	Coalition Meeting & minute logs.	Coalition Meeting attendance and minutes logs  2023 SHARP Survey

Program Name: Carbon County CTC Building			Cost: \$17896		Evidence Based: Yes 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: <del>28.7%</del></p>	<p>Perceived Risk of Drug Use.</p> <p>Low Commitment to School.</p>	<p>Invest time and political capital on community leaders and volunteers who can build and maintain a CTC Model in Carbon County.</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</p>	<p>Perceived Risk of Drug Use.</p> <p>From 41.2% to ≤40%</p> <p>Low Commitment to School.</p> <p>From 37.7% to ≤35%</p>	<p>Reduced lifetime use all grades from 30.2% to ≤28%</p>

				low commitment to school.		
Measures & Sources	2015 SHARP Survey	SHARP Survey	Census Data	Coalition Meeting attendance, training, and minute logs.	Coalition Meeting attendance and minutes logs.	Coalition Meeting attendance and minutes logs  2023 SHARP Survey

Program Name: Parents Empowered/ Community Events			Cost: \$14859		Evidence Based: Yes or No			
Agency: FCCBH			Tier Level: III					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage lifetime use across all grades	Decrease Parental Attitudes Favorable to Drug Use	Universal population of FCCBH service area.			Provide PE collateral material along with evidenced based prevention information at public gatherings. (ie: health fairs, county events, school events, movie theaters, etc.)	Decrease Parental Attitudes Favorable to drug Use. From 14.0% to ≤12%	Decrease lifetime underage alcohol use across all grades from 26.9% to ≤25%
Measures & Sources	2015 SHARP Survey	SHARP Survey Event Surveys	Demographics from universal populations of all ages.			Event Surveys and demographic record collection.	Event Surveys SHARP	2019 SHARP Survey

Program Name: Prevention Dimensions			Cost: \$4143	Evidence Based: Yes or No				
Agency: FCCBH			Tier Level: III					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Decrease lifetime alcohol and Cigarette rates in 6 <sup>th</sup> graders	Perceived Risk of Drugs.  Early Initiation of anti-social behavior.	Elementary students in Moab Charter School, grades K – 6 (ages 5-11)  Approximate #: 130			Prevention Dimensions lessons will be taught interdisciplinary to elementary students by their core teacher & specials teachers.  The lesson will last approximately 15-30 minutes & follow the PD curriculum design.	Perceived Risk of Drugs. From 42.8% to ≤42%  Early Initiation of anti-social behavior. From 22.8% to ≤22%	Decrease lifetime alcohol and Cigarette rates in 6 <sup>th</sup> graders  From: Lifetime Alcohol: 12.9%  Lifetime Cigarette: 9.5% To: Lifetime Alcohol: ≤12%  Lifetime Cigarette: ≤9%
Measures & Sources	2015 SHARP	2015 SHARP	Charter School Director Report			Teacher reporting data will be collected and monitored by program lead to monitor fidelity and dosage.	2017 SHARP	2019 SHARP

Program Name: Prime For Life				Cost: \$13976		Evidence Based: Yes or No	
Agency: FCCBH				Tier Level:			
	Goal	Factors	Focus Population			Strategies	Outcomes Short      Long
			U	S	I		
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	<p>Increase in post-test Scores. From: Avg Pre-test score 6.72 to Avg. post-test score 8.5+</p> <p>Reduced adult binge drinking. Carbon Emery: 12.3% to ≤11.5%</p> <p>Grand/San Juan: 10.7% (2012-2014) to ≤10%</p> <p>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.</p>

Measures & Sources	Violator Court Referrals	Pre-test	Facilitator Reports	Facilitator Reports	Post-class test	System Records
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FY2017 Mental Health Area Plan and Budget

Carbon County (Four Corners Community Behavioral Health)

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 177,695	\$ 526,832	\$ 67,238		\$ 427,624	\$ 2,881,352	\$ 31,044		\$ 397,378			\$ 123,502	\$ 4,632,665

