GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Four Corners Community Behavioral Health

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Each individual, couple or family 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. Several other funding sources can be accessed enabling qualified individuals/ families to receive services at discounted or 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. 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 the catchment area including; 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, and also offers a range of support and educational opportunities.

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?

Any resident unable 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 2015, lasting until June 2017. A new DOH Primary Care Grant for FY18 was recently submitted. This allows for no cost SAD and MH assessments, services and well as integrated somatic health care for uninsured and underinsured individuals and families under 200% of the FPL.

How is this amount of public subsidy determined?

FCCBH serves area residents with a range of prevention services and 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.

Descibe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx, or similar structured change model.

FCCBH is not using the NIATx model but instead is using the David Lloyd model to review service access. In the summer of 2016, FCCBH conducted a walk-through testing of adherence to access standards in each of the three county clinics. The results of the walk-throughs were very positive and demonstrated that all minimum access standards were being met. The reports did show that there were aesthetic areas that were in need of improvement, and solutions were completed in each of these areas.
In FY18 FCCBH will be using the MTM Services- Customer Service Action Plan to do scheduled walk-throughs in each of our clinics. This will take place at random times throughout the year and will be completed by the administrative Executive Team members. The corresponding documentation will be completed at every visit/review and will be kept with the Clinical Director to be presented at the next DSAMH Site Visit.

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

Yes, FCCBH is a very grateful NHSC provider. At the present time we have 3 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. This program allows for a wonderful opportunity to recruty and retain professionals. The process is a considerable amount of work and the program is very strict in regards to following program expectations including; clinical hours, type of qualifying work, supervision required and paperwork submission. Last year the NHSC informed us that they had run out of funds for the year and thus two of our employees were not funded. One employee did not want to wait for another funding cycle and take the chance she would not get funded so she left Four Corners employment and moved to the Wasatch Front.

2) Subcontractor Monitoring

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

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

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

		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.

FY18 Mental Health Area Plan & Budget | **Local Authority:** Four Corners Community Behavioral Health | **Form A**

FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue
	State General Fund			County Funds									
FY2018 Mental Health Revenue by Source	$61,349	$767,808	$66,428	$13,286	$210,695	$2,938,039	30,229.00		$497,378	250,000.00		$232,229	$5,067,441
						$3,916,542			PASRR. PATH, Family Resource Facilitator, Uath Yes, Primary Care			Includes IGP	

FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
	State General Fund			County Funds											
Inpatient Care (170)		94712				315707							$410,419	69	$5,948.10
Residential Care (171 & 173)		114162				380541							$494,703	33	$14,991.00
Outpatient Care (22-24 and 30-50)	61349	135346	66428	13286	63563	691909	30229		342437	30571		170000	$1,605,118	1342	$1,196.06
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		27431			10340	100421			28724	28654			$195,570	475	$411.73
Psychotropic Medication Management (61 & 62)		27342			10307	109666			11360	25596		62229	$246,500	439	$561.50
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		207216			78112	831109			2840				$1,119,277	127	$8,813.20
Case Management (120 & 130)		106515			40152	427213			63783				$637,663	700	$910.95
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		10620			1741	12530				104289			$129,180	57	$2,266.32
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		17189			6480	68943			14897				$107,509	117	$918.88
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information										26627			$26,627		
Services to persons incarcerated in a county jail or other county correctional facility										34263			$34,263	90	$380.70
Adult Outplacement (USH Liaison)		27275								0			$27,275	129	$211.43
Other Non-mandated MH Services									33337				$33,337		#DIV/0!
FY2018 Mental Health Expenditures Budget	61349	767808	66428	13286	210695	2938039	30229	0	497378	250000	0	232229	$5,067,441		

FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Cleint Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served
	State General Fund			County Funds											
ADULT		754899	$56,464		;	2378637	27206		497378	100066			$3,814,650	932	$4,092.97
YOUTH/CHILDREN	61349	12909	$9,964	13286	210695	559402	3023			149934		232229	$1,252,791	460	$2,723.46
Total FY2018 Mental Health Expenditures	61349	767808	$66,428	13286	210695	2938039	30229	0	497378	250000	0	232229	$5,067,441	1392	$3,640.40

Local Authority: Four Corners Community Behavioral Health

Form A (1)

FY18 Proposed Cost & Clients Served by Population

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
$266,279	ADULT	57	$4,672
$144,140	CHILD/YOUTH	12	$12,012
Residential Care Budget			
494703	ADULT	33	14991
	CHILD/YOUTH	0	#DIV/0!
Outpatient Care Budget			
869870	ADULT	819	1062.112332
735248	CHILD/YOUTH	523	1405.827916
24-Hour Crisis Care Budget			
159406	ADULT	375	425.0826667
36164	CHILD/YOUTH	100	361.64
Psychotropic Medication Management Budget			
216388	ADULT	359	602.7520891
30112	CHILD/YOUTH	80	376.4
Psychoeducation and Psychosocial Rehabilitation Budget			
1109933	ADULT	120	9249.441667
9344	CHILD/YOUTH	7	1334.857143

Case Management Budget			
588406	ADULT	530	1110.2
49257	CHILD/YOUTH	170	289.7470588
Community Supports Budget (including Respite)			
100066	ADULT (Housing)	27	3706.148148
29114	CHILD/YOUTH (Respite)	30	970.4666667
Peer Support Services Budget			
78751	ADULT	93	846.7849462
28758	CHILD/YOUTH (includes FRF)	24	1198.25
Consultation & Education Services Budget			
13314	ADULT		
13313	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
34263	ADULT Jail Services	90	380.7
Outplacement Budget			
27275	ADULT	129	211.4341085
Other Non-mandated Services Budget			
30577	ADULT		#DIV/0!
2760	CHILD/YOUTH		#DIV/0!
Summary			
Totals			

$3,989,231	Total Adult	$5,067,441					
$1,078,210	Total Children/Youth						
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)							
Unfunded ($2.7 million)							
56464	ADULT	74			763.027027		
9964	CHILD/YOUTH	10			996.4		
Unfunded (all other)							
92204	ADULT	84			1097.666667		
15238	CHILD/YOUTH	15			1015.866667		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority: Four Corners Community Behavioral Health

Form A2

	State General Fund		County Funds						
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue
FY2018 Mental Health Revenue by Source	61349		13286						$74,635

Is this only Early Intervention or does it include IGP

	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									$0		
FRF-CLINICAL									$0		#DIV/0!
FRF-ADMIN									$0		
School Based Behavioral Health-CLINICAL	58282		12622						$70,904	190	$373.18
School Based Behavioral Health-ADMIN	3067		664						$3,731		
FY2018 Mental Health Expenditures Budget	61349	0	13286	0	0	0	0	0	$74,635	190	#DIV/0!

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

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Four Corners Community Behavioral Health

1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	266,279	Form A1 - FY18 Projected Clients Served:	57
Form A1 - Amount Budgeted In FY17 Area Plan	178,250	Form A1 - Projected Clients Served In FY17 Area Plan	86
Form A1 - Actual FY16 Expenditures Reported by Locals	205,507	Form A1 - Actual FY16 Clients Served as Reported By Locals	38

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

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, Mountain View Hospital 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).

The expected clients served for FY18 is based on inpatient clients served during the past 12 months. Efforts are continuously being made to limit inpatient admissions and number of days through the use of creative interventions, outplacement funding, housing, residential support and other less restrictive interventions.

Describe any significant programmatic changes from the previous year.

FCCBH anticipates no significant programmatic changes from the previous year.

1b) Children/Youth Inpatient

Form A1 - FY18 Amount Budgeted:	144,140	Form A1 - FY18 Projected Clients Served:	12
Form A1 - Amount Budgeted In FY17 Area Plan	109,256	Form A1 - Projected Clients Served In FY17 Area Plan	13
Form A1 - Actual FY16 Expenditures Reported by Locals	130,543	Form A1 - Actual FY16 Clients Served as Reported By Locals	8

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, Mountain View Hospital 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 continue to 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 expect a continued increase in the next year in all three counties.

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.

1c) Adult Residential Care

Form A1 - FY18 Amount Budgeted:	494,703	Form A1 - FY18 Projected Clients Served:	33
Form A1 - Amount Budgeted In FY17 Area Plan	462,000	Form A1 - Projected Clients Served In FY17 Area Plan	31
Form A1 - Actual FY16 Expenditures Reported by Locals	488,354	Form A1 - Actual FY16 Clients Served as Reported By Locals	33

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 FY18.

1d) Children/Youth Residential Care

Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:	
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan	
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
FCCBH does not currently operate a children's only residential facility. FCCBH uses intensive services including, high fidelity wraparound 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 statewide 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 FY18

1e) Adult Outpatient Care

Form A1 - FY18 Amount Budgeted:	869,870	Form A1 - FY18 Projected Clients Served:	819
Form A1 - Amount Budgeted In FY17 Area Plan	991,022	Form A1 - Projected Clients Served In FY17 Area Plan	864
Form A1 - Actual FY16 Expenditures Reported by Locals	843,183	Form A1 - Actual FY16 Clients Served as Reported By Locals	775

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.

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 ongoing 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 to all clients, regardless of their primary referral reason into treatment.We have certified smoking cessation trainers available to provide specific 8-10 week courses. In addition, intential messages and education about smoking cessation are incorporated into many of our group programming options for both MH and SUD clients. We have wellness promoted activities for our MH clients both within the clubhouse and within the clinic. These may include various organized events and challenges throughout the year that clients are encouraged to take part in. We provide "quit kits" to all who come through the door and are interested. In terms of smoking cessation services provided in our Green River FQHC affiliation, we have a therapist there 2 days a week to provide individual therapy. She is currently unable to offer group treatment, due to the limited amount of time she has available vs. demand for individual treatment, but (as it's a medical clinic) she will see and provide treatment to those who are requesting needs around tobacco reduction and/or methods for quitting. This is within the skill set and capability of the LMHT assigned to that site. In addition, a wellness goal will be encouraged for each SPMI client's Personal Recovery Plan, as they are willing to participate in such. 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 from FY 16 actual to FY 18 projected in clients served due to the Utah Yes grant project.

Describe any significant programmatic changes from the previous year.

None

1f) Children/Youth Outpatient Care

Form A1 - FY18 Amount Budgeted:	735,248	Form A1 - FY18 Projected Clients Served:	523
Form A1 - Amount Budgeted In FY17 Area Plan	546,316	Form A1 - Projected Clients Served In FY17 Area Plan	468

Form A1 - Actual FY16 Expenditures Reported by Locals	509,902	Form A1 - Actual FY16 Clients Served as Reported By Locals	432

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, and medication management. Psychological testing will be completed, when indicated as medically necessary, to establish psychiatric diagnosis and treatment plan.

Children and youth with trauma concerns will be provided Trauma Focused CBT treatment and/or Attachment, Self-Regulation, Competency (ARC) treatment from certified providers. School based therapy will be offered in a majority of the elementary, middle, charter and high schools in Carbon, Grand, and Emery counties. This will be provided largely in part with Early Intervention funding. In October, 2016 Four Corners was awarded additional TANF funding to increase school based services to counties with increased intergenerational poverty. As a result, services to Carbon and Grand Counties have increased significantly in the schools. This will continue over the next year. 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. FCCBH will partner with the Carbon County Detention Center to provide treatment portions of in-home Observation and Analysis (O&A) when ordered by the court.

Clients dually diagnosed with mental health and substance use disorders will be provided integrated treatment.

Four Corners provides critical incident debriefing response to the schools after crisis events.

Four Corners will strongly support the Department of Human Services Systems of Care model of service delivery for youth and children with serious emotional disturbance.

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 provided both independent of, or in conjunction with, youth substance abuse services as a section of the youth IOP program. In Carbon County,staff members will provide a therapeutic support group for Caregivers (Foster Parents, Grandparents, Adoptive Parents, Kinship) raising displaced 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 expect to have increases from FY 16 actual to FY 18 projected in clients served due to the IGP grant.

Describe any significant programmatic changes from the previous year.

Increased services provided to UT Yes referrals and to school based early intervention referrals in Carbon and Grand Counties.

1g) Adult 24-Hour Crisis Care

Form A1 - FY18 Amount Budgeted:	159,406	Form A1 - FY18 Projected Clients Served:	375
Form A1 - Amount Budgeted In FY17 Area Plan	54,566	Form A1 - Projected Clients Served In FY17 Area Plan	233
Form A1 - Actual FY16 Expenditures Reported by Locals	167,020	Form A1 - Actual FY16 Clients Served as Reported By Locals	333

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

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 clinic will provide crisis services over the telephone, 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” 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 after-hours crisis response staff member will be required to respond within 15 minutes to crisis calls. In addition, in FY 18 FCCBH will begin developing a process for providing instant access crisis services for those individuals where waiting up to 15 minutes for a responding crisis worker may be of concern. This will likely be done through incorporating availabilty to a hotline that clients may be able to contact initially, until a warm handoff to our local crisis worker can be safely provided. 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. Outreach to the individual and/or identified support person after a crisis service has been provided will be provided, in order to maintain ongoing support.

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 have and will continue being 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).

No significant increases between FY16 actual and FY 18 projected.

Describe any significant programmatic changes from the previous year.

Continued education in 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. Same-day safety plans will be completed following every full C-SSRS assessment. This is in line with our current Performance Improvement Project (PIP) objectives.

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY18 Amount Budgeted:	36,164	Form A1 - FY18 Projected Clients Served:	100
Form A1 - Amount Budgeted In FY17 Area Plan	19,744	Form A1 - Projected Clients Served In FY17 Area Plan	61
Form A1 - Actual FY16 Expenditures Reported by Locals	35,910	Form A1 - Actual FY16 Clients Served as Reported By Locals	75

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and 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. All FCCBH crisis services will be delivered free of charge to all in need.

A 'high-risk list' of youth 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 wraparound 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).

We expect to see an increase in youth crisis services.

Describe any significant programmatic changes from the previous year.

We plan continued staff education in 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. Same-day safety plans will be completed following every full C-SSRS assessment. This is in line with our current Performance Improvement Project (PIP) objectives.

1i) Adult Psychotropic Medication Management

Form A1 - FY18 Amount Budgeted:	216,388	Form A1 - FY18 Projected Clients Served:	359
Form A1 - Amount Budgeted In FY17 Area Plan	269,202	Form A1 - Projected Clients Served In FY17 Area Plan	357
Form A1 - Actual FY16 Expenditures Reported by Locals	225,865	Form A1 - Actual FY16 Clients Served as Reported By Locals	359

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, two Physician's Assistants 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 PA will serve clients primarily in the Emery County area, under the direct supervision of our Medical Director.

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.

For qualifying clients, between the ages of 16-25, UT YES funds may be used to provide medication management services, which clinically indicated as a medical necessity.

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

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY18 Amount Budgeted:	30,112	Form A1 - FY18 Projected Clients Served:	80
Form A1 - Amount Budgeted In FY17 Area Plan	34,705	Form A1 - Projected Clients Served In FY17 Area Plan	70
Form A1 - Actual FY16 Expenditures Reported by Locals	34,423	Form A1 - Actual FY16 Clients Served as Reported By Locals	80

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, two Physician's Assistants 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. Telemedicine 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 telehealth 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.

