

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Four Corners Community Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 most 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)? Identify how you manage wait lists. How do you ensure priority populations get served?

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. Within this screening, priority populations are determined and often those individuals are seen on the same day for an assessment. FCCBH offers an open access model of care in most clinics. Thus, FCCBH does not maintain a "wait list," as there is currently not the demand for one. 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 publicly subsidized prevention services. We have many funding resources for which individuals may qualify. For example, Four Corners has applied for and been awarded the DOH Primary Care Grant several times and this has allowed us to subsidize services for those who are unfunded/underfunded. A new DOH Primary Care Grant for FY20 was recently submitted. This allows for no cost SAD and MH assessments, services and well as integrated somatic health care and comprehensive dental 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 widely distributed brochures and in each clinical office.

**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 several FCCBH employees who have applied for the NHSC LRP and many who have successfully completed the program in the past. All four of our sites are certified. This program allows for a wonderful opportunity to recruit 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 several of our employees were not funded. This was the third year our employees were not funded, thus FCCBH worked with HRSA about 6 months ago to have our HPSA score reevaluated and our agency score improved from a 16 to 19. FCCBH believes this will greatly increase acceptance into the program improving long-term retention with our employees.

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, quality of care and completion of 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.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes, we are utilizing DocuSign with most of our contracts and currently moving toward this use in the remainder of our contracts.

FY20 Mental Health Area Plan & Budget														Local Authority		Four Corners Community Behavioral Health		Form A	
State General Fund														County Funds					
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue						
JRI/JRC													\$0						
Local Treatment Services	\$38,503	\$763,196	\$19,268	\$2,858	\$331,330	\$3,341,987	\$191,103		\$247,656		\$100,000	\$228,091	\$5,263,992						
FY2020 Mental Health Revenue by Source	\$38,503	\$763,196	\$19,268	\$2,858	\$331,330	\$3,341,987	\$191,103	\$0	\$247,656	\$0	\$100,000	\$228,091	\$5,263,992	929301					
State General Fund														County Funds					
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served				
Inpatient Care (170)		\$101,166			\$43,920	\$443,000			\$32,828			\$0	\$620,914	74	\$8,390.73				
Residential Care (171 & 173)		\$91,996			\$39,939	\$402,844			\$29,853				\$564,631	33	\$17,110.03				
Outpatient Care (22-24 and 30-50)		\$151,154	\$19,268	\$2,858	\$65,733	\$663,023	\$180,259		\$49,133		\$100,000	\$364,950	\$1,596,378	1,389	\$1,149.30				
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		\$27,947			\$12,133	\$122,379			\$9,069				\$171,528	436	\$393.41				
Psychotropic Medication Management (61 & 62)		\$51,216			\$22,235	\$224,270			\$16,619				\$314,340	384	\$818.59				
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$167,458			\$72,699	\$733,288			\$54,340				\$1,027,785	143	\$7,187.31				
Case Management (120 & 130)		\$126,246			\$54,808	\$552,821			\$40,967				\$774,841	700	\$1,106.92				
Community Supports, including - Housing (174) (Adult)		\$21,214			\$9,210	\$92,896			\$6,884				\$130,204	63	\$2,066.73				
Peer Support Services (140): - Adult Peer Specialist		\$24,799			\$10,766	\$108,595	\$10,844		\$8,047				\$163,052	115	\$1,417.84				
Consultation and education services, including case consultation, collaboration with other county service												\$23,770	\$23,770						
Services to persons incarcerated in a county jail or other county correctional facility	\$14,028											\$4,219	\$18,247	78	\$233.94				
Adult Outplacement (USH Liaison)	\$24,475												\$24,475	129	\$189.73				
Other Non-mandated MH Services													\$0	0	#DIV/0!				
FY2020 Mental Health Expenditures Budget	\$38,503	\$763,196	\$19,268	\$2,858	\$331,442	\$3,343,116	\$191,103	\$0	\$247,740	\$0	\$100,000	\$392,939	\$5,430,165						
State General Fund														County Funds					
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served				
ADULT	\$38,503	\$622,566	\$1,348		\$270,372	\$2,727,125	\$80,259		\$160,156		\$100,000	\$394,264	\$4,394,593	955	\$4,601.67				
YOUTH/CHILDREN		\$140,630	\$17,920	\$2,858	\$60,958	\$614,862	\$110,844		\$87,500				\$1,035,572	490	\$2,113.41				
Total FY2020 Mental Health Expenditures	\$38,503	\$763,196	\$19,268	\$2,858	\$331,330	\$3,341,987	\$191,103	\$0	\$247,656	\$0	\$100,000	\$394,264	\$5,430,165	1,445	\$3,757.90				

Local Authority:							
Four Corners Community Behavioral Health							
FY20 Proposed Cost & Clients Served by Population							
Budget and Clients Served Data to Accompany Area Plan Narrative							
MH Budgets		Clients Served		FY2020 Expected Cost/Client Served			
Inpatient Care Budget							
\$453,267	ADULT	62		7311			
\$167,647	CHILD/YOUTH	12		13971			
Residential Care Budget							
\$564,632	ADULT	33		\$17,110			
\$0	CHILD/YOUTH	0		#DIV/0!			
Outpatient Care Budget							
\$949,307	ADULT	950		999			
\$642,093	CHILD/YOUTH	530		1211			
24-Hour Crisis Care Budget							
\$145,488	ADULT	425		342			
\$26,040	CHILD/YOUTH	100		260			
Psychotropic Medication Management Budget							
\$275,747	ADULT	311		887			
\$38,593	CHILD/YOUTH	73		529			
Psychoeducation and Psychosocial Rehabilitation Budget							
\$1,017,785	ADULT	123		8275			
\$10,000	CHILD/YOUTH	53		189			
Case Management Budget							
\$698,834	ADULT	530		1319			
\$76,007	CHILD/YOUTH	170		447			
Community Supports Budget (including Respite)							
\$97,806	ADULT (Housing)	27		3622			
\$32,398	CHILD/YOUTH (Respite)	36		900			
Peer Support Services Budget							
\$136,728	ADULT	95		1439			
\$26,324	CHILD/YOUTH (includes FRF)	20		1316			
Consultation & Education Services Budget							
\$11,885	ADULT						
\$11,885	CHILD/YOUTH						
Services to Incarcerated Persons Budget							
\$18,247	ADULT Jail Services	78		234			
Outplacement Budget							
\$24,475	ADULT	129		190			
Other Non-mandated Services Budget							
	ADULT			#DIV/0!			
	CHILD/YOUTH			#DIV/0!			
Summary							
Totals							
\$4,394,201	Total Adult						
\$1,030,987	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)							
\$956	ADULT	2		478			
\$13,335	CHILD/YOUTH	29		460			
Unfunded (all other)							
\$118,114	ADULT	207		571			
	CHILD/YOUTH			#DIV/0!			

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Four Corners Community Behavioral Health

Form A2

	State General Fund		County Funds								
FY2020 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 FY2020 Revenue		
FY2020 Mental Health Revenue by Source		\$59,677						\$50,000	\$109,677		
	State General Fund		County Funds								
FY2020 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 FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 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		\$51,893						\$43,478	\$95,371		#DIV/0!
School Based Behavioral Health-ADMIN		\$7,784						\$6,522	\$14,306		
FY2020 Mental Health Expenditures Budget	\$0	\$59,677	\$0	\$0	\$0	\$0	\$0	\$50,000	\$109,677	0	#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

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient

Form A1 - FY20 Amount Budgeted:	\$453,267	Form A1 - FY20 Projected clients Served:	62
Form A1 - Amount budgeted in FY19 Area Plan	\$453,267	Form A1 - Projected Clients Served in FY19 Area Plan	62
Form A1 - Actual FY18 Expenditures Reported by Locals	\$182,514	Form A1 - Actual FY18 Clients Served as Reported by Locals	50
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>FCCBH will directly provide hospital diversion programming and will contract with several inpatient behavioral health facilities to provide inpatient psychiatric services.</p> <p>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.</p> <p>As the ARTC is no longer available through the USH for acute inpatient care, FCCBH will contract with a variety of inpatient psychiatric hospitals for acute care and stabilization. Those contractors include Provo Canyon Behavioral 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.</p> <p>The FCCBH hospital liaison coordinator will work closely to coordinate care with the inpatient psychiatric hospitals, clinical teams, clients and each individual client's support system. The hospital liaison will work to help manage the transition from the community to hospital and oversee discharge planning in an effort to provide seamless transitions and to help maintain stabilization.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
FCCBH anticipates no significant programmatic changes from the previous year.			

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	\$167,646	Form A1 - FY20 Projected clients Served:	12
Form A1 - Amount budgeted in FY19 Area Plan	\$167,646	Form A1 - Projected Clients Served in FY19 Area Plan	12
Form A1 - Actual FY18 Expenditures Reported by Locals	\$85,560	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	9
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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.</p> <p>Case management, high fidelity wraparound, and systems of care development will all be used to divert the need for hospitalization.</p> <p>FCCBH will continue to use the tools provided by DSAMH such as “Commitment Process for Children” and “Custody and Why it Matters” to train FCCBH LMHT and community partners in the hospitalization access and diversion process.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
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.			