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		45,196				242,310						-	\$ 287,506	99	\$ 2,904
Residential Care (171 & 173)		72,626			-	389,374						-	\$ 462,000	31	\$ 14,903
Outpatient Care (22-24 and 30-50)	32,468	134,915	67,238		217,885	779,767	31,044		283,990				\$ 1,547,307	1,332	\$ 1,162
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	43,373	3,127			9,094	16,767			1,949				\$ 74,310	274	\$ 271
Psychotropic Medication Management (61 & 62)	7,317	30,758			91,780	164,902			6,684			2,466	\$ 303,907	427	\$ 712
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	67	146,396			40,861	784,878			16,635				\$ 988,837	179	\$ 5,524
Case Management (120 & 130)	14,633	78,875			68,004	422,876			53,766			374	\$ 638,528	597	\$ 1,070
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	636	3,259				17,473						105,506	\$ 126,874	57	\$ 2,226
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		11,680				63,005			11,900			2,968	\$ 89,553	122	\$ 734
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information												12,188	\$ 12,188		
Services to persons incarcerated in a county jail or other county correctional facility	56,426					-							\$ 56,426	304	\$ 186
Adult Outplacement (USH Liaison)	22,775					-							\$ 22,775	120	\$ 190
Other Non-mandated MH Services						-			22,454				\$ 22,454	56	\$ 401
<b>FY2017 Mental Health Expenditures Budget</b>	<b>\$ 177,695</b>	<b>\$ 526,832</b>	<b>\$ 67,238</b>	<b>\$ -</b>	<b>\$ 427,624</b>	<b>\$ 2,881,352</b>	<b>\$ 31,044</b>	<b>\$ -</b>	<b>\$ 397,378</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 123,502</b>	<b>\$ 4,632,665</b>		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	110,842	429,578	43,867		347,991	2,359,618	24,629		386,534			118,766	\$ 3,821,825	1,258	\$ 3,038
YOUTH/CHILDREN	66,853	97,254	23,371		79,633	521,734	6,415		10,844			4,736	\$ 810,840	500	\$ 1,622
<b>Total FY2017 Mental Health Expenditures</b>	<b>\$ 177,695</b>	<b>\$ 526,832</b>	<b>\$ 67,238</b>	<b>\$ -</b>	<b>\$ 427,624</b>	<b>\$ 2,881,352</b>	<b>\$ 31,044</b>	<b>\$ -</b>	<b>\$ 397,378</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 123,502</b>	<b>\$ 4,632,665</b>	<b>1,758</b>	<b>\$ 2,635</b>

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue									
FY2017 Mental Health Revenue by Source	\$ 68,371		\$ 12,486						\$ 80,857

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2017 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL									\$ -		#DIV/0!
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	58,849		10,581						\$ 69,430	105	\$ 661
School Based Behavioral Health-ADMIN	9,522		1,905						\$ 11,427		
FY2017 Mental Health Expenditures Budget	\$ 68,371	\$ -	\$ 12,486	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,857	105	\$ 770