None

1k) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY18 Amount Budgeted:	1,109,933	Form A1 - FY18 Projected Clients Served:	120
Form A1 - Amount Budgeted In FY17 Area Plan	975,109	Form A1 - Projected Clients Served In FY17 Area Plan	144
Form A1 - Actual FY16 Expenditures Reported by Locals	962,573	Form A1 - Actual FY16 Clients Served as Reported By Locals	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 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 Seriously Mentally Ill (SMI). 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).

None

Describe any significant programmatic changes from the previous year.

None

1I) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY18 Amount Budgeted:	9,344	Form A1 - FY18 Projected Clients Served:	7
Form A1 - Amount Budgeted In FY17 Area Plan	13,728	Form A1 - Projected Clients Served In FY17 Area Plan	35
Form A1 - Actual FY16 Expenditures Reported by Locals	11,550	Form A1 - Actual FY16 Clients Served as Reported By Locals	5

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

FCCBH will provide youth psychosocial rehabilitation in Carbon, Emery and Grand Counties. Interventions will include individual and group services provided by staff members who are supervised by a LMHT. Services will begin after a comprehensive clinical assessment which will determine medical necessity and a treatment plus plan is developed prescribing this service. Providers will be trained to an evidenced based curriculum and will adhere to that model with fidelity.

Largely, these services will be provided at the schools from September to May. Services will continue to be be provided during summer months within each of the clinics. The programs will incorporate treatment modules designed to improve stability, decrease symptomatology 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.

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 is in the process of expanding school based services because of new IGP funds. As programming depends greatly on referrals and need it is diffiuclt to estimate the growth in this area .

Describe any significant programmatic changes from the previous year.

Services will be focused on the schools based on recommendations of the therapist and medical need.

1m) Adult Case Management

Form A1 - FY18 Amount Budgeted:	588,406	Form A1 - FY18 Projected Clients Served:	530
Form A1 - Amount Budgeted In FY17 Area Plan	602,248	Form A1 - Projected Clients Served In FY17 Area Plan	446
Form A1 - Actual FY16 Expenditures Reported by Locals	520,432	Form A1 - Actual FY16 Clients Served as Reported By Locals	442

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 Seriously Mentally Ill (SMI) adults for whom the service is determined to be a medically necessary and is prescribed and authorized on a client-centered treatment plan. This 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 consumer's social, medical, educational or other needs. TCM will be provided by Four Corners staff operating out of the three county clinics, two clubhouse locations, and 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 client's course of treatment to accurately reflect ongoing 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.

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.

1n) Children/Youth Case Management

Form A1 - FY18 Amount Budgeted:	49,257	Form A1 - FY18 Projected Clients Served:	170
Form A1 - Amount Budgeted In FY17 Area Plan	36,280	Form A1 - Projected Clients Served In FY17 Area Plan	151
Form A1 - Actual FY16 Expenditures Reported by Locals	40,228	Form A1 - Actual FY16 Clients Served as Reported By Locals	157

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 (SED) 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 within 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 proactive 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 therapists were largely providing these services in FY18, costs have increased at a higher rate.
Describe any significant programmatic changes from the previous year.
None

1o) Adult Community Supports (housing services)

Form A1 - FY18 Amount Budgeted:	100,066	Form A1 - FY18 Projected Clients Served:	27
Form A1 - Amount Budgeted In FY17 Area Plan	105,506	Form A1 - Projected Clients Served In FY17 Area Plan	31
Form A1 - Actual FY16 Expenditures Reported by Locals	105,121	Form A1 - Actual FY16 Clients Served as Reported By Locals	27

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.FCCBH built an apartment complex in Grand specifically to house chronically mentally ill clients; particularly those difficult to place. The complex 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. In Carbon County, the Friendship Center has 10 supported living single apartments and 2 transitional bed rooms. Cottonwood Apartments has 4 two bedroom units,7 beds total.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 works 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).
None

Describe any significant programmatic changes from the previous year.
None

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

Form A1 - FY18 Amount Budgeted:	29,114	Form A1 - FY18 Projected Clients Served:	30
Form A1 - Amount Budgeted In FY17 Area Plan	21,368	Form A1 - Projected Clients Served In FY17 Area Plan	26
Form A1 - Actual FY16 Expenditures Reported by Locals	26,564	Form A1 - Actual FY16 Clients Served as Reported By Locals	30

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 (but are not limited to): 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).
None
Describe any significant programmatic changes from the previous year.
None

1q) Adult Peer Support Services

Form A1 - FY18 Amount Budgeted:	78,751	Form A1 - FY18 Projected Clients Served:	93
Form A1 - Amount Budgeted In FY17 Area Plan	80,664	Form A1 - Projected Clients Served In FY17 Area Plan	97
Form A1 - Actual FY16 Expenditures Reported by Locals	79,202	Form A1 - Actual FY16 Clients Served as Reported By Locals	93

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 serious mental illness (SMI). 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 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 also complete a personalized treatment objectives with the client. Peer Support Specialists will work from both the outpatient psychosocial rehabilitation facility (clubhouse) as well as the clinics, thereby providing individual and 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).

No increase in service, however increase in staff salaries; wage and fringe

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

FCCBH employs adult peer support providers who work in Carbon and Emery Counties. Peers are expected to attend at least once weekly individual supervision and 2-4 times monthly group supervision. This is peer level position who is supervised from multiple persons, including the Carbon Program Director, the UT Yes Coordinator, as well as through the New Frontiers for Families program for monthly guidance and supervision on wraparound.The program directors in all three counties are LMHT and receive ongoing training around clinical management and supervision and supervising peer employees (through the DSAMH).

Describe any significant programmatic changes from the previous year.

None

1r) Children/Youth Peer Support Services

Form A1 - FY18 Amount Budgeted:	28,758	Form A1 - FY18 Projected Clients Served:	24
Form A1 - Amount Budgeted In FY17 Area Plan	18,858	Form A1 - Projected Clients Served In FY17 Area Plan	25

Form A1 - Actual FY16 Expenditures Reported by Locals	13,082	Form A1 - Actual FY16 Clients Served as Reported By Locals	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 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. This will be supported 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, they 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).

No increase in service, however increase in staff salaries; wage and fringe

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

FCCBH employs an Family Resource Facilitator that works in Carbon and Emery Counties. This is peer level position who is supervised from multiple persons, including the Carbon Program Director as well as through the New Frontiers for Families program.The program directors in all three counties are LMHT and receive ongoing training around clinical management and supervision and supervising peer employees (through the DSAMH).

Describe any significant programmatic changes from the previous year.

None

1s) Adult Consultation & Education Services

Form A1 - FY18 Amount Budgeted:	13,314
Form A1 - Amount Budgeted In FY17 Area Plan	6,094
Form A1 - Actual FY16 Expenditures Reported by Locals	4,763

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).

The Prevention by Design Grant has increased 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.

1t) Children/Youth Consultation & Education Services

Form A1 - FY18 Amount Budgeted:	13,313
Form A1 - Amount Budgeted In FY17 Area Plan	6,094
Form A1 - Actual FY16 Expenditures Reported by Locals	4,762

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 participate in the System of Care program, as a team participant, as a treatment provider, and in making referrals. 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 in all three counties periodically on topics including prevention, early intervention, Mental Health First Aid, suicide prevention/intervention/postvention, and other requested topics. 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 Castleview Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

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).

The Prevention by Design Grant has increased 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.

1u) Services to Incarcerated Persons

Form A1 - FY18 Amount Budgeted:	34,263	Form A1 - FY18 Projected Clients Served:	90
Form A1 - Amount Budgeted In FY17 Area Plan	56,426	Form A1 - Projected Clients Served In FY17 Area Plan	304
Form A1 - Actual FY16 Expenditures Reported by Locals	34,170	Form A1 - Actual FY16 Clients Served as Reported By Locals	76

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 adult inmates in all three counties. FCCBH clinical staff members will provide emergency substance abuse and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. 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. FCCBH has 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. This has also included early intervention efforts with individuals encountering the Justice Court system in at least two counties, with plans to expand in all three. 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 expects a slight increase from FY16 actual to FY18 projected. The FY17 Projected clients served was entered incorrectly.

Describe any significant programmatic changes from the previous year.

FCCBH has increased coordination efforts with the courts and jails in all counties,as a result of our JRI implementation efforts. Case Managers are present at some 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.

1v) Adult Outplacement

Form A1 - FY18 Amount Budgeted:	27,275	Form A1 - FY18 Projected Clients Served:	129
Form A1 - Amount Budgeted In FY17 Area Plan	22,775	Form A1 - Projected Clients Served In FY17 Area Plan	120
Form A1 - Actual FY16 Expenditures Reported by Locals	8,060	Form A1 - Actual FY16 Clients Served as Reported By Locals	129

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 and building "recovery capital".FCCBH has staff assigned specifically to track clients being released from hospitals and required daily monitoring, limit setting. Additional interventions may include:arranging/contracting for placement in alternative environments/facilities to augment care requirements,minor home repair, temporary housing assistance during stabilization efforts following hospitalization,clinical treatments,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).
	No significant changes.
	Describe any significant programmatic changes from the previous year.
	No significant programmatic changes.

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. When available, 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 interventions.
	Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

1x) Unfunded Adult Clients

Form A1 - FY18 Amount Budgeted:	148,668	Form A1 - FY18 Projected Clients Served:	158
Form A1 - Amount Budgeted In FY17 Area Plan	129,988	Form A1 - Projected Clients Served In FY17 Area Plan	135
Form A1 - Actual FY16 Expenditures Reported by Locals	114,801	Form A1 - Actual FY16 Clients Served as Reported By Locals	0

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

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, at least three individual sessions and, when indicated, and/or time limited group therapy. When deemed appropriate by multidisciplinary treatment team, 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 uninsured /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).

None

Describe any significant programmatic changes from the previous year.

No significant programmatic changes

1y) Unfunded Children/Youth Clients

Form A1 - FY18 Amount Budgeted:	25,202	Form A1 - FY18 Projected Clients Served:	25
Form A1 - Amount Budgeted In FY17 Area Plan	25,695	Form A1 - Projected Clients Served In FY17 Area Plan	28
Form A1 - Actual FY16 Expenditures Reported by Locals	19,508	Form A1 - Actual FY16 Clients Served as Reported By Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Self-referred 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 client's 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. Unfunded children/youth deemed eligible for mental health services may also be referred to FCCBH through the school system, and may be treated using Early Intervention funding.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
None
Describe any significant programmatic changes from the previous year.
No significant programmatic changes.

1z) Other non-mandated Services

Form A1 - FY18 Amount Budgeted:	30,577	Form A1 - FY18 Projected Clients Served:	
Form A1 - Amount Budgeted In FY17 Area Plan	22,454	Form A1 - Projected Clients Served In FY17 Area Plan	56

Form A1 - Actual FY16 Expenditures Reported by Locals	21,643	Form A1 - Actual FY16 Clients Served as Reported By Locals	0

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

FCCBH will provide integrated health care monitoring by use of an outreach LPN position. The assigned employee will have a caseload of consumers requiring medically necessary, behavioral health services at FCCBH and somatic health services through a local primary care physician. FCCBH also provided availability to a contracted, primary health APRN who will be co-located on FCCBH property and will be an active member of the treatment team staffing co-occurring clients (with an active ROI).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.

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 FY17, 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 was 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 FY18.
As a recipient of the Primary Care Grant, FCCBH has been able to provide hundreds of no cost MH and SUD assessments as well as general medical care and services for those under 200% of the FPL. This increase has helped remove funding barriers for individuals in need and will be continued in FY18.

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

We expect to see a slight increase in funding and in clients served due to Utah YES and Primary Care funding. A client projection has not been entered because client data is not captured for this non-mandated service.

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. All unfunded and underfunded individuals will be considered for use of this money, if they meet qualifying requirements. This will increase access and remove funding barriers for individuals in need.

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

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

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 skills 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 Corners UT YES Grant will include employment assistance to grant recipients. In addition, FCCBH is currently working with the Supported Employment Program Manager and IPS Statewide Trainer to assist our employees with technical assistance on increasing client employment. Frequent interactions are currently taking place between the two parties and are being largely organized by the FCCBH UT YES coordinator, so that transition age youth may also benefit from the technical assistance provided. In addtion, any adult qualifying for clubhouse services may attend either of the clubhouses in Carbon or Grand Counties, regardless of age. However, ongoing participation of younger clients has been somewhat limited. FCCBH is currently exploring this situation further and will continue to look for solutions to increase motivation for transition age youth to participate more actively in clubhouse services.

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.
Clubhouse maintains a close relationship with Voc Rehab so clients are able to attend school and get funds for creative needs to obtain employment such as dental care, care repair and clothing allowance. We also work with DWFS encouraging clients to attend employment preparation classes such as resume writing and interview skills.

Employment of people with lived experience as staff.

	FCCBH will make every effort to employ consumers when appropriate. A former clubhouse member may work as a residential aid and/or 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. We at Four Corners realize that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. We understand that IPS has been extensively researched and proven to be effective. We really like the IPS model and we are interested in continued training in the elements of the model. We are committed to helping our clients find and retain employment in our Clubhouses as well as our Utah Yes program. We currently are striving to include some of the elements of the IPS model into our employment services including when possible; client choice, assistance with supports, coaching, resume development, interview training, and on-the-job support. Our employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible are consistent with client preferences. At present there are barriers to incorporating this model to fidelity within our center. As you know we are a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager to hospital diversion caregiver- among a few. Sometimes rural funding and staffing patterns allows us to only fulfill a portion of a program, but we certainly do the best we can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide this model locally, and lack of local employment opportunities, we are prohibited from carrying out the model to fidelity.
	Peer Specialists/Family Resource Facilitators providing Peer Support Services.
	FCCBH will have one Family Resource Facilitator working in the tri-county area. FCCBH will also allow for 3 Peer Support Specialists providing service in the tri-county area working under the Utah Yes grant. In Grand County, through grant partnership with USARA, a peer recovery specialist is employed full time assisting Four Corner's clients. This grant will end October, 2017, but efforts to sustain the case management and other services provided to the population served will remain.
	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. We at Four Corners realize that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. We understand that IPS has been extensively researched and proven to be effective. We really like the IPS model and we are interested in continued training in the elements of the model. We are committed to helping our clients find and retain employment in our Clubhouses as well as our Utah Yes program. We currently are striving to include some of the elements of the IPS model into our employment services including when possible; client choice, assistance with supports, coaching, resume development, interview training, and on-the-job support. Our employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible are consistent with client preferences. At present there are barriers to incorporating this model to fidelity within our center. As you know we are a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager to hospital diversion caregiver- among a few. Sometimes rural funding and staffing patterns allows us to only fulfill a portion of a program, but we certainly do the best we can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide this model locally, and lack of local employment opportunities, we are prohibited from carrying out the model to fidelity.

3) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements
FCCBH intends to further our initiative on integrated behavioral health and somatic health care. FCCBH has plans to expand our current integrated health location, to allow for more clients to be seen and improve access to crisis care. FCCBH continues efforts to maintain a “trauma-informed organization”. FCCBH policies and procedures are reviewed with the intention to make organizational practices trauma-informed. Same day, open access intakes have been provided in all three clinic locations for a couple of years now. As well, our "in-time scheduling" efforts have significantly reduced client "no-shows" with our medical providers. These two efforts will continue ongoing. In FY 18, FCCBH will pilot another project in Carbon County to offer same day, open access individual therapy appointments. The hope is that similar results will be brought about, as with our decrease in medical no-shows.
Identify process improvement activities - Implementation
In terms of implementation, FCCBH takes a multifaceted approach. FCCBH has recently developed a robust internal training program for new employees. This allows all new staff the opportunity to quickly gain competence around internal enhancements and ongoing initiatives, such as administration of the C-SSRS, CAMS, DUSI-R, and other early training needs. Staff are trained in a variety of forms including group interaction, online training, mentoring with peers, and shadowing. In addition, FCCBH contracts with outside providers for a variety of trainings in order to comply with new initiatives and mandates brought about by the DSAMH and other funders. FCCBH takes pride in being innovative with program development and treatment enhancement efforts, frequently initiating pilot projects within our clinics. This has lead to many successful community efforts including our Naltrexone monitoring project and Naloxone training/certification for first responders and other community members.
Identify process improvement activities - Training of Evidence Based Practices
Over the past several years, FCCBH has reinforced the importance of evidenced based treatment by enhancing oversight practices to ensure fidelity to the model.Thus far, internal monitoring systems are in place for many programs being offered including Moral Reconation Treatment (MRT), Motivational Interviewing (MI), Wrap-around services, Seeking Safety, and others.
Identify process improvement activities - 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 it's 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.
Identify process improvement activities - Increased service capacity

	Four Corners has seen an increase of intake services over the past several years. We believe this is in part due to the award of the DOH Primary Care Grant and the Utah Yes grant. This has allowed us to provide no cost MH and SUD assessments and services for those under 200% of the FPL through Primary Care funding, and those experiencing (or at risk of experiencing) a significant mental health episode with Utah Yes funding. These funding sources have allowed us to increase our service capacity and has significantly 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 will continue until September, 2019.
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals
	-Open access in each of our clinic locations for all new MH and SUD intakes. If desired, scheduled appointments may also be made upon request. -Piloting a new program for open access accessability for individual therapy and case management appointments -A clinical screening is provided to all individuals seeking treatment for MH and SUD concerns, regardless of ability to pay. -Enhanced availability of services to all individuals seeking treatment when they are ready to begin care (i.e. limited treatment options, same day access, no waiting lists, 24/7 crisis availability, integrated care with local primary health care provider (co-located in the Clubhouse building). -Limited treatment options are available for folks that may not be ready for formalized treatment or for those that may still be struggling with substance use.
	Identify process improvement activities - Efforts to respond to community input/need
	FCCBH will maintain support of The HOPE Suicide Prevention Coalition in Carbon County, through 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 region's communities. Four Corners will continue to provide Mental Health First Aid trainings, for both adults and youth in all counties. A wide spectrum of community members have been already been trained by FCCBH staff.FCCBH has a sustainable internal method for motivating and maintaining training of the Columbia-Suicide Severity Rating Scale (C-SSRS), enhancing consistency in the evaluation process across the three counties. In addition, the FCCBH internal suicide prevention committee has begun training community medical partners on the importance of and effective use of the C-SSRS Screening version with client seeking treatment for somatic complaints.FCCBH also plans to continue the tri-county educational campaign, initiated with local medical partners and law enforcement to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths.
	Identify process improvement activities - Coalition Development
	CHEER:Emery County Coalition 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. Community partnerships between FCCBH, Moab City, Grand County, Grand Court, Grand School District, and Moab Regional Hospital have collaborated to develop a community coalition serving Grand County. FCCBH provides technical assistance to all of our community coalitions with a focus in supporting the fidelity implementation of an evidenced based planning process, such as Communities the Care (CTC).
	Describe how mental health needs for people in Nursing Facilities are being met in your area
	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 (not included above)

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.
We are an active participate with the National Health Services Corp, ensuring updates are completed for agency and clinic re-certifications, mandates are followed within the program guidelines, and clinicians are afforded the opportunity to successfully complete their loan repayment obligations.

4) Integrated Care

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

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 2 year, the number of days dedicated to providing treatment within that facility has increased from 1 day to 2 days weekly, due to demand.
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. FCCBH has plans to expand this location to allow for a greater number of medical providers to practice thereby improving accessibility to this resource by FCCBH clients.
Due to the DOH Primary Care Grant FCCBH was awarded many primary physical healthcare needs for those under 200% of the FPL are provided for low or no cost. This will increase access and remove funding barriers for individuals in need.

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

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 support services will be addressed and assessed during intake and indicated needs will be referred to the FCCBH recovery coach/case managers to delivery of resources. FCCBH will work from the Recovery Capital model in focusing on 4 main areas: Social, Physical, Human, and Cultural.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

FCCBH will provide co-occurring services to individuals who are court ordered to substance use disorder treatment and others who have been identified in assessment to have a co-occurring mental health disorder. Using a 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. This may include intensive case management services to assist in a variety of wellness areas, including assistance with gaining resources around health testing, treatment of diseases, harm reduction strategies, and other health related resources.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a ***tobacco free environment***. SUD Target= reduce tobacco and nicotine use by 5%.

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. When possible, peer support specialists will be trained to run smoking cessation classes.

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.

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.The agencies include DCFS, DJJS, Juvenile Probation and many others. 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%.

	None
	Describe any significant programmatic changes from the previous year.
	None
	Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

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.
	FCCBH does not currently participate in the funded "Mobile Crisis Team" project. However, FCCBH has an organizational value of providing something very similar with our 24/7 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 is also willing to 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%.
	None
	Describe any significant programmatic changes from the previous year.
	None
	Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.
	None

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 elementary schools, Middle Schools/Jr. High schools, high schools, and charter schools in all three counties. These services will be offered to ALL schools in all three counties, but due to the substantial need in some and lack of need in others, all schools may not choose to take part. These services will be provided by a LMHT (and when appropriate a case manager) and include diagnostic assessment, treatment planning, individual therapy, family therapy, group therapy, group skills development, case management, and other identified needs. 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. Additional services may be provided with TANF grant funding to districts where intergenerational poverty is high. Services will primarily be provided at the school, but may take place at the clinics at parents request. 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, DIBLES testing, and OQ scores. School behavioral records will be tracked by the school counselor. Youth Outcome Questionnaires (YOQ-30) will be administered to all parents/students at least monthly to obtain feedback on behavioral improvement.

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

FCCBH expects increases in funding and clients served due to the IGP grant funding.

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

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)

6) Suicide Prevention, Intervention & Postvention

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

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 has also established a Zero Suicide inspired committee internally that has been identified as the Safe Squad. This committee consists of a chair and representatives from each clinic/team who currently meeting every other month to oversee and make recommendations around prevention, Intervention, and postvention improvements. One of the prevention efforts of this team has been providing lunch and learns to medical providers around the positive use of PHQ-9 and the C-SSRS screening tool. The Safe Squad chair and committee members have worked to organize and present this information. This will be an ongoing effort (among others) in 2018.
FCCBH will continue to implement and adhere to the standards established in the Statewide Performance Improvement Project, for 2018. This includes continuous training efforts around the Columbia-Suicide Severity Rating Scale (C-SSRS).
FCCBH LMHT will continue to be trained and monitored around the use of 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 progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

FCCBH has partnered with DSAMH for the application of SAMHSA National Strategy Grant Funding to assist with prevention, intervention and postvention techniques for preventing suicide. If granted, FCCBH will hire an outreach coordinator to become a "specialist" in this area and continue to facilitate the goals and initiatives set up by the Safe Squad and other community outreach efforts. If the grant is not awarded, our internal Safe Squad will continue to assume those objectives around community outreach and training, policy revision, internal training and awareness, timely outreach and other care improvements. During CY15, FCCBH spent an extensive amount of time training and establishing the processes required to effectively roll out the C-SSRS. The tool became available in Credible beginning in December of 2015 providing our baseline data. During the month of December,FCCBH saw a total of 279 enrollees. Of the 279 enrollees seen, 16 were administered the C-SSRS. Of the 16 who were administered a C-SSRS, 2 answered affirmative to question 2. Of the 2 who answered affirmative to question 2, one had a completed Safety Plan in place. Of the 855 enrollees saw during CY 2016, the first re-measurement period for the PIP, 502 were administered the CSSRS at least one time. The goal FCCBH outlined for the CY16 period was to screen 50 percent of all Medicaid enrollees that were seen in outpatient services. FCCBH surpassed that goal by achieving an administration rate of 59%.

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 as specific efforts for your clients.

	FCCBH provides all MH crisis services for both local hospitals (which serve all three counties) in Carbon and Grand Counties. When patients are seen at the E.R and determined to be in a mental health crisis, 24 hour crisis workers are contacted. A 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 will be created, including follow up services with both the patient and a family member/support person. Medical providers are included throughout the process. In FY18, 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 FY18, 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 specific cases. As well, efforts around improved outreach following crisis and with indicated need have been made. Focusing on this effort more closely has proved beneficial for getting higher compliance with outreach attempts by all FCCBH staff members.
	More services will be provided due to IGP efforts.
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- Wade Allinson 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- Wade Allinson
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- Wade Allinson
County Attorney: Andrew Fitzgerald
Local Substance Abuse/Mental Health Director Designee: Belinda Hurst
Sheriff: Sheriff White
Jail Commander: Veronica Bullock
Defense Attorney: David Allred
County Commissioner: Jaylyn Hawks
Justice Court Judge: David 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 and DUSI-R tools, which 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 Reconation Therapy, Motivational Interviewing , REBT, and other curriculum for decreasing criminal thinking.For persons with serious and persistent mental illness, community stabilization may be provided to all clients in the tri-county area by way of transition beds located at the Friendship Center in Carbon and at the Willows in Grand. These units are 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.
Recovery Support- FCCBH will provide recovery support services to JRI individuals, specifically focusing on building 4 main areas of Recovery Capital: Social, Physical, Human, and Cultural. A assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement.

Identify your proposed outcome measures.

	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 and DUSI-R assessment tools, 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 Reconation Therapy, Motivational Interviewing , REBT, and other curriculum for decreasing criminal thinking. For persons with serious and persistent mental illness, community stabilization may be provided to all clients in the tri-county area by way of transition beds located at the Friendship Center in Carbon and at the Willows in Grand. These units are 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. Recovery Support- FCCBH will provide recovery support services to JRI individuals, specifically focusing on building 4 main areas of Recovery Capital: Social, Physical, Human, and Cultural. A assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement. Engaugement in treatment will be measured at discharge wherein clinicians will indicate the extent to which treament goals were met or not met, or a summary indicating why the client dropped out of services.

FY18 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Four Corners Community Behavioral Health **Form B**

$672,158

FY2018 Substance Use Disorder Treatment 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	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 FY2018 Revenue
Drug Court	304868		42624			64398		23467		100000	108856	$644,213
Drug Offender Reform Act	38025		16848									$54,873
JRI	116699		23340									$140,039
Local Treatment Services	117863	29819		26404	132697	185552	34701	40746			22837	$590,619
Total FY2018 Substance Use Disorder Treatment Revenue	$577,455	$29,819	$82,812	$26,404	$132,697	$249,950	$34,701	$64,213	$0	$100,000	$131,693	$1,429,744
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FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	19600	1109	2743	982	4933	9911		719		3065	4186	$47,248	13	$3,634
Outpatient (Methadone: ASAM I)												$0	0	#DIV/0!
Outpatient (Non-Methadone: ASAM I)	216209	12900	31896	11423	57411	87907	34701	7980		34003	67872	$562,302	348	$1,616
Intensive Outpatient (ASAM II.5 or II.1)	226586	10152	32307	8989	45176	98753		9927		42303	53825	$528,018	215	$2,456
Recovery Support (includes housing, peer support, case management and other non-clinical)	38357	1065	4922	943	4739	13241		2245		9569	11232	$86,313	165	$523
Other (Screening & Assessment, Drug testing, MAT)	76703	4593	10944	4067	20438	40138		43342		11060	15557	$226,842	506	$448
FY2018 Substance Use Disorder Treatment Expenditures Budget	$577,455	$29,819	$82,812	$26,404	$132,697	$249,950	$34,701	$64,213	$0	$100,000	$152,672	$1,450,723	1247	$1,163

FY2018 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 FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	183020	9457	23973	8374	42084	53604	34701	17894		32843	42994	$448,944
All Other Women (18+)	89045	5284	13683	4678	23512	45745		12992		11958	17063	$223,960
Men (18+)	274765	11185	42109	9905	49776	121844		33327		55199	89633	$687,743
Youth (12- 17) (Not Including pregnant women or women with dependent children)	30625	3893	3047	3447	17325	28757		0			2982	$90,076
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	$577,455	$29,819	$82,812	$26,404	$132,697	$249,950	$34,701	$64,213	$0	$100,000	$152,672	$1,450,723

Local Authority: Carbon County (Four Corners Community Behaviora

Form B1

FY18 Drug Offender Reform Act & Drug Court Expenditures

FY2018 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 FY2018 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	1851	3596	16151		$21,598
Outpatient (Methadone: ASAM I)					$0
Outpatient (Non-Methadone: ASAM I)	23791	182873	36172		$242,836
Intensive Outpatient (ASAM II.5 or II.1)	20615	222361	50164		$293,140
Recovery Support (includes housing, peer support, case management and other non-clinical)	33	59799	1844		$61,676
Other (Screening & Assessment, Drug testing, MAT)	8583	56440	14813		$79,836
FY2018 DORA and Drug Court Expenditures Budget	$54,873	$525,069	$119,144	$0	$699,086

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Four Corners Community Behavioral Health

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

Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:	
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan	
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals	

Describe the activities you propose and identify where services will be 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 work with clients and their families to find a placement that will work with their insurance provider, financial situation, etc. when this is clinically indicated. 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. Due to funding barriers, unfunded clients who may benefit from detoxification services will be linked up to their primary care provider and or the local FQHC for DETOX recommendations and treatment. If the client is at immediate health risk due to detoxification from a substance, they will be referred to the closest emergency department for 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).

None

Describe any significant programmatic changes from the previous year.

None

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

Form B - FY18 Amount Budgeted:	$47,248	Form B - FY18 Projected Clients Served:	13
Form B - Amount Budgeted In FY17 Area Plan	47,347	Form B - Projected Clients Served In FY17 Area Plan	15
Form B - Actual FY16 Expenditures Reported by Locals	18,000	Form B - Actual FY16 Clients Served as Reported By Locals	9

Describe the activities you propose and identify where services will be 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 residential 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).

There is no significant increase or decrease between FY17 and FY18 budgeted $'s or clients served.

Describe any significant programmatic changes from the previous year.

None

3) Outpatient (Methadone - ASAM I)

Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:	
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan	
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals	

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.