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$564,632	Form A1 - FY20 Projected clients Served:	33
Form A1 - Amount budgeted in FY19 Area Plan	\$564,632	Form A1 - Projected Clients Served in FY19 Area Plan	33
Form A1 - Actual FY18 Expenditures Reported by Locals	\$496,053	Form A1 - Actual FY18 Clients Serviced 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 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 in Price has ten beds. Residential staff members provide coverage 24 hours daily. The residents participate in comprehensive clinical treatment and 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 FY19.

4) Children/Youth Residential Care

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

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$949,907	Form A1 - FY20 Projected clients Served:	950
Form A1 - Amount budgeted in FY19 Area Plan	\$949,907	Form A1 - Projected Clients Served in FY19 Area Plan	892
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,022,246	Form A1 - Actual FY18 Clients Served as Reported by Locals	1,016

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 1-2 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; a mental health assessment, psychiatric assessment (if recommended), individual therapy, 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. [Over the past year, FCCBH has increased training around the modality of EMDR, and all facilities currently have multiple mental health therapists who are certified to provide that service.](#)

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 benefited 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 treatment plan will be developed with the client using the person-centered method, containing life goals and measurable objectives. The treatment 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 client treatment plan where appropriate to medical necessity and personal recovery. Additionally, FCCBH provides or helps connect clients with transportation to and from FCCBH services for Medicaid clients. Representative payee services to assist in the 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, intentional 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. In the clubhouses, we are moved to a “healthy option” menu for lunches and snacks.

We provide information around quitting use of tobacco to everyone entering our facilities 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. He is currently unable to offer group treatment, due to the limited amount of time he has available vs. demand for individual treatment, but (as it's a medical clinic) he 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 treatment 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).

None

Describe any significant programmatic changes from the previous year.

None

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

Each of our three counties have a protocol for tracking civil commitments and will use the same protocol for tracking those placed on an assisted outpatient treatment court order. The Program Director in each county is responsible for tracking commitments for that area. This includes updates, transfers, termination and other basic maintenance civil commitment cases. In Emery County, the team puts the civil commitment information on the face sheet in the clients EHR (electronic health record). The information on the face sheet will consist of when they were initially placed on civil commitment, a record of past update hearings, and when their next review is due to the court. This information will automatically come up every time the clients EHR is opened. Then, a list of all individuals currently on civil commitment will be reviewed during the weekly staff meeting with all staff present. In Grand County, immediately following the initial court hearing (or as soon as FCCBH is notified) the program director puts an appointment to review each civil commitment case on her work calendar, roughly one month prior to the court review. The program director then assigns the appropriate individual (DE or Mental Health Officer) to complete an assessment update and submit to the court *prior* to the scheduled court date. Weekly, the active list of civil commitment clients will be reviewed during clinical staff meeting and assessed for progress and need for continued civil commitment. Also, after the DE assessment is complete we discuss the recommendations at the next staff meeting. The Carbon County clinic has the largest volume of civil commitment clients within our tri-county

With regard to youth, civil commitment only lasts as long as they are placed at an inpatient facility. So the services we provide for them while they are on civil commitment is coordinating admission, progress, and discharge with the admitting inpatient facility. When they are discharged from the inpatient facility, they are terminated from Civil Commitment. However, services will continue to be offered and provided to the children and their families within the community, regardless of civil commitment status.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$642,093	Form A1 - FY20 Projected clients Served:	530
Form A1 - Amount budgeted in FY19 Area Plan	\$642,093	Form A1 - Projected Clients Served in FY19 Area Plan	497
Form A1 - Actual FY18 Expenditures Reported by	\$494,987	Form A1 - Actual FY18 Clients Served as	546

Locals		Reported by Locals	
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			
<p>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.</p> <p>Children and youth with trauma concerns will be provided Trauma Focused CBT treatment and/or Attachment, Self-Regulation, Competency (ARC) treatment, as well as Eye movement desensitization and reprocessing (EMDR) from certified providers. School based therapy will be <i>offered</i> in all of the elementary, middle, charter and high schools in Carbon, Grand, and Emery counties <i>so long as funds remain available to do so</i>. These services are being provided largely in part with Early Intervention funding. <i>Starting July, 2019 Four Corners will be losing the additional TANF funding that was provided in 2016 to increase school based services to counties with increased intergenerational poverty. As a result, services to Carbon and Grand Counties will likely be significantly decreased in the schools. Some funding has been made available to FCCBH through the Division of Substance Abuse and Mental Health to help off-set this loss in funding, but it will not allow the capacity served in schools to remain where they have been. In FY 20, FCCBH plans to increase youth access to services through getting families who qualify signed up for Medicaid expansion.</i></p> <p><i>As a result of appropriations provided to the Utah Department of Education in H.B. 373, FCCBH will also attempt to contract with local school district leaders to provide additional therapeutic school-based services. The budget has not been changed with the expectation that these services will remain in place.</i> 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.</p> <p>Clients dually diagnosed with mental health and substance use disorders will be provided integrated treatment. FCCBH provides critical incident debriefing response to the schools after crisis events. FCCBH will continue to support the Department of Human Services Systems of Care model of service delivery for youth and children with serious emotional disturbance.</p> <p>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 offer a therapeutic support group for Caregivers (Foster Parents, Grandparents, Adoptive Parents, Kinship) raising displaced children.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>None</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>No significant programmatic changes.</p>			

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$145,488	Form A1 - FY20 Projected clients Served:	425
Form A1 - Amount budgeted in FY19 Area Plan	\$145,488	Form A1 - Projected Clients Served in FY19 Area Plan	350
Form A1 - Actual FY18 Expenditures Reported by Locals	\$139,066	Form A1 - Actual FY18 Clients Served as Reported by Locals	511

Describe access to crisis services during daytime work hours, after hours, 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.

Currently, 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.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH will contract telephone crisis services with the University of Utah Neuropsychiatric Institute (UNI). However, because DSAMH has been tasked with managing the implementation of these amendments within the local authority system, and that is still in development, it remains unclear what those eventual changes will be. However, our management over safety net and crisis services within our communities will not change. By contracting with UNI, FCCBH will be in compliance with H.B. 41 and all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week.

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. 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.

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, almost all FCCBH clinical staff have been trained using the Collaborative Assessment and Management of Suicidality (CAMS) approach and/or the Cognitive Behavioral Training for Suicide Prevention (CBT-SP) approach in working with clients endorsing concerns around suicide.

Also, FCCBH was awarded a federal suicide prevention grant In October, 2017. This grant is specifically designed to support adults age 25 and up who are experiencing a suicidal crisis . Crisis outreach, caring contacts, and other supportive means will be provided to this population by the current suicide prevention Coordinator. This grant will continue in FY 20.

In addition, FCCBH received a Means Reduction mini grant for FY19 for \$15,000.00 for one year. This may be extended an additional year using additional funds provided by the Division of Substance Abuse and Mental Health. The purpose of this money is to promote community awareness around reducing access to lethal means, such as locking up firearms, locking up medications, and other such interventions for reducing suicide in each of

our counties.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

Each of our three counties have a protocol for tracking civil commitments and will use the same protocol for tracking those placed on an assisted outpatient treatment court order. The Program Director in each county is responsible for tracking commitments for that area. This includes updates, transfers, termination and other basic maintenance civil commitment cases. In Emery County, the team puts the civil commitment information on the face sheet in the clients EHR (electronic health record). The information on the face sheet will consist of when they were initially placed on civil commitment, a record of past update hearings, and when their next review is due to the court. This information will automatically come up every time the clients EHR is opened. Then, a list of all individuals currently on civil commitment will be reviewed during the weekly staff meeting with all staff present. In Grand County, immediately following the initial court hearing (or as soon as FCCBH is notified) the program director puts an appointment to review each civil commitment case on her work calendar, roughly one month prior to the court review. The program director then assigns the appropriate individual (DE or Mental Health Officer) to complete an assessment update and submit to the court *prior* to the scheduled court date. Weekly, the active list of civil commitment clients will be reviewed during clinical staff meeting and assessed for progress and need for continued civil commitment. Also, after the DE assessment is complete we discuss the recommendations at the next staff meeting. The Carbon County clinic has the largest volume of civil commitment clients within our tri-county area. The Carbon County Program Director maintains a spreadsheet that is reviewed with clinical staff weekly. Every individual is reviewed, whether or not they have a court review upcoming. The spread sheet consists of names of clients, initial civil commitment dates, review dates and other relevant progress tracking data. This also included clients who have previously been on commitment and have been released. Frequently, the program director in Carbon County will call the courts to compare the list of active civil commitment clients and review court dates so ensure everything matches between the two entities.

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 at this point in time.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$26,040	Form A1 - FY20 Projected clients Served:	100
Form A1 - Amount budgeted in FY19 Area Plan	\$26,040	Form A1 - Projected Clients Served in FY19 Area Plan	86
Form A1 - Actual FY18 Expenditures Reported by Locals	\$24,928	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	110

Describe access to crisis services during daytime work hours, after-hours, 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 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.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH crisis *response services* many changes slightly. Because DSAMH has been tasked with managing the implementation of these amendments within the local authority system, and that is still in development, it remains unclear what or when those eventual changes will be. However, our management *over safety net and crisis services* within our communities will not change. In addition, all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week.