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

**FY2017 Form A (1) - Proposed Cost and Clients Served by Population**

Carbon Co (Four Corners Community Behavioral Health)  
Local Authority

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

MH Budgets		Clients Served	FY2017 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$ 178,250	ADULT	86	\$ 2,073
\$ 109,256	CHILD/YOUTH	13	\$ 8,404
<b>Residential Care Budget</b>			
\$ 462,000	ADULT	31	\$ 14,903
\$ -	CHILD/YOUTH	-	#DIV/0!
<b>Outpatient Care Budget</b>			
\$ 991,022	ADULT	864	\$ 1,147
\$ 546,316	CHILD/YOUTH	468	\$ 1,167
<b>24-Hour Crisis Care Budget</b>			
\$ 54,566	ADULT	233	\$ 234
\$ 19,744	CHILD/YOUTH	61	\$ 324
<b>Psychotropic Medication Management Budget</b>			
\$ 269,202	ADULT	357	\$ 754
\$ 34,705	CHILD/YOUTH	70	\$ 496
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 975,109	ADULT	144	\$ 6,772
\$ 13,728	CHILD/YOUTH	35	\$ 392
<b>Case Management Budget</b>			
\$ 602,248	ADULT	446	\$ 1,350
\$ 36,280	CHILD/YOUTH	151	\$ 240
<b>Community Supports Budget (including Respite)</b>			
\$ 105,506	ADULT (Housing)	31	\$ 3,403
\$ 21,368	CHILD/YOUTH (Respite)	26	\$ 822
<b>Peer Support Services Budget</b>			
\$ 80,664	ADULT	97	\$ 832
\$ 18,858	CHILD/YOUTH (includes FRF)	25	\$ 754
<b>Consultation &amp; Education Services Budget</b>			
\$ 6,094	ADULT		
\$ 6,094	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 56,426	ADULT Jail Services	304	\$ 186
<b>Outplacement Budget</b>			
\$ 22,775	ADULT	120	\$ 190
<b>Other Non-mandated Services Budget</b>			
\$ 17,963	ADULT	\$ 45	\$ 399
\$ 4,491	CHILD/YOUTH	\$ 11	\$ 408

Summary

<b>Totals</b>	
\$ 3,821,825	Total Adult
\$ 810,840	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>			
\$ 43,867	ADULT	46	\$ 954
\$ 23,371	CHILD/YOUTH	25	\$ 935
<b>Unfunded (all other)</b>			
\$ 86,121	ADULT	89	\$ 968
\$ 2,324	CHILD/YOUTH	3	\$ 775

FY2017 Substance Use Disorder Treatment Area Plan and Budget

Carbon Co (Four Corners Community Behavioral Health)

Form B

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Drug Court	314,804	2,791			42,654	52,434	34,701	3,566		162,757	6,500	\$620,207
Drug Offender Reform Act	44,041											\$44,041
JRI	120,957		4,377	20,301								\$145,635
Local Treatment Services	139,320			42,605	112,405	180,200				187,243	107,150	\$768,923
<b>Total FY2017 Substance Use Disorder Treatment Revenue</b>	<b>\$619,122</b>	<b>\$2,791</b>	<b>\$4,377</b>	<b>\$62,906</b>	<b>\$155,059</b>	<b>\$232,634</b>	<b>\$34,701</b>	<b>\$3,566</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$113,650</b>	<b>\$1,578,806</b>

\$1,287,091

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	36,440											\$36,440	191	\$191
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 III.1 or III.3)	27,773		136	2,201	3,934					6,553	6,750	\$47,347	15	\$3,156
Outpatient (Methadone: ASAM I)												\$0		
Outpatient (Non-Methadone: ASAM I)	174,584	1,276	2,687	35,579	80,898	157,435	34,701	3,566		183,931	44,453	\$719,110	370	\$1,944
Intensive Outpatient (ASAM II.5 or II.1)	249,029	1,160	1,058	17,101	50,294	52,210				135,629	25,060	\$531,541	193	\$2,754
Recovery Support (includes housing, peer support, case management and other non-clinical )	49,443		496	8,025	16,418	22,989				23,887	11,760	\$133,018	175	\$760
Drug testing	81,853	355			3,515						28,027	\$113,750	468	\$243
<b>FY2017 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$619,122</b>	<b>\$2,791</b>	<b>\$4,377</b>	<b>\$62,906</b>	<b>\$155,059</b>	<b>\$232,634</b>	<b>\$34,701</b>	<b>\$3,566</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$116,050</b>	<b>\$1,581,206</b>	<b>1,412</b>	<b>\$1,120</b>