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.

When clinically indicated, FCCBH will provide education to clients and their families around Medication Assisted Treatment options.

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

In addition, in cases where Methadone is not readily available or an alternative form of MAT is appropriate, FCCBH staff will assist clients in receiving MAT services from a local 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.
None

4) Outpatient (Non-methadone – ASAM I)

Form B - FY18 Amount Budgeted:	$562,302	Form B - FY18 Projected Clients Served:	348
Form B - Amount Budgeted In FY17 Area Plan	719,110	Form B - Projected Clients Served In FY17 Area Plan	370
Form B - Actual FY16 Expenditures Reported by Locals	680,975	Form B - Actual FY16 Clients Served as Reported By Locals	405

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.
SUD services will be offered to community members 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 outpatient, non-residential services directly in FCCBH outpatient clinics. All individuals requesting services will be referred to the local health department to be screened for HIV-AIDS, Hep C, and TB. Prior to entering treatment, clients will receive a complete SUD and MH 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 required. 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, through 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.All programs include evidence-based models for treatment such as MI, MRT, Matrix and many others. Trauma informed, gender specific treatments are available to all clients and are incorporated in all Level I and Level II programming. All educational and program materials will be based upon evidence-based treatment programing. Interim services (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).
FCCBH expects to see a slight decrease between FY 16 actual and FY 18 projected budget and clients served. This is largely due to FCCBH focus on individualized treatment methods.

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.

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

Form B - FY18 Amount Budgeted:	$528,018	Form B - FY18 Projected Clients Served:	215
Form B - Amount Budgeted In FY17 Area Plan	531,541	Form B - Projected Clients Served In FY17 Area Plan	193
Form B - Actual FY16 Expenditures Reported by Locals	463,871	Form B - Actual FY16 Clients Served as Reported By Locals	227

Describe the activities you propose and identify where services will be 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 screening/assessment tools, including (but not limited to) the SASSI,DUSI-R, ACE, LS/RNR.Level of care (and progression 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.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 be evidenced/research based. The outpatient program will include a women-specific treatment component. FCCBH will provide transportation to services for pregnant women, or women with children, when needed.When medically necessary, clients will be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance abuse disorder. 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).

FCCBH expects to see a slight increase between FY 16 actual and FY 18 projected budget and clients served. This is largely due to FCCBH focus on individualized treatment methods.

Describe any significant programmatic changes from the previous year.

None

6) Recovery Support Services

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

Form B - FY18 Amount Budgeted:	$86,313	Form B - FY18 Projected Clients Served:	165	
Form B - Amount Budgeted In FY17 Area Plan	133,018	Form B - Projected Clients Served In FY17 Area Plan	175	
Form B - Actual FY16 Expenditures Reported by Locals	49,095	Form B - Actual FY16 Clients Served as Reported By Locals	185	

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

Based upon individual need and choice, FCCBH Recovery Coaches will act as a strengths-based advocate supporting any positive change, helping individuals avoid relapse, build community supports, or assist 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 situation and laying the groundwork for future goals. FCCBH Recovery Coaches will assist clients in accessing recovery supports such as education, child care, 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 also will provide housing support through deposits for housing and one-time rental payments to help clients obtain and/or keep housing, within appropriations.This is considered helping the individual build "Recovery Capital" during treatment. In addition, 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 reduce a barrier to those wishing to participate in this recovery activity. 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 promote recovery awareness in all three counties.

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 funding is expected between FY16 actual and FY18 projected.

Describe any significant programmatic changes from the previous year.

FCCBH will be enhancing our emphasis on building "Recovery Capital" and assessing those client needs in the next year.

7) Peer Support Services

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, in partnership with USARA, supports a peer support position in Grand County. The peer support worker is located in the Grand County Clinic and works with non-client community members in recovery as well as active FCCBH clients. Services are provided to all individuals free of charge and financial assistance is provided in various areas of need such as housing, vehicle repair, access to education, medical needs, and other areas of Recovery Capital. In addition, FCCBH employs Peer Support employees that work with clients in Carbon and Emery County with both youth and adults with mental health and SUD concerns. FCCBH also employs an Family Resource Facilitator that works in Carbon and Emery Counties. This is peer level position who is also supervised from multiple persons, including the Carbon Program Director as well as through the New Frontiers for Families program.

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

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Peer supports are supervised in a variety of ways. In Grand County, the peer employee is supervised through the USARA program, and also receives weekly (and as needed) supervision from the FCCBH Grand County Program Director. In Carbon and Emery Counties, the peer employees are both supervised through the Utah Yes grant supervisor as well as the Carbon Clinic Program Director. These employees are intensively managed and receive contact with either or both supervisors several times weekly. The program directors in all three counties are LMHT and receive ongoing training around clinical management and supervision and supervising peer employees (through the DSAMH). FCCBH also employs an Family Resource Facilitator that works in Carbon and Emery Counties. This is peer level position who is also supervised from multiple persons, including the Carbon Program Director as well as through the New Frontiers for Families program.

Describe any significant programmatic changes from the previous year.

None

8) Opioid Treatment and Recovery Support Formula Funds

The allowable uses for this funding are descibed in the SFY 18 Division Directives:
1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
7. Enhance or support the provision of peer and other recovery supports.

Describe the activities you propose and identify where services will be provided.

The opioid epidemic has left a devastating impact on just about every demographic and strata of our local communities. FCCBH has developed a strategic plan to combat the opioid epidemic which creates specific interventions for; Primary, Secondary and Tertiary Prevention, Evidence Based SUD Treatment and Recovery Support interventions.
The FCCBH strategic plan blends funding from a variety of resources, engages private and public partnerships within the communities, increases investment in the local community coalitions and opens up evidenced based resources and services to all community members regardless of funding source (or lack thereof).
Primary Prevention Efforts: In an effort to clearly prevent OUD, the FCCBH strategic plan engages the services of an addictionologist to provide local prescriber education. This will be aimed at managing prescriptive practice to reduce initial addiction as well as transitioning patients into MAT resources and clinics when medically necessary. Primary Prevention efforts of this strategic plan also include the creation of opioid drop boxes at local pharmacies in addition to Law Enforcement locations.
Secondary Prevention Efforts: To prevent the progression of OUD disease and to catch and treat as early as possible, the FCCBH strategic plan includes funding for providing in-house MAT and by contracting for additional MAT services to be made accessible to all community members in need. The plan is to get all FCCBH mid-level prescribers buprenorphine certified. MAT funds will be used to assist those in jails and upon release from jail to increase treatment engagement and reduce accidental overdose death. This again would be a partnership of public and private referral and treatment services. Telehealth services will be implemented when needed to serve remote rural areas. Funds will be used to pay for indigent and underinsurured individuals to MAT services.
Tertiary Prevention Efforts: To prevent the tragic end stage of OUD disease; overdose deaths, a widespread community Naloxone training, education and kit distribution effort will be implemented. Case management will be utilized to assist individuals transitioning from incarceration or rehabilitative settings out into the community.

Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.

Our plan will include developing rapid access to OUD treatment services regardless of ability to pay. MAT and clinical treatment will be offered to those not involved in judicial system as well as the population involved in the criminal justice system. More forms of MAT will be made available to meet individual needs. We plan to use Recovery Support Services and Case Management to assist in helping individuals develop long term sustainable recovery capital. Funding assistance can help individuals stay in treatment until they have built the resources to pay for it themselves.

Describe how your plan will improve access and outcomes for individuals with OUD in your community.

OUD has impacted almost all demographic and social strata in our communities, including the privately insured, individuals on Medicaid, the indigent, individuals involved with the criminal justice system and those who have no court involvement, young and old, working and not working. Funding as well as access to MAT has been a treatment barrier for many individuals suffering with OUD. FCCBH will partner with Project Reality to provide MAT services through an accredited Project Reality Opioid Treatment Program sited in Price, Utah. Project Reality and FCCBH will collaborate as needed to assess individuals with opioid use disorder for medication assisted treatment (MAT) including methadone, Suboxone, Naltrexone and Vivitrol. Patients admitted to MAT treatment through Project Reality will receive evidence based mental health and substance abuse psychosocial treatments, curriculums and tools predominantly through a coordinated effort with FCCBH. Project Reality staff members will provide medication assessment, induction, and administration and will provide training, coordination and consultation with FCCBH clinical staff members to ensure comprehensive effective care with MAT. Having individualized treatment options will allow for a variety of MAT options thus providing improved outcome. Individualized MAT, psychiatric medications as well as evidence based clinical treatment modalities.

For each service, identify whether you will provide services directly or through a contracted provider.

MAT medications will be provided directly and through a contract with Project Reality. Clinical treatment services will be provided directly.

9) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

	Describe access and quality improvements.
	1.Open Access- FCCBH has 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. Intake packets will be accessible from home on our web site so clients can complete required documentation prior to their first appointment. 3.We will continue improving client access to information through our website. 4.We started a Facebook page for FCCBH, 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 and expanded to two days a week to meet the demands of needed services. 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 to access services intended to enhance their motivation for Level I or Level II programming. 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 has significantly decreased 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. 8.Piloting open access for individual therapy and case management appointments in our Carbon clinic. Quality Improvements: 1.Expand our integrated care facility to allow room for more treating primary care medical providers. 2.Increased MAT efforts within each of the clinics, through enhance MAT training for all FCCBH prescribers and through the Naltrexone pilot project in Carbon County. 3.Continue enhancing ongoing Trauma Informed approach to: staff supervision, clinical programing, facility management and client care. FCCBH has developed a Trauma Informed Care policy and continues the process of developing the specific procedures related to trauma screening, assessment and service planning. 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.Several building maintenance, remodel, and other projects over next year to improve client treatment experience.
	Identify process improvement activities - implementation.
	FCCBH is committed to consistently improving treatment through use of evidenced-based practices (EBP), and has successfully implemented Motivational Interviewing throughout the agency to full fidelity of the model in the clinical setting. All FCCBH staff have been trained in this model, including support staff and administrative staff. The implementation of MRT monitoring to fidelity has also been implemented. We have continued efforts of process improvement related to the training and administration many assessment tools such as the DUSI-R, C-SSRS, and LSRNR. This has been accomplished through improving our internal training program, offering online alternatives to training for quicker access, adding training protocols for newly hired therapists, and externally contracting with trainers. We have also continued to strengthen our coordination efforts with the courts and the jails in all three counties, as a result of our JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement. Data and computer based improvements have been accomplished through the FCCBH Data manager in coordination with our EHR Credible and other technology-based resources.
	Identify process improvement activities - Training of Evidence Based Practices.

	FCCBH is committed to consistently improving treatment outcomes through use of evidenced-based practices (EBP). This is evidenced through our completed implementation of Motivational Interviewing throughout the agency to full fidelity within a clinical setting. All FCCBH staff were trained in this model, including support staff and administrative staff. The implementation of MRT monitoring to fidelity has also been implemented, as all relevant staff have been formally trained and ongoing monitoring is being accomplished through our established polycom system in each of the clinics. We have recently trained a staff member in Acceptance and Commitment Therapy (ACT) and are in the process of planning an agency-wide training on the EBP. FCCBH is highly motivated to continue bringing new EBP into each of the treatment programs and dedicated to the continued education of our staff in these practices.
	Identify process improvement activities - Outcome Based Practices.
	FCCBH is committed to consistently improving treatment outcomes through use of evidenced-based practices (EBP). This is evidenced through our completed implementation of Motivational Interviewing and MRT throughout the agency to full fidelity within a clinical setting. FCCBH believes that use of EBP to fidelity will produce greater outcomes in treatment compliance, effectiveness, retention, and in many other aspects. FCCBH is highly motivated to continue bringing new EBP into each of the treatment programs and dedicated to the continued education of our staff in these practices.FCCBH has increased our oversight of clinical outcomes through enhancements in the use of the OQ tool, gathering data around effectiveness of piloting the Naloxone and Naltrexone projects, and through improvements in State Scorecard Outcomes through DSAMH.
	Identify process improvement activities - Increased Service Capacity.
	FCCBH provides open access opportunity to all individuals seeking intake services. The addition of open access to individual therapy and case management appointments will likely reduce barriers to clients seeking treatment services. FCCBH does not currently have a waiting list for clients to receive intakes or start treatment services. In fact, individuals motivated to begin treatment can usually get a same day or next day intake appointment through the open access system.
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals
	FCCBH provides open access opportunity to all individuals seeking intake services. The addition of open access to individual therapy and case management appointments will likely reduce barriers to clients seeking treatment services. FCCBH does not currently have a waiting list for clients to receive intakes or start treatment services. In fact, individuals motivated to begin treatment can usually get a same day or next day intake appointment through the open access system.
	Identify process improvement activities - Efforts to respond to community input/need.
	Four Corners will continue to provide Mental Health First Aid trainings, for both adults and youth in all counties. A wide spectrum of community members have been already been trained by FCCBH staff.FCCBH has a sustainable internal method for motivating and maintaining training of the Columbia-Suicide Severity Rating Scale (C-SSRS), enhancing consistency in the evaluation process across the three counties. In addition, the FCCBH internal suicide prevention committee has begun training community medical partners on the importance of and effective use of the C-SSRS Screening version with client seeking treatment for somatic complaints.FCCBH also plans to continue the tri-county educational campaign, initiated with local medical partners and law enforcement to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths. FCCBH takes part in many local need-driven committees such as Interagency Community Council (ICC), Carbon County Homeless Coalition, the Hope Squad of Carbon and Emery County, the local System of Care meetings, the Naloxone Project, the MAT initiative and many more.
	Identify process improvement activities - Coalition Development

CHEER:Emery County Coalition 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.
Community partnerships between FCCBH, Moab City, Grand County, Grand Court, Grand School District, and Moab Regional Hospital have collaborated to develop a community coalition serving Grand County. FCCBH provides technical assistance to all of our community coalitions with a focus in supporting the fidelity implementation of an evidenced based planning process, such as Communities the Care (CTC).

Other Quality and Access Improvements (not included above)

The Naltrexone Pilot Project is currently taking place in the FCCBH Carbon and Emery County Clinics. Essentially, this project provides a safe and reliable, daily, monitoring system for individuals who have been prescribed Naltrexone as part of their treatment program. This project has allowed FCCBH to partner with the District and Justice Courts, local county attorney's, Carbon County Sheriff's Office, and Adult Probation and Parole to identify community members who may not already be involved in a treatment program an alternative to jail time for some drug use related offenses and allow them to quickly integrate into treatment services, with the assistance of MAT. There is a well managed coordination system in place between FCCBH and all applicable parties involved with an individual's case. Individuals not involved in the justice system are also welcome to participate as part of their treatment program. Preliminarily, FCCBH has found a significant positive effect around treatment retainment and attendance with those participating in the Naltrexone Project.