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. Again, this will change once the state-wide crisis services are all being filtered through UNI, but until that is put in place, we will continue as usual with our system. 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, most FCCBH clinical staff have been trained using the Collaborative Assessment and Management of Suicidality (CAMS) approach and the CBT-SP (suicide prevention) model 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 increase or decrease between FY18 actual and FY19 budgeted.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes at this point in time.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$275,747	Form A1 - FY20 Projected clients Served:	311
Form A1 - Amount budgeted in FY19 Area Plan	\$275,747	Form A1 - Projected Clients Served in FY19 Area Plan	311
Form A1 - Actual FY18 Expenditures Reported by Locals	\$223,766	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	319

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, APRN's, Physician's Assistants and 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. Urine lab screenings and LCMS testing may be conducted when concerns arise that a client may not be using psychotropic medications as prescribed. FCCBH has entered a contract with Beechtree Labs of Utah, to provide these testing services. Thus far, this has proven very successful with aiding staff in getting clients restabilized preventing the need for inpatient placement.

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 co-located 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. Up until October, 2019 UT YES funds may continue to be used to provide medication management services for qualifying clients in which the medical necessity is clinically indicated. As well, clients experiencing suicidal ideation or other co-occurring related symptoms, may utilize funds through the SAMHSA Zero Suicide grant, awarded to FCCBH in 2017, to access medication management services.

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 increase or decrease.

Describe any significant programmatic changes from the previous year.

None

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$38,593	Form A1 - FY20 Projected clients Served:	73
Form A1 - Amount budgeted in FY19 Area Plan	\$38,593	Form A1 - Projected Clients Served in FY19 Area Plan	73
Form A1 - Actual FY18 Expenditures Reported by	\$74,192	Form A1 - Actual FY18 Clients Serviced as	80

Locals		Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>FCCBH will have contracted psychiatrists, APRN's, Physician's Assistants and 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.</p> <p>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. Up until October, 2019 UT YES funds may continue to be used to provide medication management services for qualifying clients in which the medical necessity is clinically indicated.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase or decrease.			
Describe any significant programmatic changes from the previous year.			
None			

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$1,017,785	Form A1 - FY20 Projected clients Served:	123
Form A1 - Amount budgeted in FY19 Area Plan	\$1,017,785	Form A1 - Projected Clients Served in FY19 Area Plan	123
Form A1 - Actual FY18 Expenditures Reported by Locals	\$979,976	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	143
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, and 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

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$10,000	Form A1 - FY20 Projected clients Served:	53
Form A1 - Amount budgeted in FY19 Area Plan	\$10,000	Form A1 - Projected Clients Served in FY19 Area Plan	20
Form A1 - Actual FY18 Expenditures Reported by Locals	\$9,899	Form A1 - Actual FY18 Clients Served as Reported by Locals	71

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 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 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 may be forced to decrease school based services due to the loss of IGP funds through the DWS. However, FCCBH will attempt to contract with schools and help families apply for Medicaid. The budget has not been changed with the expectation that these services will remain in place.

Describe any significant programmatic changes from the previous year.

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

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$698,834	Form A1 - FY20 Projected clients Served:	530
Form A1 - Amount budgeted in FY19 Area Plan	\$698,834	Form A1 - Projected Clients Served in FY19 Area Plan	530
Form A1 - Actual FY18 Expenditures Reported by Locals	\$654,665	Form A1 - Actual FY18 Clients Served as Reported by Locals	592

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 medically necessary and is prescribed and authorized on a client-centered treatment plan. This includes connecting 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. [If clients are in need of TCM services and do not qualify for Medicaid, grant funding \(such as SAMHSA Primary Care\) may be used to help provide this service.](#)

Targeted case management is included in the FCCBH array of in-home services. Outreach monitoring services, provided by 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).

None

Describe any significant programmatic changes from the previous year.

None anticipated.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$76,007	Form A1 - FY20 Projected clients Served:	170
Form A1 - Amount budgeted in FY19 Area Plan	\$76,007	Form A1 - Projected Clients Served in FY19 Area Plan	170
Form A1 - Actual FY18 Expenditures Reported by Locals	\$61,207	Form A1 - Actual FY18 Clients Served as Reported by Locals	197

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 proactive 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).

None

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount	\$97,806	Form A1 - FY20 Projected	27
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$97,806	Form A1 - Projected Clients Served in FY19 Area Plan	27
Form A1 - Actual FY18 Expenditures Reported by Locals	\$85,696	Form A1 - Actual FY18 Clients Served as Reported by Locals	12

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 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 bedrooms. Cottonwood Apartments has 4 two bedroom units, 7 beds total. These units will now be available to dually diagnosed clients and those struggling with substance use disorder. FCCBH staff members will help clients find and maintain suitable housing. The Psychosocial Rehabilitation program "Housing Units operations" in the Interact and New Heights Clubhouses will provide resident councils and assist in managing the Ridgeview Apartments and Aspen Cove Apartments in Moab. Targeted Case Managers will work with individual clients to identify housing needs, options, and assist in housing budgeting including: saving up for housing, deposits, applying for various housing funding, completing necessary paperwork, and coordinating the move-in process when needed. FCCBH will be pro-active in participating on the local homeless coordinating committees, providing outreach to local shelters linking 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

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	\$32,398	Form A1 - FY20 Projected clients Served:	36
Form A1 - Amount budgeted in FY19 Area Plan	\$32,398	Form A1 - Projected Clients Served in FY19 Area Plan	36
Form A1 - Actual FY18 Expenditures Reported by Locals	\$22,792	Form A1 - Actual FY18 Clients Served as Reported by Locals	47

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 support 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

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$136,728	Form A1 - FY20 Projected clients Served:	95
Form A1 - Amount budgeted in FY19 Area Plan	\$136,728	Form A1 - Projected Clients Served in FY19 Area Plan	95
Form A1 - Actual FY18 Expenditures Reported by Locals	\$128,676	Form A1 - Actual FY18 Clients Served as Reported by Locals	92

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 their 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).

None

How is adult peer support supervision provided? Who provides the supervision? What training to 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

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$26,324	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$26,324	Form A1 - Projected Clients Served in FY19 Area Plan	20
Form A1 - Actual FY18 Expenditures Reported by Locals	\$24,875	Form A1 - Actual FY18 Clients Served as Reported by Locals	12

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 (FRF) and through peer support specialists hired for the Utah Yes grant. However, the UT YES grant is slated to end in October, 2019. FCCBH plans to maintain employment of many peer support employees who were hired through this grant, though they may be moved into

different roles or different clinics than previously serving.

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 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).

The UT YES grant will be ending in October, 2019, which will decrease overall funding for previously hired Peer Support employees.

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

FCCBH employs a 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

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$11,885		
Form A1 - Amount budgeted in FY19 Area Plan	\$11,885		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,671		

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 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 Castlevew 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. Efforts to train our tri-county community members in MHFA will be increased over the next year.

FCCBH 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.

FCCBH was awarded a Suicide Prevention Grant through DSAMH and will actively work educating Carbon and Emery communities with suicide prevention and postvention efforts.

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

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$11,885		
Form A1 - Amount budgeted in FY19 Area Plan	\$11,885		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,670		

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.

FCCBH has partnered with DSAMH in applying for a grant that may dramatically increase services provided to and consultation/education for children 0-8. If awarded, this will be a 5 year grant.

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 anticipated.

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	\$18,247	Form A1 - FY20 Projected clients Served:	78
Form A1 - Amount budgeted in FY19 Area Plan	\$18,247	Form A1 - Projected Clients Served in FY19 Area Plan	78
Form A1 - Actual FY18 Expenditures Reported by Locals	\$17,669	Form A1 - Actual FY18 Clients Served as Reported by Locals	79

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 disorder 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 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. However, with JRI and JRC funding

being cut during the last legislative session, FCCBH is unsure how these continued services will be provided over the next year. However, continued partnerships and ongoing discussions with stakeholders and partners working with the court compelled/JRI populations will be continued.

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).

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 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. However, this may dramatically change over the coming year due to significant cuts made to these programs.

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	\$24,475	Form A1 - FY20 Projected clients Served:	129
Form A1 - Amount budgeted in FY19 Area Plan	\$24,475	Form A1 - Projected Clients Served in FY19 Area Plan	129
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,756	Form A1 - Actual FY18 Clients Served as Reported by Locals	168

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 to decrease the chance of repeat hospitalizations or to facilitate discharge from inpatient services. This includes interventions for clients who are currently placed at the Utah State Hospital. 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 who required daily monitoring and limit setting. Additional interventions may include: arranging/contracting for placement in alternative environments/facilities to augment care requirements, 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).

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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.</p> <p>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.</p> <p>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.</p>			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes.			

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	\$119,070	Form A1 - FY20 Projected clients Served:	209
Form A1 - Amount budgeted in FY19 Area Plan	\$158,760	Form A1 - Projected Clients Served in FY19 Area Plan	249
Form A1 - Actual FY18 Expenditures Reported by Locals	\$156,816	Form A1 - Actual FY18 Clients Served as Reported by Locals	248

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

The expansion of Utah Medicaid in April 2019 is anticipated to dramatically change the trajectory for previously unfunded/unbenefitted clients. FCCBH has already began a robust effort to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area. For those who do not qualify for Medicaid expansion, FCCBH will continue to 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 the 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. Every effort will be to serve as many clients as possible by helping these individuals become eligible for expanded Medicaid, preserving remaining funding for those that are not Medicaid eligible.