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	139,555	1,411	1,021	31,793	78,384	61,030	34,701	3,566	0	91,820	30,445	\$473,725
All Other Women (18+)	85,362	642	526	14,476	35,683	31,462			0	47,334	15,695	\$231,180
Men (18+)	381,470	599	2,752	13,498	33,271	135,449			0	203,784	67,569	\$838,392
Youth (12- 17) (Not Including pregnant women or women with dependent children)	12,735	139	78	3,132	7,721	4,694			0	7,062	2,342	\$37,903
<b>Total FY2017 Substance Use Disorder Expenditures Budget by Population Served</b>	<b>\$619,122</b>	<b>\$2,791</b>	<b>\$4,377</b>	<b>\$62,900</b>	<b>\$155,059</b>	<b>\$232,634</b>	<b>\$34,701</b>	<b>\$3,566</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$116,050</b>	<b>\$1,581,200</b>

FY2017 Drug Offender Reform Act and Drug Court Expenditures

on Co (Four Corners Com Beh H  
Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only	0	0	0	0	0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	0	0	0	0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	1,086	4,983	10,542	0	16,611
Outpatient (Methadone: ASAM I)	17,467	80,177	169,614	0	267,258
Outpatient (Non-Methadone: ASAM I)				0	0
Intensive Outpatient (ASAM II.5 or II.1)	17,445	80,079	169,406	0	266,930
Recovery Support (includes housing, peer support, case management and other non-clinical )	2,989	13,719	29,022	0	45,730
Drug testing	5,054	23,205	49,090	0	77,349
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>44,041</b>	<b>202,163</b>	<b>427,674</b>	<b>0</b>	<b>673,878</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue	\$ 80,544					\$ 92,101	\$ 32,201					\$ 204,846

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	6,078					92,101	32,201					6,600	\$ 130,380	
Universal Indirect	60,490											30,000	\$ 60,490	
Selective Services													\$ -	
Indicated Services	13,976												\$ 13,976	
FY2017 Substance Abuse Prevention Expenditures Budget	\$ 80,544	\$ -	\$ -	\$ -	\$ -	\$ 92,101	\$ 32,201	\$ -	\$ -	\$ -	\$ -	\$ 36,600	\$ 204,846	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures		\$ 64,353	\$ 8,630		\$ 8,630	\$ 10,488	\$ 92,101

# OUTPATIENT MH & SA

## MONTHLY MAX DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

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

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

Additional considerations:

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

**Effective 5/4/14**

**Four Corners Community Behavioral Health  
Administrative Procedure**

**OPERATIONS PROCEDURE – OP22 –Adopted 4/4/2004**

**DISCOUNT CLIENT FEES**

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

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

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

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

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

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

Approved by the Executive Committee 4/4/2004

## Eligibility Criteria for Participation in Carbon County Family Dependency Drug Court

- Screening and Approval by Carbon County DCFS
  - Excludes individuals with a charge of aggravated assault and/or sexual assault
  - May exclude individuals with aggravated distribution charge
  - Potential participants who do not pass this first level of screening are not ordinarily reviewed further for the drug court program
  - If participation is approved by the Carbon County DCFS, a clinical assessment is performed
  - The individuals have to be court involved with DCFS and Juvenile Court.
- Clinical SUD / MH Assessment (at clinic or jail)
  - Diagnostic Interview - detailed history (substance use, trauma, psychosocial, major mental health, cognitive deficits, suicidality, etc.) to ascertain the existence of an SUD Spectrum - Diagnosis of Chemical or Substance (specific or poly-) Dependence
    - Complete a treatment plan based on current prevalent need, reassessed periodically
  - LS/RNR score indicating moderate to very high risk (11-43)
    - Risk and Responsivity to determine suitability for rehabilitation
  - ASAM Level II or III need of services
  - SASSI- “High Probability of Substance Use Dependence”
  - MAST (revised) score indicating “moderate” or “problem drinker” (4 or higher)
  - RANT – High Risk / High Need
- Ongoing Multi-disciplinary and ASAM staffing and reassessment
  - monitor client progress and need for increased or decreased level of care
  - ascertain relapse cues and client-centered relapse prevention and education need
  - vocational rehabilitation and DWS resource eligibility
  - adult education evaluation to determine scholastic aptitude