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

Describe the activities you propose and identify where services will be 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

11) Integrated Care

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

In the coming fiscal year FCCBH will continue to provide a co-located LMHT to the Green River Medical Clinic (FQHC). Over the past 2 year, the number of days dedicated to providing treatment within that facility has increased from 1 day to 2 days weekly, due to demand.
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. FCCBH has plans to expand this location to allow for a greater number of medical providers to practice thereby improving accessibility to this resource by FCCBH clients.
Due to the DOH Primary Care Grant FCCBH was awarded many primary physical healthcare needs for those under 200% of the FPL are provided for low or no cost. This will increase access and remove funding barriers for individuals in need.

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

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

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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, accessible 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 in SFY 2018, and how you will maintain a ***tobacco free environment***. SUD Target= reduce tobacco and nicotine use by 5%.

We have posted recovery plus signage inside and outside of all of our facilities and we enjoy tobacco free campuses.
Key staff members (including peer support employees) 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 quitlines, 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 where 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.

12) Women's Treatment

Form B - FY18 Amount Budgeted:	$652,531
Form B - Amount Budgeted In FY17 Area Plan	704,905
Form B - Actual FY16 Expenditures Reported by Locals	581,383

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

Women's specific treatment services are provided by FCCBH in each of our clinics. All SUD treatment programs include 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 given to pregnant and IV drug using women, 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 score 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 has established other goals for improving women's treatment services over the next year including incorporating more art in each clinic portraying women empowering images and enhancing internal training around treatment considerations for this special population at New Employee Orientation. FCCBH will provide transportation to services for pregnant women, or women with children, when needed.

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.
Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

FCCBH will provide transportation to services for pregnant women, or women with children, when needed .FCCBH staff will assist women facing barriers with stable child care in accessing and linking them to resources. Recovery coaches are used within the SUD program to assess needs and/or barriers woman may face when entering treatment. FCCBH offers different options for increasing awareness around common parenting concerns when entering treatment and for learning how to reintegrate into parenting of children following an addiction. FCCBH offers parent training programs in all three counties. These are generally well attended groups and many referrals come from outside agencies, such as DCFS. FCCBH also offers a group psychotherapy based program for parents new to recovery, who may not have their children returned to their custody, with the primary goal of readying parents for a formalized parenting class and to help them address the emotional disconnection that often takes place during active addiction. FCCBH also offers many treatment options around trauma recovery for both children and adults, using evidence based practices such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Seeking Safety.

Describe the case management, childcare and tranportation services available for women to ensure they have access to the services you provide.

FCCBH will provide transportation to services for pregnant women, or women with children, when needed.FCCBH staff will assist women facing barriers with stable child care in accessing and linking them to resources. Recovery coaches are used within the SUD program to assess needs and/or barriers woman may face when entering treatment.

Describe any significant programmatic changes from the previous year.

None

13) Adolescent (Youth) Treatment

Form B - FY18 Amount Budgeted:	$90,076
Form B - Amount Budgeted In FY17 Area Plan	37,903
Form B - Actual FY16 Expenditures Reported by Locals	73,646

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.

FCCBH provides same day/open access services in all three counties for adolescents/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, when appropriate.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 continues to be engaged in the process for evaluating and improving quality adolescent treatment by participating in the state-wide TRI project. 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, SOC along with youth treatment grants written by local schools, free clinics and hospitals have led to a decrease in referrals and a decrease in numbers served in Four Corners Youth services. FCCBH has been actively working with these partners to help bridge some gaps in services and increase services to youth, thus we expect a slight increase from FY16 actual to FY18 projected.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

FCCBH is a supportive and active member of the Table of Six meeting, the LIC and other family and child serving collaborative efforts. FCCBH takes part in many local need-driven committees such as Interagency Community Council (ICC), Carbon County Homeless Coalition, the Hope Squad of Carbon and Emery County, the local System of Care meetings, the Naloxone Project, the MAT initiative and many more. Significant Program changes include the 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.

14) Drug Court

Form B - FY17 Amount Budgeted: Felony	202,163	Form B - FY18 Amount Budgeted: Felony	$465,270
Form B - FY17 Amount Budgeted: Family Dep.	427,674	Form B - FY18 Amount Budgeted: Family Dep.	117,300.00
Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile	

Form B - FY17 Recovery Support Budgeted	45,730	Form B - FY18 Recovery Support Budgeted	$61,643

Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).

High Risk/High Needs Adult Drug Court:
To be accepted into the adult drug court the participant must be recommended by the county prosecutor. The participant must have a mental health and substance abuse assessment and score as having "high risk/high needs" which is determined by the LS-RNR administered by a private treatment provider or FCCBH. Serious current or prior offenses may disqualify candidates from participation in the Drug Court if they demonstrate that the applicant cannot be managed safely in a drug court without a substantial risk to drug court staff or other participants.

Family Drug Court:
Family Drug Court participants must be recommended through DCFS and the Judge. Once that step has occurred they are ordered to complete a mental health and substance abuse assessment which will determine fit for the program. The LS-RNR is administyrred to determine level of risk and need. The Drug Court Judge may exclude a potential participant if it is determined that the participant poses a substantial safety risk to staff and or other participants.

Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).

FCCBH 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 supervison, supports and clinical 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 Courts, 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 Reconation 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.

Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

In High Risk/High Need adult court and through family drug court all participants are given the option of recieving MAT services where indicated. Dr. Montgomery who is contracted through FCCBH can prescribe Suboxone and Naltrexone. We have two other medical providers who work under Dr. Montgomery who are working on getting certified to prescribe Suboxone and they can currently prescribed Naltrexone. Most of our MAT services are being prescribed outside of FCCBH. We contract withFCCBH's local Integrated Healthcare Project APRN Danielle Penedrass, Helper Clinic, and the East Carbon Clinic for those we do not come through FCCBH for MAT services. FCCBH has some funds to assit with medication purchases.

Naltrexone Pilot Prioject wihtin the Drug Court: Currently when the judge allows for involvment in this pilot MAT project,(typically the affordable Naltrexone) as an alternative to jail and the client agrees, the Carbon County Jail medical staff will assess the individual before jail release and begins medication about seven days before their release. They are then ordered to have the Naltrexone medication consumption observed by staff daily or three times weekly at FCCBH to make sure they are fully ingesting the medication and getting hte full benifit of the opiate blocker. We have seen incredible results with this effort including a great decrease in sanctions nad Drug Court program drop outs.

Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)
For both High Risk/High Needs adult court and Family drug court in Carbon and Emery Counties, employees at the local sheriffsoffice conduct the administration of the testing to all participants. They are observed 2-3 times a week, as per national standards for best practice. If a test comes up positive, and the client is denying the use we will send the test to Redwood Toxicology and have a GCMS verification completed to make sure they did or did not use the specific drug they tested positive for. Also, if a participant is suspected of using a drug that is not on the I-Cup, FCCBH will also send those off for a screening and a GCMS verification. FCCBH pays for the UA cups and verifications. The Sheriff's office hires two UA techs (male and female) to observe the UA's. Participants may be asked to provide a UA sample at any given time, including weekends and holidays. All drug testing with this population is conducted within the standards and guidelines for drug testing practice, according to the DSAMH directives.
Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).
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 (Adult, Family, Juvenile Drug Courts).
As a result of JRI, many eligible participants for Drug Court are not acquiring felony charges prior to being considered for the program. Thus clients will no longer be require to have felony charges in order to take part in the program, but will instead need to qualify as high risk/high need. This change means that all interested individuals, regardless of their level of legal charge will be considered for Drug Court admission. Some of the drug courts in our areas have already made this change, while others are still in the process of revising the program. It is the expectation that by FY 18, all courts will be renamed and all necessary changes related to new JRI standards will be completed.
Describe the Recovery Support Services you will provide with Drug Court RSS funding.
FCCBH will provide case management, peer support services, deposits for housing, one-time rental payments, dental, vision, physical health payments, and other creative supports to help build recovery capital and reduce barriers to social inclusion.

15) Justice Reinvestment Initiative

Form B - FY17 Amount Budgeted:	145,635	Form B - FY18 Amount Budgeted:	$140,039

Identify the members of your local JRI Implementation Team.

	Over the past year, FCCBH has been actively working together with community partners to 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,scheduled meetings occur quarterly. “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- Wade Allinson 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- Wade Allinson 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- Wade Allinson County Attorney: Andrew Fitzgerald Local Substance Abuse/Mental Health Director Designee: Belinda Hurst Sheriff: Sheriff White Jail Commander: Veronica County Commissioner: Jaylyn Hawks
	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 Reconation 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 when possible. 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 other EBP practiced to fidelity. Screening tools to support the separation of clients based on risk/need also have ongoing financial cost. Increased administrative allowance for monitoring EBP to fidelity. More identification and training around other evidenced based models that support the JRI population.

16) Drug Offender Reform Act

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

Form B - FY18 Amount Budgeted:	$54,873
Form B - Amount Budgeted In FY17 Area Plan	44,041
Form B - Actual FY16 Expenditures Reported by Locals	62,449

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- Wade Allinson 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- Wade Allinson County Attorney: Mike Olsen Local Substance Abuse Director Designee: Jennifer Thomas Sheriff: Sheriff Greg Funk Defense Attorney: David Allred
	Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?
	Expected clients served is 16 individuals with 14 of these in the program on July 1, 2017. The FY15 and FY16 client counts included clients funded with additional resources. FCCBH has limited clients admitted to the program based on available funding from the DORA contract.
	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 2018, 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 DORA participants. Mental health and substance abuse treatment programming is available for all drug court participants regardless of treatment level. All treatment services are offered on sliding scale, if not covered by DORA funding. Treatment groups offered include (but not limited to):Motivational Interviewing, Moral Reconation 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. 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.
	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. 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 gender-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, financially attainable 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.

FY18 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Four Corners Community Behavioral Health **Form C**

FY2018 Substance Abuse Prevention Revenue	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: County Funds Used for Medicaid Match	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 FY2018 Revenue
FY2018 Substance Abuse Prevention Revenue	64884		12977			94394	32201					$204,456

FY2018 Substance Abuse Prevention Expenditures Budget	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: County Funds Used for Medicaid Match	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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
Universal Direct	26988		5398			39262	32201						$103,849	103849
Universal Indirect	29142		5828			42396							$77,366	79932
Selective Services	2524		505			3672							$6,701	6701
Indicated Services	6230		1246			9064							$16,540	13974
FY2018 Substance Abuse Prevention Expenditures Budget	$64,884	$0	$12,977	$0	$0	$94,394	$32,201	$0	$0	$0	$0	$0	$204,456	$204,456

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	9167	38245	3887		37118	5977	$94,394

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: Four Corners Community Behavioral Health

Executive Summary

In this section, ***please write an overview or executive summary of the entire plan***. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a ***brief*** but informative overview that you could share with key stakeholders.

As you will see in the following comprehensive plan there is a great deal of depth to the prevention work occurring in our region. This depth would not be possible without the dedication of many members of our communities and our supportive community leadership. It is with a great deal of gratitude and respect for this dedication that we intend to continue to cultivate these partnerships, and as an agency focus our efforts on providing the highest quality support of prevention science efforts in our region.

This plan is placed into the format of the Strategic Prevention Framework. This framework is intended to create a logical progression from - needs to outcomes - .

The first step is ASSESSMENT and is where specific needs are identified. Within our Agency, using Student Health and Risk Prevention Survey (SHARP) and Utah Public Health data, our prevention team identified underage drinking and binge drinking as our primary behavior areas of need, and low perceived risk of use as the primary risk contributing to this outcome. In addition to these prioritized behavioral outcomes we have also assessed our communities for resources capable of addressing local level outcomes and risks. Identified gaps are referenced by county within the assessment section.

Following this assessment you will find CAPACITY BUILDING. In the full plan you will see specific areas of planning to build & sustain the capacity necessary to fill the resource gaps associated with community organization, and to maintain our capacity to implement our strategies focused on perceived risk of use.

With the development of capacity we then move to PLANNING. Planning will document areas of: Four Corners Planning, Four Corners plus Coalition Planning, and Coalition specific planning.

With a plan in place we are ready for IMPLEMENTATION. This section will be specific only to implementation strategies included in the Four Corners plan and funded specifically through the block grant resources dedicated to prevention services.

Concluding the Strategic Prevention Framework process of - needs to outcomes - we will move to
EVALUATION. Evaluation is key to knowing if our programs and strategies are moving us closer to the outcomes prioritized in the assessment. Four Corners, our Community Partners, and our Coalitions will work together to ensure that each strategy is evaluated and demonstrates the results needed to make our region healthier.

Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

COMMUNITY READINESS ASSESSMENT:

Community readiness is the degree to which a community is ready to address a given issue. Readiness can be associated with the desire and/or preparedness of the community to address outcome behaviors (ie: youth substance use); or readiness may be associated with the desire and/or preparedness to address a particular factor leading to said behavior (ie: parental attitudes favorable to youth useage).

Due to limited human and fiscal resources our readiness assessment is focused on community leaders rather than the community as a whole. While we have not had the capacity to implement a formal community readiness assessment in our area we have been working to build this capacity. In the absence of a formal assessment however; efforts have been made to incorporate as much informal discussion with community leaders as possible, to inform our efforts to match strategies to the level with which our communities are ready to address the issues identified within the needs assessment.

DATA/NEEDS ASSESSMENT:

For all communities within our catchment area the primary resource for assessment is the Student Health and Risk Prevention Survey (SHARP Survey). Nine out of ten substance use disorders begin before the age of 18 . SHARP is used as our primary guide to analyze and prioritize interventions for this population as they are the most associated with the prevention of future cases of Substance Use Disorder. In addition to the SHARP report; data from Utah Public Health, School District Report Cards, School Internal reports, JJS, DWS, Head Start, Hospitals, and Law Enforcement were all reviewed.

SHARP data includes behavior outcomes such as: lifetime and past 30-day substance use rates, depressive symptoms & need for mental health treatment, as well as other measures of delinquent behavior among youth in the 6th, 8th, 10th, and 12th grades. In addition to capturing outcome behaviors we are also able to monitor RISK FACTORS & PROTECTIVE FACTORS that are known to be associated with the increase or decrease, respectively, of these outcomes.

The method we use to set priorities follows a logic stream. This logic stream begins with identifying what outcome behavior is of most concern. Once this behavior has been identified we then assess which Risk Factors within which DOMAINS are most prevalent. These factors are then further evaluated to identify those that are most associated with the targeted outcome behavior. The logic being that if we impact the risks most associated with the outcome behavior we can logically expect said outcome behavior to be impacted. A similar process is used to prioritize protective factors however because protection follows the SOCIAL DEVELOPMENT STRATEGY across all domains the target to impact is more associated with a domain, or population, rather than a given factor within that domain.

RESOURCE ASSESSMENT:

Following the identification and prioritization of the behavior outcomes and targeted risk factors, we assess the current community resources that have a shared focus on our targeted areas. The primary focus of this assessment is efficiency and efficacy. Rather than dividing resources that are intended to impact the same or similar outcomes the goal is to unite to create an intensified collective impact. This collective impact will only provide us with the outcomes we seek if we are using interventions that are known to be effective and we are delivering them to a high degree of FIDELITY.

Our full resources assessment includes:
What are the resources currently available in the community?
Of those resources, which share a focus on either our prioritized behavior or risk?
Of those that share our focus, which are using programming that has been rigorously evaluated and known to have the desired impact?
Of those that share the focus and are using effective programming, are they able to offer the programming the way the program was designed (ie: with fidelity)? If not what are their barriers to doing so?