FCCBH will provide medically necessary services to 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.

Over the next two years, additional unfunded financial assistance will be provided to adults struggling with suicidal ideation and/or attempts, through a Suicide Prevention Grant acquired through DSAMH.

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 does expect a significant decrease in funding due to cuts of the state unfunded allocation; however, this will be offset with Suicide Prevention Grant monies. FCCBH has also applied for Primary Care Grant funding to provide free assessments to Medicaid ineligible clients.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$13,335	Form A1 - FY20 Projected clients Served:	29
Form A1 - Amount budgeted in FY19 Area Plan	\$13,335	Form A1 - Projected Clients Served in FY19 Area Plan	29
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,279	Form A1 - Actual FY18 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.

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 and referred for application for entitlements (i.e. Medicaid). If the child/youth does meet the 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.

26) Other non-mandated Services

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

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

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 has allowed for creative interventions with SPMI/SMI youth and young 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 FY18, 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 FY20.

FCCBH has applied for additional funding through the Primary Care Grant, which would allow for hundreds of no-cost MH and SUD assessments as well as general medical/dental care and services for those under 200% of the FPL. If accepted as a recipient of the grant, the increase will help remove funding barriers for individuals in need and will be continued in FY20.

In addition, FCCBH will expand efforts within the community to increase awareness around suicide prevention. This will be accomplished through community education efforts, caring contact for those struggling with suicide/suicidal thoughts, case management to resources, client outreach and distribution of harm reduction means.

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).

These services are captured in other categories.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes anticipated.

27) Client Employment

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

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

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

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.

Through the UT YES Grant, Four Corners has provided employment assistance to grant recipients and will continue those efforts once the grant has ended in October, 2019. Efforts will be made to continue working with the Supported Employment Program Manager and IPS Statewide Trainer to assist our employees with technical assistance on increasing client employment. In addition, any adult qualifying for clubhouse services may attend either of the clubhouses in Carbon or Grand Counties where they may receive employment support, regardless of age. FCCBH continues our efforts around encouraging participation for transition age youth 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. In Carbon and Grand Counties, FCCBH will employ consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

FCCBH recognizes 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.

FCCBH likes the IPS model and 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 support, 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 attempt to maintain as many Peer Support Positions initiated by the Utah Yes grant as is financially possible. The addition of a third, full-time, peer recovery specialist in Emery County, in grant partnership with USARA, has allowed clients in all three counties access to peer support services. FCCBH is unsure when the grant funding for each of these positions will end, but will make efforts to sustain the case management and other services provided to the population.

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. FCCBH realizes 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.

FCCBH recognizes the value of the IPS model and 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 support, 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.

28) 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 expanded 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 several years now. As well, our "in-time scheduling" efforts have significantly reduced client "no-shows" with our medical providers and with individual clinicians in the Carbon Clinic.

Also, FCCBH has implemented a robust oversight and monitoring system for services being provided to individuals in groups and individual sessions. Not only will clinical providers be required to submit quarterly sessions for coding and review, but supervisors of those clinicians will be randomly review those submissions for fidelity to the EBP being used.

In addition, FCCBH conducts annual "summits" for case managers and supervisors, so to help those employees keep up on their ever changing job roles, due to new grants, Medicaid changes, and other factors that create change. As well, all new therapists joining FCCBH will not only be required to attend New Employee Orientation, but they will also be required to attend a New Therapist Orientation within the first 60 days of their employment start date.

Identify process improvement activities - Implementation

In terms of implementation, FCCBH takes a multifaceted approach. In FY 18, FCCBH 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 to improve quality.

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

Over the past several years, FCCBH has embraced the value of evidence 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 Reconciliation Treatment (MRT), Motivational Interviewing (MI), Wrap-around services, Seeking Safety, EMDR, and a variety of others. A full list of active EBP is available upon request. FCCBH highly values the importance of keeping current with the most effective modalities of treatment, and thus spends a significant portion of our budget for ongoing training. FCCBH has limited approved clinician trainings to those programs which are evidence based and for which we have the ability to monitor for quality oversight. In addition, FCCBH has added an additional supervisor role to Carbon County clinic (which serves the greatest number of clients and staff). This supervisor has several specific functions in which they oversee including the fidelity oversight piece to our programming, as well as providing trauma-informed supervision to employees that otherwise generally wouldn't have time to participate in this type of supervision due to the multiple other directives and business related items that need to be reviewed by their direct supervisor. In addition, FCCBH plans to review their current model for hiring and retaining employees long-term and implement new ideas for improving the selection process for new staff coming into the agency.

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

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, to identify and train to best practices among staff. FCCBH will have an interface between our CREDIBLE EMR and OQ Analyst so as to reduce barriers to the use of OQ by clinic LMHT in individual psychotherapy appointments. In addition, FCCBH will increase its focus and initiatives around "Customer Service." Training specific to this will be provided for all support staff in each of the clinics, Program Directors and Supervisors, as well as Administrative staff. Information will then be disseminated out to the remaining staff through team meetings and supervision. An executive walk through, focusing on customer service and quality of access to services will be conducted several times throughout the year. This will be continued in FY 20 even though it was removed as a mandate through the Division Directives.

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 we received many years ago. 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 the Primary Care Grant in order to continue providing this benefit to clients in need. The Utah Yes grant will continue until October, 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.
- Open access accessibility for individual therapy and case management appointments in our Carbon County office. 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).
- Early stage 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. Currently, the CARE coalition has a lot of members participating frequently in meeting and providing services to the community in a variety of ways.

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 that 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 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 participant 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. [As a result of extended efforts from our administration, FCCBH was provided a new HPSA score in 2019 from 16 to 19. This will greatly increase the chances for employees applying for loan repayment to be accepted. In turn, this may help with employee retention in some of our more frontier rural areas.](#)

29) 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). We will continue to follow the trends around need and intensity in the area in order to accommodate need.

FCCBH will continue to provide space for a nurse practitioner (PCP), working as our integrated care provider, in the lower floor of the clubhouse building. This is located 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. This clinic was expanded in size by FCCBH in FY 18 and currently has the ability to increase the amount of clients served. 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 reapplied for the Primary Care grant for FY 20 and if awarded, will provide access to many primary physical healthcare needs for those under 200% of the FPL, at 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 about 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 tobacco 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 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.

30) Children/Youth Mental Health Early Intervention

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

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

Yes

31) Children/Youth Mental Health Early Intervention

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

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 may also consider participation 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. FCCBH is preparing that at some point in FY 19 the *phone* crisis response to our mobile crisis efforts will change. It is unclear what that change will be at this point in time, but FCCBH will continue to provide direct services to those in crisis in a variety of settings (i.e. hospital, home, jail, DT, etc.)

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

32) Children/Youth Mental Health Early Intervention

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

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. 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 evaluate 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%.

None

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

FCCBH will continue to offer mental health services to all of the schools in the tri-county area, as has been done for many years. However, due to the ending of the IGP TANF money that was previously provided to expand SBEI services, as well as the new legislation allowing school districts funding to hire their own mental health therapists, it is unknown how many schools will continue utilizing school based services through our agency. FCCBH will continue to attempt partnerships with each of the schools and school district leaders in order to provide ongoing mental health services.

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)

33) Suicide Prevention, Intervention & Postvention

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

In FY 18, FCCBH applied and received a suicide prevention grant through the DSAMH. This grant allowed us to hire a grant coordinator to provide outreach services, caring contacts, education to the community, collaboration with local businesses and many other functions that may decrease rates of completed suicide in Carbon and Emery Counties. In addition, this grant allows for unfunded individuals struggling with depression and co-occurring suicidal challenges to be provided individual therapy and other necessary clinical services at no cost. This is a three year grant and throughout that time FCCBH will seek to create sustainability within the community to keep these prevention efforts going.

FCCBH continues to be 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 participates as members of these and other local coalitions and will participate in co-hosting suicide prevention programs, community education night, and/or providing Mental Health First Aid to anyone in need to training.

FCCBH has also established an internal Zero Suicide inspired committee 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. These efforts will continue in FY 19. The Safe Squad chair and committee members have worked to organize and present this information. FCCBH will continue to implement and adhere to the standards established in the Statewide Performance Improvement Project, for 2019. 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 has in the past year trained incoming staff members to use the "Safety 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 to distract me from distress),
- 4) Professional and Agency Contacts (list of professionals who can help), and
- 5) Reasons for Living

Over the past year, the FCCBH Safe Squad has implemented many positive changes to increase awareness and interventions for suicidal individuals. One of those was creating a 3x5 notecard format for safety plans that individuals in crisis can fill out with the crisis responder and keep with them ongoing. There is a system put into place in which everything the clients writes on their 3x5 safety plan will be copied into their EHR. As well, more timely outreach efforts were put into place to ensure all crisis responded to were checked in with again between 1-5 days following the initial crisis.