## Eligibility Exclusion

- Aggravated Assault
- Severe Mental Illness, which precludes an individual from adequate functioning
  - Severe Mania, Hallucinations and/or delusional, Psychotic
  - Individuals unable or unwilling to be managed with psychotropic pharmacology
- Mental illness or retardation, or other factors that seriously inhibit effective functioning or severe factors that cannot be addressed by available services
- Individuals who are unable, by physician order, to reduce or abate narcotic medication use

## Eligibility Criteria for Participation in Seventh District Carbon Adult Drug Court

- Legal Screening and Approval by Carbon County Prosecutor
  - Excludes individuals with a charge of aggravated assault and/or sexual assault
  - May exclude individuals with aggravated distribution charge
  - May exclude individuals with “alcohol only” charge(s)
  - Potential participants who do not pass this first level of screening are not ordinarily reviewed further for the drug court program
  - If participation is approved by the Carbon County Deputy Prosecutor, a clinical screen is performed
- Clinical SUD / MH Assessment (at clinic or jail)
  - Diagnostic Interview - detailed history (substance use, trauma, psychosocial, major mental health, cognitive deficits, suicidality, etc.) to ascertain the existence of an SUD Spectrum - Diagnosis of Chemical or Substance (specific or poly-) Dependence
    - Complete a treatment plan based on current prevalent need, reassessed periodically
  - LS/RNR score indicating moderate to very high risk (11-43)
    - Risk and Responsivity to determine suitability for rehabilitation
  - ASAM Level II or III need of services
  - SASSI- “High Probability of Substance Use Dependence”
  - MAST (revised) score indicating “moderate” or “problem drinker” (4 or higher)
  - RANT – High Risk / High Need
- Ongoing Multi-disciplinary and ASAM staffing and reassessment
  - monitor client progress and need for increased or decreased level of care
  - ascertain relapse cues and client-centered relapse prevention and education need
  - vocational rehabilitation and DWS resource eligibility
  - adult education evaluation to determine scholastic aptitude

## Eligibility Exclusion

- Aggravated Assault
- Severe Mental Illness, which precludes an individual from adequate functioning
  - Severe Mania, Hallucinations and/or delusional, Psychotic
  - Individuals unable or unwilling to be managed with psychotropic pharmacology
- Mental illness or retardation, or other factors that seriously inhibit effective functioning or severe factors that cannot be addressed by available services
- Individuals who are unable, by physician order, to reduce or abate narcotic medication use

## Eligibility Criteria for Participation in Emery Problem-solving Drug Court

- Legal Screening and Approval by Emery County Prosecutor
  - Excludes individuals with a charge of aggravated assault and/or sexual assault
  - May exclude individuals with aggravated distribution charge
  - May exclude individuals with “alcohol only” charge(s)
  - Potential participants who do not pass this first level of screening are not ordinarily reviewed further for the drug court program
  - If participation is approved by the Emery County Deputy Prosecutor, a clinical screen is performed
- Clinical Screen Interview (conducted in jail or upon release, by therapist)
  - Ascertain interest in voluntary inclusion into the problem-solving drug court treatment program, and to help each applicant establish a general understanding of drug court rules and procedures.
  - To determine immediate risk to self or others by virtue of mental health issues (suicidal/homicidal) or substance intoxication, acute withdrawal or impairment
  - Consult with team physician to determine appropriateness for Medication Assistance
    - Both MAT and Psychopharmacological
  - Client signs an “agreement to participate”
  - Client signs a “release of information” for the drug court team personnel
  - Client immediately enrolls in Level II IOP ambulatory services, the day of release
  - Request collateral information from collaborative agencies
- Clinical SUD / MH Assessment (conducted at the clinic, within one week of release)
  - Diagnostic Interview - detailed history (substance use, trauma, psychosocial, major mental health, cognitive deficits, suicidality, etc.) to ascertain the existence of an SUD Spectrum - Diagnosis of Chemical or Substance (specific or poly-) Dependence
    - Complete a treatment plan based on current prevalent need, reassessed periodically
  - LS/RNR score indicating moderate to very high risk (11-43)
    - Risk and Responsivity to determine suitability for rehabilitation
  - ASAM Level II or III need of services
  - SASSI-3 score indicating “High Probability of Substance Use Dependence”
  - MAST (revised) score indicating “moderate” or “problem drinker” (4 or higher)
  - RANT – High Risk / High Need
  - OQ 45
- Ongoing Multi-disciplinary and ASAM staffing and reassessment
  - monitor client progress and need for increased or decreased level of care
  - ascertain relapse cues and client-centered relapse prevention and education need
  - vocational rehabilitation and DWS resource eligibility
  - adult education evaluation to determine scholastic aptitude