Upon the evaluation of this resource assessment we are able to stop at any given step to prioritize:
a lack of resources
a lack of resources focused on prioritized need
a lack of resources known to produce the desired outcome
a lack of resources that have the capacity to achieve intervention fidelity. (ie: adherence, dosage, quality delivery, strong participant involvement , & or saturation within the population.)

Four Corners Agency Level Assessment:
Data/Needs:
As an agency we complete a region wide assessment to identify our priorities in working with the communities that we serve. This assessment will be with regard to a review of data across our entire catchment as a whole.

This assessment is completed by our Four Corners agency prevention team and is shared with our executive team as well as our board annually as part of this area plan.

Priority Outcome Behavior: Substance Use & Substance Use Related Behavior
Priority Substance: Alcohol & Binge Drinking
Priority Risk Factors: Low Perceived Risk of Drug Use
Resource Assessment Gaps: Community Coalition Capacity

As per the requirements of the block grant funding our prioritized outcome behavior is substance use related . Within that behavior our prioritized substance is alcohol. While we have seen modest decreases in lifetime use of alcohol among our youth; we are still significantly above state rates and alcohol is by far the most commonly used substance with the most significant and immediate dangers to the health and well-being of youth in our area.
In addition to youth alcohol consumption we have also prioritized alcohol consumption behavior. This is based off the Utah Public Health Data Base showing the Southeast region of adult binge drinking in the past 30-Days at 12.2% compared to a state rate of 11.4%.

“Perceived Risk of Drug Use” is our prioritized risk factor. This factor is the second highest reported risk factor among all the youth surveyed in our region at 39.7%; compared to a state rate of 30.3%. This was a much larger deviation from the state average than overall highest risk factor of “Low Commitment to School” (43.3% FCCBH vs. 40.1% State).

Resource:
The goal of our area wide resource assessment is to identify the presence, or lack of, community coalitions as a resource. We then evaluate where can we provide the technical assistance necessary to form, train, and/or sustain them. This technical assistance is intended to increase the local capacity to do a more detailed assessment over the particular readiness, needs, and resources of a smaller more defined area. Listed below are the results of that resource assessment for each county as well as the results of any area that has completed their own assessment over their identified area.

Prioritized Resource Gaps By County:
Carbon: Continued Support for Existing Coalition
Emery: Continued support for existing coalitions and availability of technical support to areas currently without a coalition.
Grand: Continued support for the formation of a community coalition, and the assistance necessary to conduct a community specific needs assessment.

Carbon County Level Assessment:

As of January 2015 Carbon County has had the resource to implement the Communities that Care Model for community planning.

The detailed needs assessment for Carbon County was conducted through the efforts of the CARE (Carbon Addiction Reduction & Elimination) Coalition. Specifically through the data workgroup and a resource assessment work group. A full report of their findings is available by request and with the approval of the Carbon County School District, as it contains specific SHARP data that is at the discretion of the district to be shared publicly.

Priority Outcome Behavior: Youth Substance Use
Priority Substances: Alcohol, e-Cigarettes, and Marijuana
Priority Risk Factors: Early Initiation of Antisocial Behavior
Depressive Symptoms
Low Commitment to School
Priority Protective Factors: Community Opportunity & Rewards for Prosocial Involvement
Resource Assessment Gaps: Lack of Saturation of In-Home Early Childhood Visitation
Lack of adherence & dosage of School Based Social Emotional Learning
Lack of resources to address and prevent depressive symptoms

Emery County Level Assessment:

Resources in Emery County consist of the Emery County Youth Coalition (EYC) and the Green River CHEER Coalition. These coalitions are using the Strategic Prevention Framework & the Communities that Care Model respectively.

Their respective assessments have been conducted by their coalitions as a whole.

Priority Outcome Behavior: Youth Substance Use
Priority Substances: EYC- Alcohol & Nicotine
CHEER- Alcohol & Nicotine
Priority Risk Factors: EYC- Parental Attitudes Favorable to Use & Perceived Risk of Use
CHEER- Low Commitment to School &Academic Failure
Priority Protective Factors: EYC- Peer Opportunity & Rewards for Prosocial Involvement
CHEER- Community Opportunity & Rewards for Prosocial Involvement
Resource Assessment Gaps: EYC- Lack of saturation of awareness raising resources
CHEER- Lack of academic support resources

Grand County Level Assessment:

Grand County is currently re-forming a coalition following the Communities that Care model.

Priority Outcome Behavior: TBD in FY 2018
Priority Risk Factors:
Priority Protective Factors:
Resource Assessment Gaps:

Capacity Building							
Example:							

In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.

Things to Consider/Include:

Did you need to do any training to prepare you/coalition(s) for assessment?
After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue?
What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)

Four Corners capacity building plan is designed around the priorities set in the assessment, and is aimed at increasing fiscal, human, material, and knowledge/skill resources. The outline below demonstrates specific capacity support items associated with these four areas within our prioritized assessment areas.

I.) PRIORITY:
A.)Capacity Resource
(ie: Fiscal, Human, Material/Technical,
and Knowledge/Skill)
1.)Agency level
2.)Community Level

I.) Perceived Risk of Use:
A.)Fiscal:

1.) Agency
Increased capacity in this area has been provided through the Partnership For Success (PFS) funding that has supplemented our regular annual budget. This capacity has dramatically impacted our ability to increase all other capacity resources.This fiscal capacity is set to continue for entirety of this fiscal year and discontinue in FY 2019.

Specific goals to leverage this fiscal capacity with regard to perceived risk of use include supplementation of efforts utilizing the Parents Empowered awareness materials and to further increase community coalition knowledge/skill capacity.

2.) Community
Community level fiscal resources all fall within the Community Organization priority.

B.)Human:

1.) Agency
No changes have occurred or are planned to occur with regard to our staffing human resources. We currently have a prevention team consisting of a full time coordinator and two 16 hour per week prevention educators. This team is supervised by the agency clinical director. Additionally the team receives technical support from the state division in the form of a Regional Director that is funded through the Partnership For Success funding that will sunset FY 2019.

2.) Community
Dramatic increases have been made in the way of in-kind and volunteer human resources with the development of community coalitions that support a shared effort to decrease the risk factor of perceived risk of use.

C.) Material/Technical:

1.) Agency
Primary material capacity includes the acquiring and maintaining workbooks and assessment/evaluation tools (surveying software) for the Life Skills program.

2.) Community
Parents Empowered messaging items.

D.) Knowledge/Skill:

1.) Agency
Prevention team staff have received a variety of training in an effort to increase knowledge and skill. Listed below is a sampling of completed trainings and anticipated future trainings.
Completed
Life Skills Instructor Training
Why Try Instructor Training (Level I & II)
Substance Abuse Prevention Specialist Training
Utah Coalition Summit
Community Anti-Drug Coalition of America (CADCA) Conference
Utah Fall Substance Use Conference
Participation in National Substance Abuse and Mental Health (SAMSHA) & Center for the Application of Prevention Technologies (CAPT) webinars
Anticipated
Continued Attendance at Annual Conferences
Continued participation in SAMSHA and CAPT webinars

2.) Community
Community Level Knowledge/Skills all fall within the Community Organization Priority.

II.) Community Organization:

A.) Fiscal:
Parents-Empowered Mini-Grant (FY 17/18$10,000), Partnership For Success (FY 18 $30,000)
Coalition Coordinator Staffing Matching Grants- Carbon & Grand (FY 18 $120,000)

B.) Human:

1.) Agency
Reallocation of clinical staffing to support program implementation identified by the CARE coalition is expected to occur in FY 2018.

2.) Community
The procurement of funding to support 2 Coalition Coordinator positions has taken place in FY 2017 and will continue until FY 2020. Community level resources include representation from a diversity of our community including: Healthcare, Education, Faith, Civic, Law Enforcement, Youth Serving Organizations, Media, Business, Parents, and Youth. It is with deep gratitude that we seek to continue these community partnerships and expand to any and all with a shared mission to address behavioral health risks in our communities.

C.) Material/Technical:

1.) Agency
Office supplies and other workplace required items (ie: computers, phones, etc…) necessary for staff to support community efforts.
2.) Community
Technology Resources (ie: Web-Hosting, Community Assessment Software, Conference Calling Software, etc…), Office Resources (ie: various office supplies), Soft Resources (ie: logoed materials, food for meetings, etc..)

D.) Knowledge/Skills

1.) Agency
Staff training to provide technical assistance and prevention science expertise.
Communities That Care facilitator and Coaching Training
Substance Abuse Prevention Specialist Training
Community Readiness Assessment Training
Goal: Community Readiness Assessment to be done in FY 2018
Conference Attendance: (CADCA, Utah Fall SA Conference, etc…)
Incorporating Intergenerational Poverty knowledge and skill to coordinate on shared interests.

2,) Community
Coalition and Community partner training/conference.
Coalition Academy Training
Communities That Care Workshops
Information Seminars (Presentations of Assessment Data, etc)
Conference Attendance (CADCA, Utah Fall SA Conference, Coalition Summits, etc…)

Planning

Example:

The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.

Things to Consider/Include:
Write in a logical format or In a narrative. Logical Format is:

- Goal: 1
  - Objective: 1.1
  - Measures/outcomes
  - Strategies:
  - Timeline:
  - Responsible/Collaboration:

	What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?

Goal 1: Prevent underage alcohol use

Measure:

Numbers and rates of alcohol use among 8th graders Past 30 days.

Baseline 2015: 8.1% Goal 2021: 5.0%

Objective:

1.1: Decrease Youth Reports of “Low Perceived Risk of Use”

Measures:

Measure of risk factors: Perceived Risk of Use

Baseline 2015: 39.7% Goal 2021: 35%

Strategies:

Botvin Life Skills Program

Eliminating Alcohol Sales to Youth (EASY) Buys

Timeline:

This program is currently being implemented in Emery and Grand Counties, and is set to continue into the 2017-18 school year.

30 Lessons are provided to students in 6th-9th grade.

- 15 lessons to grades 6/7
- 10 lessons to grades 7/8
- 5 lessons to grades 8/9

EASY Buys Quarterly

Agency(s) Responsible:

Four Corners Community Behavioral Health

Pirates Den Youth Center

Funding Sources:

Block Grant

Partnership for Success

1.2: Increase Community Organization Capacity to Address Local Concerns

Measures:
Number of coalitions within LSAA implementing CTC
Baseline 2015: 1 Goal 2021: 4

Strategies:
Communities That Care Coalition Model*

* Within this portion of the Four Corners plan, local coalitions will develop their own local plan. Currently we do not have a coalition with a formalized complete plan. As these plans are developed they will be attached to future area plans and we will include documentation of areas within these plans that our agency provides specific funding toward.

Carbon:
Currently, Carbon County CARE Coalition has identified strategies they will be including in their plan, and Four Corners will be providing resources toward those strategies including:
Prevention Dimensions
Why Try
Adolescents Coping with Stress (ACS)
Parents Empowered

Timeline:
Carbon:
Currently in Phase 4/5 of CTC finalizing an action plan and will continue into implementation and evaluation with a future needs assessment set for FY 2019.

Emery:
EYC: Currently implementing an informal action plan with further knowledge/skill capacity building scheduled for Summer 2017, and further needs assessment in the 2017/18 school year.

CHEER: Moving to complete an updated Needs Assessment in FY 2018.

Grand:
Currently in Phase 2 of CTC with a completed action plan expected summer to fall of 2018.

Agency(s) Responsible:
Four Corners Community BH (Coalition Technical Assistance & ACS Implementation)
Utah State University (CARE Fiscal Agent)
Carbon County School District (Prevention Dimensions Implementation)
Carbon County Extended Day Program (Why Try Implementation)
Moab Regional Hospital (Grand County Fiscal Agent)
CHEER Coalition (Fiscal Agent)

Funding Sources:
Block Grant
Partnership for Success
Parents Empowered Mini-Grant

Goal 2: Decrease Adult Binge Drinking

Measure:
Numbers and rates of Adult Binge Drinking Past 30 days.
Baseline 2012-14: 12.2% Goal 2021: 11.0%

Objective:
2.1: Increase DUI offenders risk knowledge

Measures:
Course Pre/Post Test
Baseline: 2016/17 Average Score Increase of 2.61 points Goal: Maintain increase

Strategies:
Prime for Life

Timeline:
Classes are offered monthly.

Agency(s) Responsible:
Four Corners Community Behavioral Health

Funding Sources:
Block Grant
Client Payment

Implementation

Example:

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered.
LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.
Provide details on target population, where programming will be implemented (communities, schools). How many sessions?
**Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).

Botvin Life Skills (LST): Evidenced Based Substance Use Prevention Curriculum
Implementing Agency: Four Corners Community Behavioral Health
Target Population: Universally to students 6th-9th grade
Implementation Location: Emery and Grand County School Districts
Implementation Dosage:
30 Lessons are provided to students in 6th-9th grade.
15 lessons to grades 6/7
10 lessons to grades 7/8
5 lessons to grades 8/9

Communities that Care/ Strategic Prevention Framework: Evidenced Based Community Coalition Model
Implementing Agency: Four Corners Community Behavioral Health as Technical Assistance
USUE in Carbon and MRH in Grand as Fiscal Agent
CHEER Coalition and Emery County High as Lead Agency in Emery
Target Population: Universally indirect to community as a whole
Implementation Location: Carbon, Emery, Grand
Implementation Dosage: Communities That Care and Strategic Prevention Framework 5 Phases.

Why Try: Evidenced Based Resiliency Curriculum
Implementing Agency: Four Corners Community Behavioral Health, Carbon Extended Day Program, Beacon Afterschool Program
Target Population: Selectively to Tier II students
Implementation Location: Carbon and Grand County School Districts
Implementation Dosage: 10 Foundational lessons & 150 Supplemental Enrichment Activities to be delivered based on instructor identified area of focus.

Parents Empowered: Public Awareness Campaign
Implementing Agency: Four Corners Community Behavioral Health, CARE Coalition, and CHEER Coalition
Target Population: Universal Community
Implementation Location: Region Wide
Implementation Dosage: Presence and significant community events and in locations likely to have contact with families.

Adolescence Coping with Stress: Evidenced Based Depression Prevention Curriculum
Implementing Agency: Four Corners Community Behavioral Health & Carbon High School
Target Population: Indicated population of students identified through CES-D depression screening tool.
Implementation Location: Carbon County School District
Implementation Dosage: 15- 1 hour Sessions

Prevention Dimensions:
Implementing Agency: Carbon County School District
Target Population: Universally to students K-4th grade
Implementation Location: Carbon County Elementary Schools
Implementation Dosage: 3-4 15 min lessons per month

Eliminating Alcohol Sales to Youth EASY:
Implementing Agency: Local Law Enforcement with the Support of Four Corners Community Behavioral Health
Target Population: Universally indirect to youth under 21.
Implementation Location: Region wide
Implementation Dosage: Quarterly Checks

Prime for Life:
Implementing Agency: Four Corners Community Behavioral Health
Target Population: Indicated Population- Those with a DUI
Implementation Location: Carbon County School District
Implementation Dosage: 16 hours of class based learning

Evaluation

Example:

Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.