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. This was granted to FCCBH and we have hired an outreach coordinator that is currently becoming a "specialist" in this area and will continue to

facilitate the goals and initiatives set up by the Safe Squad and other community outreach efforts. The Safe Squad will continue to assume our internal 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%. During CY 17, FCCBH saw a total of 841 enrollees, of the 841 enrollees, 717 were administered a C-SSRS. Of the 717 that were administered the C-SSRS, 105 answered affirmatively to question 2. Of the 105 who answered affirmatively to question 2, 73 had a safety plan developed. **During CY 18, FCCBH saw a total of 800 enrollees. Of the 800 enrollees, 714 were administered a C-SSRS. Of the 714 that were administered the C-SSRS, 142 answered affirmatively to question 2. Of the 142 who answered affirmatively to question 2, 109 had a safety plan developed.** The goals established in the statewide PIP for both Indicator 1 and indicator 2 were 75%. FCCBH is elated to report that we have surpassed each indicator goal, achieving an 89.3% rate of administration of the C-SSRS, and a 76.8% rate in accordance with study indicator 2.

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 FY 20, we will continue 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 addition, the QAPI committee will continue with it’s goal to place a clinical notation in the electronic health record specifying 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.

34) 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: John Shindler
 County Commissioner: Larry Jensen
 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: Michele Huff
Sheriff: Sheriff Greg Funk
Defense Attorney: John Shindler
County Commissioner: Kent Wilson
Justice Court Judge: Steve Stream

Grand County

Presiding Judge: Mary Manley
Regional AP&P Director- Wade Allinson
County Attorney: Christina Sloan
Local Substance Abuse/Mental Health Director Designee: Belinda Hurst
Sheriff: Sheriff White
Jail Commander: Shan Hackwell
Defense Attorney: John Shindler
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 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 Reconciliation 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. An assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement.

Identify your 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 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. An assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement. Engagement in treatment will be measured at discharge wherein clinicians will indicate the extent to which treatment goals were met or not met, or a summary indicating why the client dropped out of services.

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Four Corners Community Behavioral Health		Form B	
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue				
Drug Court	\$294,359	\$12,073		\$10,000	\$130,000	\$53,398		\$78,546		\$87,510		\$665,886				
Drug Offender Reform Act												\$0				
JRI	\$111,050			\$22,210	\$90,000							\$223,260				
Local Treatment Services	\$101,666			\$40,333	\$110,000	\$186,092	\$34,701	\$522,720		\$12,490	\$219,551	\$1,227,553				
Total FY2020 Substance Use Disorder Treatment Revenue	\$507,075	\$12,073	\$0	\$72,543	\$330,000	\$239,490	\$34,701	\$601,266	\$0	\$100,000	\$219,551	\$2,116,699				
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served		
Screening and Assessment Only	\$35,882			\$22,987	\$19,545	\$10,527		\$1,513			\$5,122	\$95,576	597	\$160		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$0											\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$32,503			\$3,176	\$7,489							\$43,168	11	\$3,924		
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)								\$444,592				\$444,592	120	\$3,705		
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$19,782											\$19,782	20	\$989		
Outpatient: Non-Methadone (ASAM I)	\$185,335	\$12,073		\$23,107	\$174,575	\$118,304	\$34,701	\$8,970		\$50,000	\$107,469	\$714,534	299	\$2,390		
Intensive Outpatient (ASAM II.5 or II.1)	\$198,924			\$17,142	\$113,933	\$110,659		\$8,391		\$50,000	\$99,877	\$598,926	196	\$3,056		
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$34,649			\$6,131	\$14,458			\$137,800				\$193,038	165	\$1,170		
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$507,075	\$12,073	\$0	\$72,543	\$330,000	\$239,490	\$34,701	\$601,266	\$0	\$100,000	\$212,468	\$2,109,616	1,408	\$1,498		
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$280,680			\$36,000	\$111,138	\$101,354	\$34,701	\$150,306				\$714,179				
All Other Women (18+)	\$31,335							\$131,798		\$42,920	\$104,027	\$310,080				
Men (18+)	\$174,219	\$12,073		\$28,771	\$200,501	\$138,136	\$0	\$319,162		\$57,080	\$108,441	\$1,038,383				
Youth (12- 17) (Not including pregnant women or women with dependent children)	\$20,841	\$0		\$7,772	\$18,361	\$0	\$0	\$0				\$46,974				
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$507,075	\$12,073	\$0	\$72,543	\$330,000	\$239,490	\$34,701	\$601,266	\$0	\$100,000	\$212,468	\$2,109,616				

FY20 Drug Offender Reform Act & Drug Court Expenditures							Local Authority:	Four Corners Community Behavioral Health	Form B1
FY2020 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2020 Expenditures			
Screening and Assessment Only						\$0			
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)		\$5,000	\$5,000			\$10,000			
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)						\$0			
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone						\$0			
Outpatient: Non-Methadone (ASAM I)		\$248,001	\$41,333			\$289,334			
Intensive Outpatient (ASAM II.5 or II.1)		\$276,930	\$46,155			\$323,085			
Recovery Support (includes housing, peer support, case management and other non-clinical)		\$33,467	\$10,000			\$43,467			
FY2020 DORA and Drug Court Expenditures Budget	\$0	\$563,398	\$102,488	\$0	\$0	\$665,886			

SFY 20 Opioid Budget Local Authority: Four Corners Community Behavioral Health Form B

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	65430.82	55079.36		\$120,510.18

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$120,510.18
Salary Expenses	\$25,740.00
Medicaid Navigator	25740
Title 2	
Title 3	
Administrative Expenses	\$0.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	\$0.00
Drug Testing	\$0.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	\$39,691.18
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$55,079.00
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and	\$0.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$120,510.18

*Insert a note providing details
 *Insert a note describing it

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Four Corners Community Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Screening and Assessment Only

Form B - FY20 Amount Budgeted:	\$95,576	Form B - FY20 Projected clients Served:	597
Form B - Amount Budgeted in FY19 Area Plan	\$118,148	Form B - Projected Clients Served in FY19 Area Plan	597
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	0
Describe 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. Please list all contracted providers.			
FCCBH will provide all assessments and screenings directly to clients, court ordered individuals, or other potential clients that may result in a screening or assessment only. Screenings and assessments may take place within the jail setting, at a district or justice court setting, physicians office, or within any FCCBH building in Carbon, Emery, or Grand County. FCCBH will provide the appropriate screening or level of assessment deemed necessary for the client/ situation. Examples of tools that may be used are LSI-SV, LS/RNR, DUSI, SASSI and others within the clinical interview.			
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			
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.			
FCCBH does provide court mandated substance use disorder screening and assessments for both adults and youth. Individuals requiring this service will schedule these needed activities with our front office staff in each office. Where FCCBH provides open access to <i>all</i> individuals, regardless of court involvement, these individuals will			

receive same day and/or timely opportunities for assessment.

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

Form B - FY20 Amount Budgeted:	\$0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 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. Please list all contracted providers.

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

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

FCCBH does not provide this level of care at our facilities. Individuals seeking detoxification from substances are referred to hospitals as indicated by their insurance. Individuals utilizing detoxification services pay for that through private insurance benefits. Individuals on Medicaid may utilize this service through their primary healthcare Medicaid benefit.

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

Form B - FY20 Amount Budgeted:	\$43,168	Form B - FY20 Projected clients Served:	11
Form B - Amount Budgeted in FY19 Area Plan	\$43,168	Form B - Projected Clients Served in FY19 Area Plan	11

Form B - Actual FY18 Expenditures Reported by Locals	\$49,266	rForm B - Actual FY18 Clients Served as Reported by Locals	
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).			
<p>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.</p> <p>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 behavioral 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.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$444,592	Form B - FY20 Projected clients Served:	120
Form B - Amount Budgeted in FY19 Area Plan	\$328,360	Form B - Projected Clients Served in FY19 Area Plan	100
Form B - Actual FY18 Expenditures Reported by Locals	\$352,669	Form B - Actual FY18 Clients Served as Reported by Locals	
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.			
<p>FCCBH received fy18 STR grant funding and joined with the non-profit agency, Project Reality, to create an OTP to serve individuals in our tricity area who are in need of general Methadone and MAT services. The facility, Operation Recovery, is currently operating under the license of Project Reality in partnership with FCCBH and is located across the street from the Carbon County Clinic building. Many FCCBH employees moonlight, after-hours, for this program. Currently there are collaborative efforts in place between Operation Recovery and FCCBH to participate in treatment staffing for co-located clients. Also, FCCBH provides Intensive Outpatient Treatment services to unfunded and Medicaid clients working with Operation Recovery. FCCBH is currently in the process of taking over full licenses ,certifications and oversight of the Operation Recovery program. The transition is planned to be complete by July, 2019.</p>			

In addition to formalized treatment, FCCBH provides education to clients and their families around Medication Assisted Treatment options. FCCBH also provides 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.

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 significant increase in clients and in funding. This is due to the new MAT program mentioned above.

Describe any significant programmatic changes from the previous year.

None

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY20 Amount Budgeted:	\$19,782	Form B - FY20 Projected clients Served:	20
Form B - Amount Budgeted in FY19 Area Plan	\$19,782	Form B - Projected Clients Served in FY19 Area Plan	20
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

FCCBH currently has a number of in-house prescribers certified and licensed to prescribe office-based Opioid Treatment medications such as Vivitrol, Naltrexone, and Buprenorphine. When appropriate, these clients will be served in Emery, Grand, and Carbon Clinics. If the client has insurance that encourages a preferred provider other than FCCBH, a referral will be made. When clients MAT needs are more complicated or Methadone specific, FCCBH may refer them to our OTP clinic 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 (funding and clients are included in Outpatient non-methadone or Intensive Outpatient)

Describe any significant programmatic changes from the previous year.