## Eligibility Exclusion

- Aggravated Assault
- Severe Mental Illness, which precludes an individual from adequate functioning
  - Severe Mania, Hallucinations and/or delusional, Psychotic
  - Individuals unable or unwilling to be managed with psychotropic pharmacology
- Mental illness or retardation, or other factors that seriously inhibit effective functioning or severe factors that cannot be addressed by available services
- Individuals who are unable, by physician order, to reduce or abate narcotic medication use

## Eligibility Criteria for Participation in Grand County Problem-solving Drug Court

- Recommendation for screening by the Grand County Prosecutor
- Determined to be High Risk/High Need as screened by the RANT
- Determined to have a Substance Use Dependence Disorder as determined by a licensed mental health clinician, based on the criteria set forth by the ICD-10.
- No exclusions for violent crimes or distribution charges.
- May be excluded due to medical or intense mental health conditions that make it impractical for participation in Problem Solving Court.
- Each candidate evaluated through objective criteria based on Best Practice Guidelines
- Clinical SUD / MH Assessment
  - Diagnostic Interview - detailed history (substance use, trauma, psychosocial, major mental health, cognitive deficits, suicidality, etc.) to ascertain the existence of an SUD Spectrum - Diagnosis of Chemical or Substance (specific or poly-) Dependence
    - Complete a treatment plan based on current prevalent need, reassessed periodically
  - LS/RNR score indicating moderate to very high risk (11-43)
    - Risk and Responsivity to determine suitability for rehabilitation
  - ASAM Level II or III need of services
  - SASSI-3 score indicating “High Probability of Substance Use Dependence”
  - MAST (revised) score indicating “moderate” or “problem drinker” (4 or higher)
  - RANT – High Risk / High Need
  - OQ 45
- Ongoing Multi-disciplinary and ASAM staffing and reassessment
  - monitor client progress and need for increased or decreased level of care
  - ascertain relapse cues and client-centered relapse prevention and education need
  - vocational rehabilitation and DWS resource eligibility
  - adult education evaluation to determine scholastic aptitude

## Eligibility Criteria for Grand County Family Drug Court

- Must have an open case with DCFS.
- Determined to be High Risk/High Need as screened by a licensed clinical mental health clinician (CMHC, LCSW).
- Determined to have a Substance Use Dependence Disorder as determined by a licensed mental health clinician (CMHC, LCSW), based on the criteria set forth by the ICD-10.
- May be excluded due to medical or intense mental health conditions that make it impractical for participation in Problem Solving Court.
- Each candidate evaluated through objective criteria based on Best Practice Guidelines
- Clinical SUD / MH Assessment

- Diagnostic Interview - detailed history (substance use, trauma, psychosocial, major mental health, cognitive deficits, suicidality, etc.) to ascertain the existence of an SUD Spectrum - Diagnosis of Chemical or Substance (specific or poly-) Dependence
  - Complete a treatment plan based on current prevalent need, reassessed periodically
- ASAM Level II or III need of services
- SASSI-3 score indicating “High Probability of Substance Use Dependence”
- MAST (revised) score indicating “moderate” or “problem drinker” (4 or higher)
- OQ 45
- Ongoing Multi-disciplinary and ASAM staffing and reassessment
  - monitor client progress and need for increased or decreased level of care
  - ascertain relapse cues and client-centered relapse prevention and education need
  - vocational rehabilitation and DWS resource eligibility
  - adult education evaluation to determine scholastic aptitude