Things to Consider/Include:
What do you do to ensure that the programming offered is
1) implemented with fidelity
2) appropriate and effective for the community
3) seeing changes in factors and outcomes

1. **Implementation and Fidelity**
To specifically ensure that the programming offered or supported by our agency is delivering a high degree of fidelity we focus on three main areas. Training, Review, and Oversight.
Training includes ensuring the individuals delivering the program have participated in the appropriate training or certification process to deliver the material. (ie: monitoring of an LST instructor by another certified instructor)
Review includes the monitoring of implementation by an outside observer to ensure appropriate delivery, as well as short term participant feedback and knowledge change.
Oversight includes the documentation of program delivery into both internal reporting as state reporting.
2. **Appropriate for the Community**
The primary means of measuring the level of appropriateness for the community it through the needs assessment. This allows us to identify evidenced based interventions that are known to impact the specific factors our community has shown to need most.
Secondly our persistent efforts to expand and develop local coalitions allows us to have a diverse community of voices reviewing and identifying the interventions with the “best fit” for their community.
3. **Outcome Measures**
Outcomes measure evaluations occur in succession from program level outcome, to individual level outcome, to population level outcomes, and finally to objectives level outcomes.
For Example: The CARE coalition has identified early childhood in-home visits through Head Start as an implementation.
Program level outcomes: Are we increasing the number of families participating and are they being delivered the program the way it was intended?
Individual Level Outcomes: Are the children served increasing their kindergarten readiness?
Population Level Outcomes: Are we seeing a decrease in SHARP measures for Early Initiation of Antisocial Behavior?
Objective Level Outcomes: Are we seeing a decrease in SHARP measures for underage drinking behavior?
A review of our Logic Models will provide sources of measure in each of these area.

Attach Logic Models for each program or strategy.

Logic Model 1

Program Name	Cost to Run Program	Evidence Based: Yes or No
Botvin Life Skills	$38,266	Yes
Agency	Tier Level:	
FCCBH		4

	Goal	Factors	Focus Population: U/S/I Universal	Strategies	Outcomes Short	Long
Logic	Reduced 8th Grade Past 30-Day Alcohol use. Baseline 2015: 8.1% 2015 State Rate: 3.4%	Perceived Risk of Drug Use	Emery San Rafael Approx. #: 90 Canyon View Approx. #: 100 Grand Grand County Middle School Approx. #: 225	Levels I, II, & III will be taught to Carbon County 6th 7th and 8th Graders at a minimum of 1-45 min lesson per week and a limit of 1 lesson per day. Levels II, & III will be taught to Grand and Emery 7th and 8th Graders at a minimum of 1-45 min lesson per week and a limit of 1 lesson per day.	Decrease perceived risk of drug use in 8th Grade From Baseline 2015: 35.3% to Goal 2021 ≤30%	30-Day Alcohol use reported by 8th Grade From: Baseline 2015: 8.1% To: Goal 2015: 5%
Measures & Sources	2015 SHARP Sur	2015 SHARP Pre test	Utah PACE Report	Fidelity Checklist	2015/2021 SHARP Post Test	2015/2025 SHARP

Logic Model 2

Program Name	Cost to Run Program	Evidence Based: Yes or No
Adolescence Coping With Stress	$2,565	Yes
Agency	Tier Level:	
FCCBH		4

	Goal	Factors	Focus Population: U/S/I Indicated	Strategies	Outcomes Short	Long
Logic	Decrease 30-Day Alcohol Use in 10th Grade	Depressive Symptoms in 10th Grade	Carbon: 30-40 Students	10th Graders in Carbon County will be screened using the CES-D Screening tool. Those meeting criterial will be offerd a class in their normal school schedule where a qualified instructor will provide 15- 1 hour sessions.	Decrease depressive symptoms of 10th Graders from: Baseline 2015: 49.5% to: Goal 2021: <45%	Decrease 30-Day Alcohol Use in 10th Grade from: Baseline 2015: 19.6% to: Goal 2025: <15%
Measures & Sources	2015 SHARP	2015 SHARP CARE Coalition Needs Assessment	CARE Coalition Planning Process	CES-D Screening	2015/21 SHARP	2015/2025 SHARP

Logic Model 3

Program:	Cost to run program:	Evidence Based:
Why Try	$6,700	Yes
Agency:	Tier Level:	
Carbon County School District		4

	Goal	Factors	Focus Population: U/S/I Selective/Indicated	Strategies	Outcomes Short	Long
Logic	Reduce30-Day Use of Alcohol in 8th Grade	Low commitment to school	Selective and indicated students (grades 5th-8th) in Carbon School District exhibiting need behavior Students are referred to WhyTry by administrators, counselors, social workers, and teachers who can determine if a student is at-risk due to academic failure, truancy, ATOD use, or behavior and family circumstances	Students will be organized into small groups through the CCSD Extended Day Program. WhyTry curriculum will be taught which includes coursework, hands-on activities, music and therapy. Carbonl District	Low Commitment to school in 8th Grade will decrease from: Baseline 2015: 50.4% to: Goal 2021: <40% in 2017	Decrease 30-Day Use of Alcohol in 8th Grade from: Baseline 2015: 7.7% to: Goal 2025: <5%

Measures & Sources	2015 SHARP	2015 SHARP Why Try Pre Test	School records indication at-risk students based on attendance, grades and behavior offenses	Program attendance records	SHARP 2015/2021 WhyTry post tests	SHARP 2015/2025

Logic Model 4

Program Name:	Cost to Run Program:	Evidence Based:
Prevention Dimensions	$8,283	Yes
Agency:	Tier Level:	
Carbon County School District		3

			Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal	Strategies	Short	Long

Logic	Reduce 30-Day Alcohol Use in 8th Grade	Early Initiation of Anti-Social Behavior	K-4th grade students in Carbon County Elementary Schools	The school districts will provide, via teachers in the classrom, four core PD lesson components 15-20 hours per year in Carbon County School District. CARE Coalition will seek to identify and remove barriers to teacher implementation	Early Initiation of Anti-Social Behavior in 8th Grade will decrease from: Baseline 2015: 50.4% to: Goal 2021: <40%	Decrease 30-Day Use of Alcohol in 8th Grade from: Baseline 2015: 7.7% to: Goal 2025: <5%
Measures & Sources	2015 SHARP	2015 SHARP	Teacher Focus Groups	Teacher Focus Groups	2015/2021 SHARP	2015/2025 SHARP

Logic Model 5

Program Name:	Cost to Run Program:	Evidence Based:
Prime for Life	$13,976	Yes
Agency:	Tier Level:	
FCCBH		4

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Decrease adult binge drinking	Perceived risk of drug use	Individuals experiencing early to late signs of substance use and related problems, IE: impaired driving, drug possession and consumption, etc.	FCCBH will provide monthly cycles of 16 hours of course material	In FY 2017 Participants Averaged a pre-test score of 66% and a post-test score of 92%. Our goal is to maintain this margin of increase into future fiscal years.	Decrease adult binge drinking in the past-30 days from: Baseline 2012-2014: 12.2% to: Goal 2022-2024: <10%
Measures & Sources	Utah Public Health Data 2012-2014	Pre/Post test survey	FCCBH Credible system	FCCBH attendance records and Credible system	Pre/Post test survey	Utah Public Health Data 2016-2018

Logic Model 6

Program Name:	Cost to Run Program:	Evidence Based:
Parents Empowered	$16,728	Yes

Agency:				Tier Level:			
FCCBH							3
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Reduced 8th Grade Past 30-Day Alcohol use. Baseline 2015: 8.1% 2015 State Rate: 3.4%	Parental Attitudes favorable to drug use	Parents of youth ages 10-16 in Carbon, Emery, and Grand Counties.		Parents Empowered kits and collateral items will be distributed at various community events: middle and high school, community classes, and other family venues.	Parental attitudes favorable to drug use will decrease for 8th grade from Baseline 2015: 9.8% to Goal 2021: 8%	30-Day Alcohol use reported by 8th Grade from: Baseline 2015: 8.1% to: goal 2025: 5%
Measures & Sources	2015 SHARP	2015 SHARP	Event Records		Distribution records	2015/2021 SHARP	2015/2025 SHARP

Logic Model 7

Program Name:	Cost to Run Program:	Evidence Based:
Communities that Care	$60,639	Yes
Agency:	Tier Level:	
FCCBH		4

	Goal	Factors	Focus Population: U/S/I Universal	Strategies	Outcomes Short	Outcomes Long
Logic	Reduce Youth 30-Day Alcohol Use (All Grades)	Community Organization Local Capacity to address local level prioratized factors.	Community Coalition Development is focused on identifying Key Leaders and Community Sector representation in all our serviced counties. With the intent of indirectly universally impacting the full population of the communities they serve. Carbon- CHEER Coalition, Grand- Grand CTC Coalition, Emery- CHEER Coalition	Communitites that Care Technical assistance is provided to train a part-time Coalition Coordinator, as well as provide on-going coaching in the fidelity implementation of the 5 phase planning process..	Increase local capacity to address local level prioratized risk factors. Baseline 1 CTC Coalition: 2013 Goal 4: 2021	Decrease all grades 30-day alcohol use from: Baseline 2015: 11% to: Goal 2025: <8%
Measures & Sources	2015 SHARP	Resources Assessment	Monthly attendence records	Coalition attendence Records	2015/2021 SHARP	2015/2025 SHARP

Logic Model 8

Program Name	Cost to Run Program	Evidence Based: Yes or No
Emery Youth Coalition (SPF)	$14,191	Yes
Agency	Tier Level:	
FCCBH & Emery High School		4

	Goal	Factors	Focus Population: U/S/I Universal	Strategies	Outcomes Short	Long
Logic	Decrease 30-Day alcohol use by 10th Graders	Parental Attitudes Favorable to Use Peer/Individual Opportunities for Pro-Social Involvment	The focus population is youth leadership focused on a universal indirect effort to impact the full school population. Coalition student leadership meets twice a month.	Use of the strategic prevention framework is used to assess needs and plan interventions. Youth are provided with knowledge, skill, and ability training to increase impact capacity.	Decreased parental attitudes favorable to use. Baseline 2015: 10.5% to: Goal 2019: <9% Increased Opportunity for Prosocial involvment 10th Grade Baseline 2015: 58.2% to: Goal 2019: >60%	Decrease all grades 30-day alcohol use by 10th Graders from: Baseline 2015: 6.4% to: Goal 2025: <5.5%
Measures & Sources	2015 SHARP	2015 SHARP	Attendence Records	Meeting Attendence Records	2015/2019 SHARP	2015/2025 SHARP

Logic Model 9

Program Name:	Cost to Run Program:	Evidence Based:
Eliminating Alcohol Sales to Youth	$10,907	Yes
Agency:	Tier Level:	
County & City Law Enforcment		4

			Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal	Strategies	Short	Long
Logic	Reduced 8th Grade Past 30-Day Alcohol use. Baseline 2015: 8.1% 2015 State Rate: 3.4%	Availability of alcohol: Students reporting having purchased alcohol at a store.	Universal Indirect (Environmental Strategy): clerks and cashiers in off premise alcohol retail outlets	Support the scheduling and implementation of quarterly compliance checks with law enforcment in Carbon, Emery, & Grand Counties.	Availability of alcohol: Maintain or Decrease Students reporting having purchased alcohol at a store. Baseline 2015: 5.9% to: Goal 2019: <5.9%	Decrease 30-Day Alcohol use reported by 8th Grade from: Baseline 2015: 8.1% to: goal 2025: 5%
Measures & Sources	2015 SHARP	2015 SHARP	County Compliance Check records	County Compliance Check records	2015/2021 SHARP	2015/2025 SHARP

FY18 Substance Use Disorder Treatment Federal Opioid Grant

Local Authority: Four Corners Community Behavioral Health

Form B-OG

FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	40746	$40,746
Total FY2018 Substance Use Disorder Treatment Revenue	$40,746	$40,746

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)				#DIV/0!
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)	40746	$40,746		#DIV/0!
FY2018 Substance Use Disorder Treatment Expenditures Budget	$40,746	$40,746	0	#DIV/0!

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	10187	$10,187
All Other Women (18+)	10186	$10,186
Men (18+)	20373	$20,373
Youth (12- 17) (Not Including pregnant women or women with dependent children)		

	Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	$40,746	$40,746							

OUTPATIENT MH & SA
PER SESSION DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
$0 - $100	$5	$5	$5	$5	$5	$5	$5	$5
$101 - $200	$5	$5	$5	$5	$5	$5	$5	$5
$201 - $300	$5	$5	$5	$5	$5	$5	$5	$5
$301 - $400	$5	$5	$5	$5	$5	$5	$5	$5
$401 - $500	$5	$5	$5	$5	$5	$5	$5	$5
$501 - $600	$5	$5	$5	$5	$5	$5	$5	$5
$601 - $700	$5	$5	$5	$5	$5	$5	$5	$5
$701 - $800	$5	$5	$5	$5	$5	$5	$5	$5
$801 - $900	$5	$5	$5	$5	$5	$5	$5	$5
$901 - $1000	$5	$5	$5	$5	$5	$5	$5	$5
$1001 - $1100	$6	$5	$5	$5	$5	$5	$5	$5
$1101 - $1200	$7	$5	$5	$5	$5	$5	$5	$5
$1201 - $1300	$8	$5	$5	$5	$5	$5	$5	$5
$1301 - $1400	$9	$5	$5	$5	$5	$5	$5	$5
$1401 - $1500	$10	$6	$5	$5	$5	$5	$5	$5
$1501 - $1600	$11	$7	$5	$5	$5	$5	$5	$5
$1601 - $1700	$12	$8	$5	$5	$5	$5	$5	$5
$1701 - $1800	$13	$9	$6	$5	$5	$5	$5	$5
$1801 - $1900	$14	$10	$7	$5	$5	$5	$5	$5
$1901 - $2000	$15	$11	$8	$5	$5	$5	$5	$5
$2001 - $2100	$16	$12	$9	$5	$5	$5	$5	$5
$2101 - $2200	$18	$13	$10	$6	$5	$5	$5	$5
$2201 - $2300	$20	$14	$11	$7	$5	$5	$5	$5
$2301 - $2400	$22	$15	$12	$8	$5	$5	$5	$5
$2401 - $2500	$24	$16	$13	$9	$6	$5	$5	$5
$2501 - $2600	$26	$18	$14	$10	$7	$5	$5	$5
$2601 - $2700	$28	$20	$15	$11	$8	$5	$5	$5
$2701 - $2800	$30	$22	$16	$12	$9	$5	$5	$5
$2801 - $2900	$32	$24	$18	$13	$10	$6	$5	$5
$2901 - $3000	$34	$26	$20	$14	$11	$7	$5	$5
$3001 - $3100	$36	$28	$22	$15	$12	$8	$5	$5
$3101 - $3200	$39	$30	$24	$16	$13	$9	$6	$5
$3201 - $3300	$42	$32	$26	$18	$14	$10	$7	$5
$3301 - $3400	$45	$34	$28	$20	$15	$11	$8	$5
$3401 - $3500	$48	$36	$30	$22	$16	$12	$9	$5
$3501 - $3600	$51	$39	$32	$24	$18	$13	$10	$6
$3601 - $3700	$55	$42	$34	$26	$20	$14	$11	$7
$3701 - $3800	$59	$45	$36	$28	$22	$15	$12	$8
$3801 - $3900	$63	$48	$39	$30	$24	$16	$13	$9
$3901 - $4000	$67	$51	$42	$32	$26	$18	$14	$10