Increased providers available to provide this level of service.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$714,534	Form B - FY20 Projected clients Served:	299
Form B - Amount Budgeted in FY19 Area Plan	\$673,915	Form B - Projected Clients Served in FY19 Area Plan	299
Form B - Actual FY18 Expenditures Reported by Locals	\$61,080	Form B - Actual FY18 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. Please list all contracted providers.

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

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

None

Describe any significant programmatic changes from the previous year.

None

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

Form B - FY20 Amount Budgeted:	\$598,923	Form B - FY20 Projected clients Served:	196
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Form B - Amount Budgeted in FY19 Area Plan	\$558,248	Form B - Projected Clients Served in FY19 Area Plan	196
Form B - Actual FY18 Expenditures Reported by Locals	\$464,428	Form B - Actual FY18 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. Please list all contracted providers.			
<p>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, family and group therapy; individual and group therapeutic behavioral 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.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$193,038	Form B - FY20 Projected clients Served:	165
Form B - Amount Budgeted in FY19 Area Plan	\$380,525	Form B - Projected Clients Served in FY19 Area Plan	165
Form B - Actual FY18 Expenditures Reported by Locals	\$420,450	Form B - Actual FY18 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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

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, when funding is available, 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 the 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).

With the loss of Drug Court and JRI funding, FCCBH expects a decrease in recovery supports, such as payments for rent, housing deposits, medical, optical, and other non-case management recovery supports. However, Case Management will continue to be available to all clients.

Describe any significant programmatic changes from the previous year.

FCCBH will continue enhancing our emphasis on building "Recovery Capital" and assessing those client needs in the next year, including tracking progress through the Brief Assessment of Recovery Capital (BARC).

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Aside from affordable options through the housing authority, there are very few housing options for individuals in recovery in our tri-county areas. Over the past year, FCCBH has been actively seeking out options for individuals in recovery to find safe and sober housing, a need for this has increased greatly over the past several years. In Carbon County, due to increased section 8 vouchers for the SPMI population, FCCBH transitioned the Cottonwood Apartments, a 4-plex apartment building, from housing for Chronically Mentally Ill to individuals actively in

recovery. Currently, all four apartments are filled with single mothers and their children. This housing is intended to help individuals get back on their feet during their initial phases of recovery and can last into long-term recovery if that is needed. The rent is subsidized based off of their income and flexibility is provided to the individuals when challenges in finances or struggles with recovery present themselves. FCCBH anticipates keeping this housing for individuals in recovery and possibly increasing the number of units available in the future, if possible. In addition, FCCBH is currently in the planning stages of partnering with One Voice Recovery and USARA to develop a Recovery Center for individuals currently in recovery or considering recovery. This facility will be filled with a variety of staff, including peer supports, that may assist clients in jumpstarting their recovery or getting them into a safe place so that they may begin to work on their recovery.

What Life skills and/or Educational Services are you able to provide for your clients?

FCCBH provides life skills groups in each of the clinics as part of the SUD outpatient program. In addition, Recovery Coaches at FCCBH are trained to encourage and support individuals seeking out educational opportunities and help them gain the resources needed to receive them. This may include, but is not limited to, helping clients access and fill out college applications, access information about grants and financial aid, connecting clients with leaders of educational programs, and other related supports.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Yes, continuing care for SUD is offered to all clients and is provided in-house within each of the clinics in Carbon, Emery, and Grand counties.

9) Peer Support Services-Substance Use Peer Support

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

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. Please list all contracted providers.

FCCBH, in partnership with USARA, supports three SUD peer support positions; Emery County was added in March, 2019. This has created an opportunity for each of the three counties in the FCCBH catchment area to have a peer support position dedicated to that individual county. These peer support employees work 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 promoting the building 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 concerns. FCCBH also employs a Family Resource Facilitator that works in Carbon and Emery Counties. This is peer level position who is also supervised by multiple persons, including the Emery County Program Director, Carbon County Program Director as well as through the New Frontiers for Families program.

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 Carbon, Emery and Grand the peer employee is supervised

through the USARA program, and also receives weekly (and as needed) supervision from the respective FCCBH Program Director. Youth and adult mental health peer employees in Carbon and Emery Counties 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 a 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

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

Since implementing same-day/open access and just-in-time scheduling based from the MTM model, several years ago, there has *not* been a wait list to receive any services at FCCBH.

In FY 20, FCCBH will continue efforts around the following:

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. Our FCCBH Facebook page, 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 provide 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.
6. The Interim Treatment and Recovery Coaching programs have 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. Providing open access for individual therapy and case management appointments in our Carbon clinic.

Quality Improvements

1. We have expanded integrated care facility to allow room for more treating primary care medical providers.
2. Partnered to open an MAT clinic with Project Reality (Operation Recovery) which is co-located on our Carbon County FCCBH campus. Four Corners plans to take this program over and operate it completely through FCCBH by July, 2019.
3. Ability to provide Office based Opioid treatment within each of the clinics, through enhance MAT training for all FCCBH prescribers.
3. Continue enhancing ongoing Trauma Informed approach to: staff supervision, clinical programming, 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.
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 the next year to improve client treatment experience.

6. Further increase in fidelity oversight of Evidenced-based practises in each of our clinics and with case management and nursing staff.

7. FCCBH is currently purchasing an additional building with larger capacity to serve clients and house an increasing number of employees. This building is located on the same block at the New Heights Clubhouse, the Carbon outpatient clinic, our integrated physical health provider and Operation Recovery. This allows FCCBH to provide a broad array of services in short proximity to each other. This will reduce barriers to transportation and accessing services.

Describe your efforts to market or promote the services you provide.

FCCBH will continue to do twice annual, random Executive Walkthroughs to evaluate customer service within our agency. As well, we have a portion of every monthly Program Directors Meeting where we talk about facility issues, client concerns, and other such matters. The FCCBH executive team is very involved in agency happenings.

In addition, FCCBH has made improvements to the agency website and has developed a Facebook page. Also, FCCBH works actively to educate and inform the community about mental health and substance use disorder issues and treatment through the local newspaper, social media and billboards.

With grant funding, FCCBH was able to improve and rebuild billboards which advertise positive messages to the community. Also, FCCBH took advantage of an opportunity to market zero suicide messages through an electronic billboard that was added to the community last year.

FCCBH prevention services are present at many local parades, county fairs, and other public events sharing information about substance use and suicide prevention.

Also, Four Corners actively participates in Mental Health Awareness Month in May and National Recovery Month in September by hosting activities and education opportunities in each of our three communities.

What EBP's do you provide? Describe the process you use to ensure fidelity?

FCCBH is committed to consistently improving treatment outcomes through the use of evidence-based practice (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. Each quarter, trained clinical staff are required to submit one taped intervention with a client for coding by the FCCBH internal MI Coding team. Feedback from that coding is then provided to the staff member by the coder to help improve the use of MI skills while meeting with clients.

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. 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. We have many clinicians that have been formally certified in EMDR and receive ongoing supervision on that specific practice. Also, each of the directors have a requirement of randomly selecting at least 3 groups to observe via polycom and provide feedback to the facilitating clinician. The completion of these observations is monitored monthly during our Program Directors Meeting.

Describe your plan to improve the quality of care.

Continuous quality improvement is one of the top goals of the FCCBH staff and management team. FCCBH has been actively involved in the Trauma Informed Supervision training provided by DSAMH for the past couple of years. We have implemented the strategies gained from these trainings into each of our clinics and do a monthly review of the concepts in each of our Program Directors meetings. In our largest clinic, we have added a Staff Development Supervisor who is working individually with clinicians on different aspects of their work, in addition to the supervision they receive from their Program Director weekly. The Staff Development Supervisor also has the capacity to provide individual training to staff in our Grand and Emery clinics. In Grand and Emery Counties, it is the expectation of the administration that the program directors in those clinics meet with all clinical staff weekly for supervision and all support staff twice monthly. Each program, including our residential programs and clubhouses, is expected to have a weekly staff meeting for all staff to attend where they can also review any concerns or questions within the facility. In addition to all of the other training required of staff at FCCBH annually, Case Managers, Supervisors, and Nurses within the agency are also required to attend a "Summit" where they receive

continued education around their specific job duties. These are full-day trainings that are considered mandatory for all appropriate staff. The topics of these training include everything from ethics to documentation standards. All staff attending these training report them as very helpful to improving the quality of the services they are providing daily.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

FCCBH uses the same outcome measures that are published on the SAMHIS scorecard in order to evaluate client outcomes regarding employment, living situation, criminal involvement, increases in substance abstinence, and successful completion of the program. FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients perspective in how well our programs and staff are serving client needs and access to treatment.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

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 will continue with our coordination efforts with the local courts and jails in all three counties, as a result of our strong JRI implementation efforts, we have been able to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. However, due to JRI funding cuts during the last legislative session, FCCBH will be forced to discontinue some of this programming. Four Corners will continue coordination with community partners, courts, jail staff and other communications that were improved as a result of this program.

FCCBH will continue providing services in each of our county jails over the coming year. Some improvements may include tools to help with increasing communication between jail staff and FCCBH as well as assisting with MAT efforts in the local jail. FCCBH will continue to increase coordination efforts with Adult Probation and Parole, the local detention center, and Juvenile Probation over the next year, in an effort to increase services to probation clients who need a higher level of treatment than just outpatient therapy .

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.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

FCCBH has been working with local jails in all three counties to assist in the effort of providing MAT to those withdrawing while incarcerated. JRI funds help pay for detox protocols and MAT while in jail however these funds have been cut. In Carbon County, the local jail has agreed to allow providers from Operation Recovery to continue administering daily dosing to individuals that have previously been part of the OR program and have

returned to incarceration for a period of time. This is a huge breakthrough protecting the medically assisted recovery program for incarcerated individuals. FCCBH is extremely grateful to the leadership of the jail commander, medical team and Carbon County Sheriff for making this happen.

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

12) 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 3 years, 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. This location was expanded significantly last year, as to allow for a greater number of medical providers to practice thereby improving accessibility to this resource by FCCBH clients.

FCCBH has reapplied for the DOH Primary Care Grant, and if awarded will be able to provide access to many primary physical healthcare needs for those under 200% of the FPL, for low or no cost. This will increase access and remove funding barriers for individuals in need.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

Integrated mental health and substance abuse treatment services are provided in all 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 include: 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 access 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, Nicotine).

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. 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. 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.

Also, 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 at direct service agencies and subcontracting agencies.. SUD Target= reduce tobacco and nicotine use by 5%.

Over the past year, FCCBH has designated a tobacco cessation specialist and provided her with multiple, extensive trainings. She has been tasked with presenting ongoing tobacco cessation training to other staff within the agency and acting as a specialist for those working with clients who wish to discontinue tobacco use.

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 an 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 support to them to continue that abstinence. We plan to continue and improve education regarding smoking cessation and the role this plays in addiction, relapse and recovery.

We have a section in our outpatient treatment program that focuses on wellness. We have family nights 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 Quitline in the mail.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$1,348,463	Form B - FY20 Projected clients Served:	403
Form B - Amount Budgeted in FY19 Area Plan	\$1,007,461	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$987,212	Form B - Actual FY18 Clients Served as Reported by Locals	

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. If female clients are recommended into a higher level of care through the ASAM, they would be referred into a program that best fit their specific needs. Some of those programs are all gender specific, such as House of Hope. We have contracts with a variety of residential programs. The Odyssey House also has a separate women's program, but are not allowed to bring children. Thus, women with children would most likely be referred into the House of Hope programs. All SUD treatment programs include group services specifically for women, using the Seeking Safety curriculum and/or Helping Women Recover. We have also have gender specific treatment for adolescent girls and youth in each our clinics. Last year, a clinical staff member in each clinic was trained in *Voices Training: A Program for Self Discovery and Self-Empowerment for girls*. When clinically indicated, our clinics are able to provide a DBT group for adolescent girls. 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 focused on improving other areas of women's treatment such as, 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 and access to daycare 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 transportation 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 women may face when entering treatment.

Describe any significant programmatic changes from the previous year.

None

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	\$46,974	Form B - FY20 Projected clients Served:	19
Form B - Amount Budgeted in FY19 Area Plan	\$46,974	Form B - Projected Clients Served in FY19 Area Plan	19
Form B - Actual FY18 Expenditures Reported by Locals	\$51,963	Form B - Actual FY18 Clients Served as Reported by Locals	19

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

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 including early intervention (.5), outpatient (Level 1), and intensive outpatient (Level 2.1, 2.5) . Clients requiring a higher level of care (Level 3-4) will be referred out to a contracted provider. 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 a combination of 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 offer to 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 will be participating in a Youth Treatment oversight study, provided by the U of U in partnership with DSAMH, in June, 2019. 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).

None

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. FCCBH continues to use the DUSI-R to assess risk and need in youth participating in our SUD programs.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$529,931	Form B - FY19 Amount Budgeted: Felony	\$529,931
Form B - FY20 Amount Budgeted: Family Dep.	\$92,488	Form B - FY19 Amount Budgeted: Family Dep.	\$92,488
Form B - FY20 Amount Budgeted: Juvenile		Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY20 Recovery Support Budgeted	\$43,467	Form B - FY19 Recovery Support Budgeted	\$92,771

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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.

FCCBH anticipates serving the same number of participants as FY19.

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 administered to determine the 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.

FCCBH anticipates serving the same number of participants as FY 19.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI etc). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

FCCBH in collaboration with the Seventh District Court as well as Carbon, Emery and Grand Counties, has operated Certified Adult Family and High Risk (formally Felony) Drug Courts in Eastern Utah for over a decade, providing much needed quality supervision, 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 an Adult High Risk and Family Drug Court and Emery County has an Adult High Risk Drug Court. This is

a collaborative effort between the local Courts, Sheriff Department, County Attorney, Adult Probation and Parole, The Department of Child and Family Services and FCCBH. Family and High Risk 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 High Risk). Mental health and substance abuse treatment programming is available for all drug court participants regardless of treatment level. All treatment services and drug court fees are offered on sliding scale. Treatment groups offered include (but not limited to):

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

Program advancement is based on individual client progress and team clinical evaluation. Advancement in Drug Court is not contingent on treatment completion. All three drug courts are internally evaluated often, through steering committee meetings, for use of Drug Court best practice.

Four Corners has actively begun helping all uninsured clients, including drug court clients, determine their eligibility and get enrolled in Medicaid services. The primary staff helping the clients get enrolled are case managers, front office staff, and lab testers. Four Corners has been incredibly successful with getting clients enrolled in Medicaid services, with well over 100 enrolled in the first month of expansion. We will continue these efforts over the next year.

Describe MAT services available to Specialty 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 receiving MAT services where indicated. Dr. Montgomery and other medical providers who are contracted through FCCBH can prescribe Suboxone and Naltrexone. A majority of our MAT services for our adult court programs will be provided through Operation Recovery, which is located on our campus. FCCBH administration has already met with the Judges of the High Risk/High Need courts and the Family Drug Courts to address questions/concerns regarding MAT delivery through Operation Recovery. All of the judges of these courts report being supportive of MAT and comfortable with Operation Recovery being a primary provider for court individuals.

In addition, FCCBH has partnered with local Integrated Healthcare Project APRN Danielle Penedrass, Helper Clinic, and the East Carbon Clinic as other options for individuals seeking MAT. FCCBH has some funds to assist with medication purchases at any of these facilities, when appropriate.

Describe drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

FCCBH has recently contracted with Beachtree Laboratory for all drug court lab testing services. Beachtree provides lab collection experts in all three counties and all samples collected are confirmed through an LCMS process. This has allowed FCCBH and our Drug Court programs to test for use of many more substances, as well as allow program staff to determine compliance with other prescribed medications that assist in their recovery, such as psychotropic medications.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

In FY 18, Carbon, Emery, and Grand High Risk/High Need Drug Court teams worked together to align program

packets. This lead to consistency within drug court rules, incentives and sanctions, phases and advancement and other program mandates.

Describe the Recovery Support Services you will provide with Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved service list).

FCCBH will provide case management, peer support services. FCCBH will provide limited 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.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted	\$223,260	Form B - FY19 Amount Budgeted:	\$278,290
Describe the criminogenic screening and assessment tools you use.			
Four Corners continues to use the LS-RNR, RANT, and the DUSI-R for criminogenic screening.			
Describe the evidence-based substance use, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.			
<p>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.</p> <p>The focus of Four Corners services will be on effective screening, engagement 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.</p> <p>Prevention Plan- We plan to use universal prevention programs to reduce widespread risk through community-wide targeting low as well as high risk groups.</p> <p>Treatment- FCCBH staff involved in the JRI effort will be trained and provide evidenced based treatment interventions including but not limited to; Moral Reconciliation Therapy, Motivational Interviewing, REBT, and other curriculum for decreasing criminal thinking. For persons with serious and persistent mental illness, stabilization units in Emery and Carbon County will be created and utilized, when suitable, as an alternative to incarceration and/or inpatient psychiatric hospitalization. A Housing First model will be used when possible. .</p>			
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.			

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$0		
Form B - Amount Budgeted in FY19 Area Plan	\$35,114		
Form B - Actual FY18	\$44,025		

Expenditures Reported by Locals			
<p>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.</p>			
<p>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: John Shindler</p> <p>Emery County Presiding Judge: Judge Thomas Regional AP&P Director- Wade Allinson County Attorney: Mike Olsen Local Substance Abuse Director Designee: Michele Huff Sheriff: Sheriff Greg Funk Defense Attorney: John Shindler</p>			
<p>How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?</p>			
<p>None</p>			

FY20 Substance Abuse Prevention Area Plan & Budget														Local Authority: Four Corners Community Behavioral Health		Form C	
		State Funds		County Funds													
FY2020 Substance Abuse Prevention 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 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 FY2020 Revenue					
FY2020 Substance Abuse Prevention Revenue	\$256,620					\$151,679		\$68,350			\$177,500	\$654,149					
		State Funds		County Funds													
FY2020 Substance Abuse Prevention Expenditures Budget	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 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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures			
Universal Direct													\$0				
Universal Indirect						\$88,655		\$37,500			\$164,000		\$290,155	\$290,155			
Selective Services						\$2,800		\$30,850			\$13,500		\$47,150	\$16,300			
Indicated Services	\$256,620					\$60,224							\$316,844	\$316,844			
FY2020 Substance Abuse Prevention Expenditures Budget	\$256,620	\$0	\$0	\$0	\$0	\$151,679	\$0	\$68,350	\$0	\$0	\$177,500	0	\$654,149	\$623,299			
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total									
Primary Prevention Expenditures		\$5,000	\$15,170	350	47854	\$82,805	\$500	\$151,679									
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures									
Total by Expense Category	316790	204155	27000		21000	35870	18484	\$623,299	ERROR								

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Four Corners Community Behavioral Health

Instructions:

The next sections help you create an overview of the **entire prevention plan**. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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.