$4001 - $4100	$71	$55	$45	$34	$28	$20	$15	$11
$4101 - $4200	$76	$59	$48	$36	$30	$22	$16	$12
$4201 - $4300	$81	$63	$51	$39	$32	$24	$18	$13
$4301 - $4400	$86	$67	$55	$42	$34	$26	$20	$14
$4401 - $4500	$91	$71	$59	$45	$36	$28	$22	$15
$4501 - $4600	$96	$76	$63	$48	$39	$30	$24	$16
$4601 - $4700	$101	$81	$67	$51	$42	$32	$26	$18
$4701 - $4800	$106	$86	$71	$55	$45	$34	$28	$20
$4801 - $4900	$111	$91	$76	$59	$48	$36	$30	$22
$4901 - $5000	$116	$96	$81	$63	$51	$39	$32	$24
$5001 - $5100	$121	$101	$86	$67	$55	$42	$34	$26
$5101 - $5200	$127	$106	$91	$71	$59	$45	$36	$28
$5201 - $5300	$133	$111	$96	$76	$63	$48	$39	$30
$5301 - $5400	$139	$116	$101	$81	$67	$51	$42	$32
$5401 - $5500	$145	$121	$106	$86	$71	$55	$45	$34
$5501 - $5600	$145	$127	$111	$91	$76	$59	$48	$36
$5601 - $5700	$145	$133	$116	$96	$81	$63	$51	$39
$5701 - $5800	$145	$139	$121	$101	$86	$67	$55	$42
$5801 - $5900	$145	$145	$127	$106	$91	$71	$59	$45
$5901 - $6000	$145	$145	$133	$111	$96	$76	$63	$48
$6001 - $6100	$145	$145	$139	$116	$101	$81	$67	$51
$6101 - $6200	$145	$145	$145	$121	$106	$86	$71	$55
$6201 - $6300	$145	$145	$145	$127	$111	$91	$76	$59
$6301 - $6400	$145	$145	$145	$133	$116	$96	$81	$63
$6401 - $6500	$145	$145	$145	$139	$121	$101	$86	$67
$6501 - $6600	$145	$145	$145	$145	$127	$106	$91	$71
$6601 - $6700	$145	$145	$145	$145	$133	$111	$96	$76
$6701 - $6800	$145	$145	$145	$145	$139	$116	$101	$81
$6801 - $6900	$145	$145	$145	$145	$145	$121	$106	$86
$6901 - $7000	$145	$145	$145	$145	$145	$127	$111	$91
$7001 - $7100	$145	$145	$145	$145	$145	$133	$116	$96
$7101 - $7200	$145	$145	$145	$145	$145	$139	$121	$101
$7201 - $7300	$145	$145	$145	$145	$145	$145	$127	$106
$7301 - $7400	$145	$145	$145	$145	$145	$145	$133	$111
$7401 - $7500	$145	$145	$145	$145	$145	$145	$139	$116
$7501 - $7600	$145	$145	$145	$145	$145	$145	$145	$121
$7601 - $7700	$145	$145	$145	$145	$145	$145	$145	$127
$7701 - $7800	$145	$145	$145	$145	$145	$145	$145	$133
$7801 - $7900	$145	$145	$145	$145	$145	$145	$145	$139
$7901 - $8000	$145	$145	$145	$145	$145	$145	$145	$145

Additional considerations:

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

Effective 9/26/16

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	$60	$60	$60	$60	$60	$60	$60
$1401 - $1500	$120	$72	$60	$60	$60	$60	$60	$60
$1501 - $1600	$132	$84	$60	$60	$60	$60	$60	$60
$1601 - $1700	$144	$96	$60	$60	$60	$60	$60	$60
$1701 - $1800	$156	$108	$72	$60	$60	$60	$60	$60
$1801 - $1900	$168	$120	$84	$60	$60	$60	$60	$60
$1901 - $2000	$180	$132	$96	$60	$60	$60	$60	$60
$2001 - $2100	$192	$144	$108	$60	$60	$60	$60	$60
$2101 - $2200	$216	$156	$120	$72	$60	$60	$60	$60
$2201 - $2300	$240	$168	$132	$84	$60	$60	$60	$60
$2301 - $2400	$264	$180	$144	$96	$60	$60	$60	$60
$2401 - $2500	$288	$192	$156	$108	$72	$60	$60	$60
$2501 - $2600	$312	$216	$168	$120	$84	$60	$60	$60
$2601 - $2700	$336	$240	$180	$132	$96	$60	$60	$60
$2701 - $2800	$360	$264	$192	$144	$108	$60	$60	$60
$2801 - $2900	$384	$288	$216	$156	$120	$72	$60	$60
$2901 - $3000	$408	$312	$240	$168	$132	$84	$60	$60
$3001 - $3100	$432	$336	$264	$180	$144	$96	$60	$60
$3101 - $3200	$468	$360	$288	$192	$156	$108	$72	$60
$3201 - $3300	$504	$384	$312	$216	$168	$120	$84	$60
$3301 - $3400	$540	$408	$336	$240	$180	$132	$96	$60
$3401 - $3500	$576	$432	$360	$264	$192	$144	$108	$60
$3501 - $3600	$612	$468	$384	$288	$216	$156	$120	$72
$3601 - $3700	$660	$504	$408	$312	$240	$168	$132	$84
$3701 - $3800	$708	$540	$432	$336	$264	$180	$144	$96
$3801 - $3900	$756	$576	$468	$360	$288	$192	$156	$108
$3901 - $4000	$804	$612	$504	$384	$312	$216	$168	$120

$4001 - $4100	$852	$660	$540	$408	$336	$240	$180	$132
$4101 - $4200	$912	$708	$576	$432	$360	$264	$192	$144
$4201 - $4300	$972	$756	$612	$468	$384	$288	$216	$156
$4301 - $4400	$1,032	$804	$660	$504	$408	$312	$240	$168
$4401 - $4500	$1,092	$852	$708	$540	$432	$336	$264	$180
$4501 - $4600	$1,152	$912	$756	$576	$468	$360	$288	$192
$4601 - $4700	$1,212	$972	$804	$612	$504	$384	$312	$216
$4701 - $4800	$1,272	$1,032	$852	$660	$540	$408	$336	$240
$4801 - $4900	$1,332	$1,092	$912	$708	$576	$432	$360	$264
$4901 - $5000	$1,392	$1,152	$972	$756	$612	$468	$384	$288
$5001 - $5100	$1,452	$1,212	$1,032	$804	$660	$504	$408	$312
$5101 - $5200	$1,524	$1,272	$1,092	$852	$708	$540	$432	$336
$5201 - $5300	$1,596	$1,332	$1,152	$912	$756	$576	$468	$360
$5301 - $5400	$1,668	$1,392	$1,212	$972	$804	$612	$504	$384
$5401 - $5500	$1,740	$1,452	$1,272	$1,032	$852	$660	$540	$408
$5501 - $5600	$1,740	$1,524	$1,332	$1,092	$912	$708	$576	$432
$5601 - $5700	$1,740	$1,596	$1,392	$1,152	$972	$756	$612	$468
$5701 - $5800	$1,740	$1,668	$1,452	$1,212	$1,032	$804	$660	$504
$5801 - $5900	$1,740	$1,740	$1,524	$1,272	$1,092	$852	$708	$540
$5901 - $6000	$1,740	$1,740	$1,596	$1,332	$1,152	$912	$756	$576
$6001 - $6100	$1,740	$1,740	$1,668	$1,392	$1,212	$972	$804	$612
$6101 - $6200	$1,740	$1,740	$1,740	$1,452	$1,272	$1,032	$852	$660
$6201 - $6300	$1,740	$1,740	$1,740	$1,524	$1,332	$1,092	$912	$708
$6301 - $6400	$1,740	$1,740	$1,740	$1,596	$1,392	$1,152	$972	$756
$6401 - $6500	$1,740	$1,740	$1,740	$1,668	$1,452	$1,212	$1,032	$804
$6501 - $6600	$1,740	$1,740	$1,740	$1,740	$1,524	$1,272	$1,092	$852
$6601 - $6700	$1,740	$1,740	$1,740	$1,740	$1,596	$1,332	$1,152	$912
$6701 - $6800	$1,740	$1,740	$1,740	$1,740	$1,668	$1,392	$1,212	$972
$6801 - $6900	$1,740	$1,740	$1,740	$1,740	$1,740	$1,452	$1,272	$1,032
$6901 - $7000	$1,740	$1,740	$1,740	$1,740	$1,740	$1,524	$1,332	$1,092
$7001 - $7100	$1,740	$1,740	$1,740	$1,740	$1,740	$1,596	$1,392	$1,152
$7101 - $7200	$1,740	$1,740	$1,740	$1,740	$1,740	$1,668	$1,452	$1,212
$7201 - $7300	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,524	$1,272
$7301 - $7400	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,596	$1,332
$7401 - $7500	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,668	$1,392
$7501 - $7600	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,452
$7601 - $7700	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,524
$7701 - $7800	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,596
$7801 - $7900	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,668
$7901 - $8000	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740	$1,740

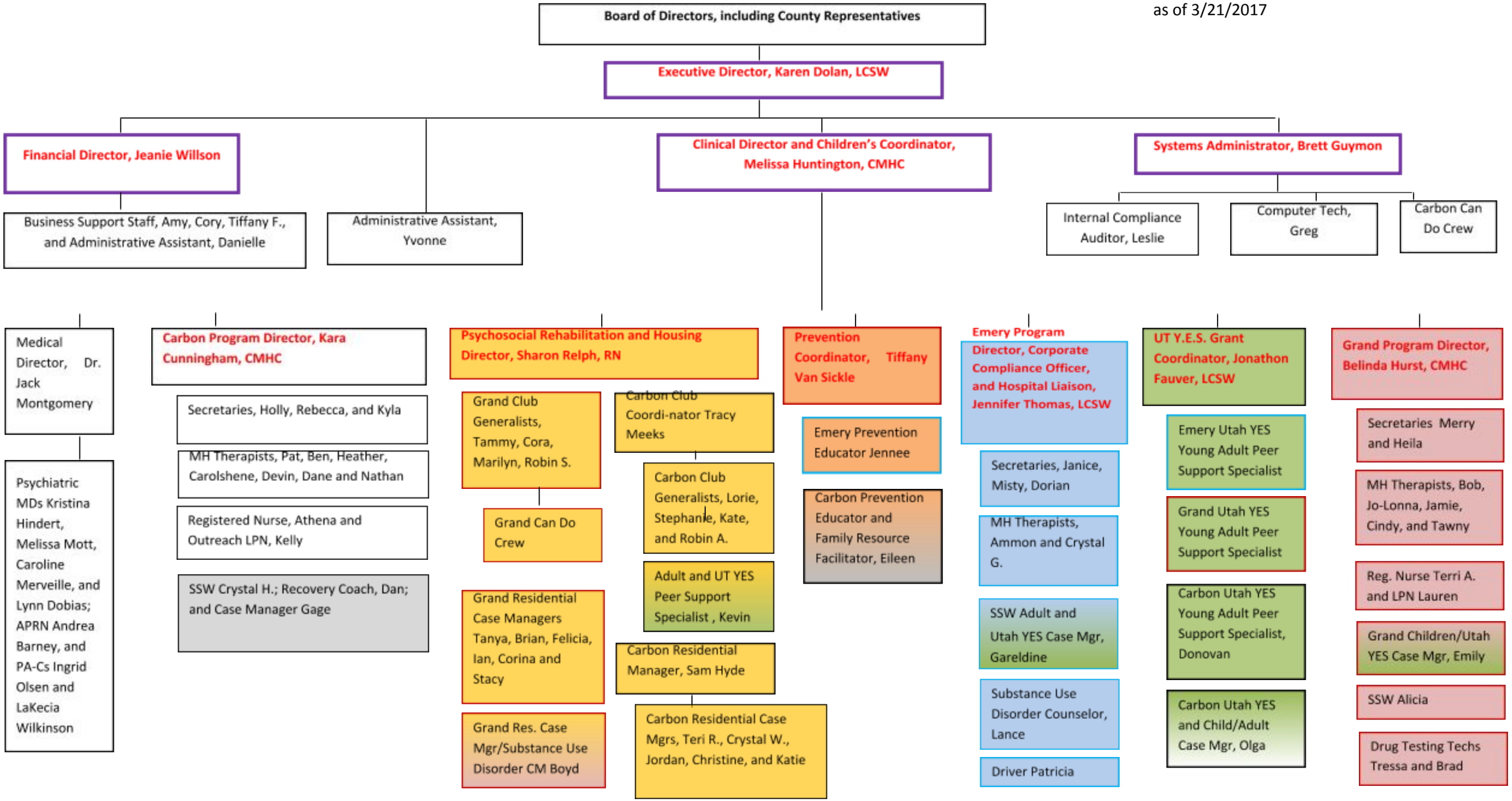
Additional considerations:

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

Effective 9/26/16

Four Corners Community Behavioral Health, Inc. Organizational Structure

as of 3/21/2017



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

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

The Four Corners Community Behavioral Health, Inc. FY2018 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Emery County Commissioners at a regular meeting of the Commission on July 18, 2017.

LOCAL AUTHORITY OFFICIAL SIGNATURES:

Commission Chair Keith Brady — Date: 8/1/17

Commissioner Lynn Sitterud — Date: 8/01/17

Commissioner Paul Cowley — Date: 8/1/17

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

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The Four Corners Community Behavioral Health, Inc. FY2018 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Carbon County Commissioners at a regular meeting of the Commission on June 21, 2017.

LOCAL AUTHORITY OFFICIAL SIGNATURES:

Commissioner Casey Hopes — Date 6-21-17

Commissioner Jake Mellor — Date 6-21-17

Commissioner Jae Potter — Date 6-21-17

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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The Four Corners Community Behavioral Health, Inc. FY2018 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Grand County Council at a regular meeting of the Council on June 20, 2017.

LOCAL AUTHORITY OFFICIAL SIGNATURES:

Jaylyn Hawks Council Chair Jaylyn Hawks	6-20-2017 Date
Mary McGann ~~Council Vice Chair~~ Mary McGann	6-20-2017 Date
resigned from Council Councilperson Chris Baird	Date
Councilperson Evan Clapper	6-20-17 Date
Greg Halliday Councilperson Greg Halliday	20-06-17 Date
Councilperson Rory Paxman	6-20-17 Date
Curtis Wells Councilperson Curtis Wells	6-20-17 Date