This plan 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. This assessment is likely to have some significant changes in the following year. This is due to the implementation of the Life Skills Program at the state level requiring all school districts in the state to deliver the program. This combined with a new round of SHARP data being release fall 2019 we will be conducting a new agency level needs assessment that will target newly identified needs both in terms of youth risk as well as in community needs.

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 and county level 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.

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in determining priority factors and problem behavior?

How did you come up with the prioritization?

Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs plan to do re assessment for this fiscal year.

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 2017 our region at 48.8%; compared to a state rate of 34.3% and has been increasing. (39.7% in 2015)

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. Another round of assessment by the coalition is scheduled for the upcoming fiscal year.

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. With 2015 SHARP data as the baseline for needs assessment the CARE coalition is due to update their needs assessment this fall using 2019 data.

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 Green River CHEER Coalition. This coalition 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: CHEER- Alcohol & Nicotine

Priority Risk Factors: CHEER- Low Commitment to School & Academic Failure
Priority Protective Factors: CHEER- Community Opportunity & Rewards for Prosocial Involvement
Resource Assessment Gaps: CHEER- Lack of academic support resources

Grand County Level Assessment:

At this time the Grand County has expressed that a community coalition has been tried in the area and has not been successful. FCCBH will continue to evaluate and explore readiness issued to hopefully at one point find greater partnership.

Priority Outcome Behavior:
Priority Risk Factors:
Priority Protective Factors:
Resource Assessment Gaps:

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:As

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

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 Categories based on Assessment::

A.) Capacity Resource

(ie: Fiscal, Human, Material/Technical, and Knowledge/Skill)

1.) Agency level

2.) Community Level

I.) Capacity to address Perceived Risk of Use:

NOTE: Capacity to address this factor has dramatically changed due to the addition of Botvin's Life Skills as required curriculum for the schools to offer. While this is an exciting turn of events for us as a state, it leaves our agency looking for a new way to address this risk factor, or possibly remove it as a priority factor all together. With 2019 being a SHRP data year the goal will be to conduct a new needs assessment that will better allow us to identify priorities and build capacity.

A.) Fiscal:

1.) Agency

Increased capacity in this area has continued through ongoing ~~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 the entirety of this fiscal year and discontinue in FY 2023.

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 [are a gap that](#) falls within the Community Organization priority. [Specific fiscal needs are not identified at this point as we are in a new round of conducting a Strategic Prevention Framework process. As a new assessment in FY 20 is conducted new and more specific capacity needs will be identified.](#)

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.~~ [As of the beginning of 2019 our current prevention team consists of one full time Regional Director \(serving our area as well as Utah Co and San Juan Co\), One full time Prevention Coordinator, and one full time coalition coordinator for the CARE Coalition.](#) 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~~ [Maintenance](#) 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 [is ideally going to be sustained through new volunteer management in our full time coalition coordinator.](#) .

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.) Capacity to address Community Organization:

A.) Fiscal:

Parents-Empowered Mini-Grant (FY 19-21 \$10,000), Partnership For Success (FY 19-23 \$90,000)

B.) Human:

1.) Agency

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

The addition of a full time coalition coordinator has been a significant increase in capacity toward providing more community organization in our areas.

2.) Community

~~The procurement of funding to support 2 Coalition Coordinator positions has taken place in FY 2017 and will continue until FY 2020.~~

Unfortunately over the two years there has been a loss of capacity to organize coalitions in Grand and Emery Counties. Grand County has expressed concern that "they have tried the coalition process before and it has not worked." In Emery county there has been some changes in capacity due to the influence of the USU HEART initiative. Continued readiness assessment and outreach to partners will be used to try and increase capacity in these counties.

For Carbon County 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...)

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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:

Parents Empowered

Agency(s) Responsible:

Four Corners Community Behavioral Health

Pirates Den Youth Center

Funding Sources:

Block Grant

Partnership for Success

NOTE: As noted above changes due to the addition of Botvin's Life Skills as required curriculum for the schools to offer has dramatically changed our ability to have strategies to address this risk factor. With 2019 being a SHRP data year the goal will be to conduct a new needs assessment that will better allow us to identify priorities and build capacity.

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. FY 20 Needs assessment will drive another round of the strategic prevention framework to help identify if this continues to be a priority and if so what strategies to employ or if another factor should be identified.

1.2 Decrease Retail Availability

Measures:

Measure of Source of alcohol

Measure of Sales

Baseline 2018- 0 buys completed 0- Sales Goal: 2021: 40 Buys Completed <10 Sales

Strategies:

EASY Buys

Timeline:

Goal 2020 at least 2 sets of buys in Carbon County Goal 2021 at least 2 sets of buys in Carbon and 1 set in Emery

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:

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 2019-2020 using 2019 SHARP data.

Emery:

EYC: The Emery Youth Coalition has seen a loss in adult leadership thus leading to the group dissolving. With the addition of the USU HEART initiative partnerships will be sought to increase capacity to partner in Emery County we are hoping to continue this effort possibly under a different title.

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: FY 20 the offer has been made for CHEER to reformatize and work through the CTC process. This offer includes the need of matching funds. CHEER is currently working on identifying these funds and we will progress appropriately depending on what they identify.~~

~~Moving to complete an updated Needs Assessment in FY 2018.~~

~~Grand:~~

~~Grand has expressed concern that they "have tried coalitions and it has not worked. FY 20 will be used to conduct a readiness assessment to better identify ways to progress.~~

~~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)

Carbon County Extended Day Program (Why Try Implementation)

CHEER Coalition (Fiscal Agent)

Funding Sources:

Block Grant - A portion of this funding comes from legislative set aside from an ask from Representative Ray during the FY2019 legislative session

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

4) Implementation

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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.

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 is 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.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
Adolescence Coping With Stress			\$800		Yes	
Agency			Tier Level:			
FCCBH			4			
Logic	Goal	Factors	Focus Population: U/S/A	Strategies	Outcomes	
			Indicated		Short	Long
	Decrease 30-Day	Depressive	Carbon: 30-40 Students	10th Graders in	Decrease depressive	Decrease 30-Day

	Alcohol Use in 10th Grade	Symptoms in 10th Grade Family History of ASB		Carbon County will be screened using the CES-D Screening tool. Those meeting criteria will be offered referral to mental health services, a class in their normal school schedule where a qualified instructor will provide 15-1 hour sessions.	symptoms of 10th Graders from: Baseline 2015: 49.5% to: Goal 2021: <45%	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

2. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Why Try		\$2,000		Yes		
Agency		Tier Level:				
Carbon County School District		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective/Indicated		Short	Long
Logic	Reduce 30-Day Use of Alcohol in 8th Grade	Low commitment to school	<p>Selective and indicated students (grades 5th-8th) in Carbon School District exhibiting need behavior</p> <p>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</p>	<p>Students will be organized into small groups through the CCSD Extended Day Program.</p> <p>WhyTry curriculum will be taught which includes coursework, hands-on activities, music and therapy.</p> <p>Carbon District</p>	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
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3. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Prime for Life			\$13,170		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

4. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
Parents Empowered			\$5,000		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

5. Logic Model

Program Name			Cost of Program	Evidence Based: Yes or No		
Communities that Care			\$94,750	Yes		
Agency			Tier Level:			
FCCBH			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Youth 30-Day Alcohol Use (All Grades)	Community Organization Local Capacity to address local level prioritized 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	Communities 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 prioritized 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 attendance records	Coalition attendance Records	2015/2021 SHARP	2015/2025 SHARP

6. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Emery Youth Coalition (SPF)			\$700		Yes		
Agency			Tier Level:				
FCCBH & Emery High School			4				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Decrease 30-Day alcohol use by 10th Graders	Parental Attitudes Favorable to Use Peer/Individual Opportunities for Pro-Social Involvement	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 involvement 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	Attendance Records		Meeting Attendance Records	2015/2019 SHARP	2015/2025 SHARP

7. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Eliminating Alcohol Sales to Youth			\$500		Yes		
Agency			Tier Level:				
County & City Law Enforcement			4				
	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:	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 enforcement 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:

	3.4%					goal 2025: 5%
Measures & Sources	2015 SHARP	2015 SHARP	County Compliance Check records	County Compliance Check records	2015/2021 SHARP	2015/2025 SHARP

**Four Corners Community Behavioral Health
Administrative Procedure**

OPERATIONS PROCEDURE – OP22 –Adopted 4/4/2004, Revised 9/17/17

SLIDING FEE DISCOUNT PROGRAM

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

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

The Executive Committee shall review the client sliding fee schedule bi-annually. The following shall be considered at the time the sliding discount fee schedules are reviewed: family income, number of dependents, and the client’s ability to pay. A nominal fee is charged to clients that are at or below 100% of the federal poverty level, however, the client may request an additional discount based on inability to pay. In this case, the client shall complete the Fee Reduction Request form and meet with a FCCBH counselor. The fee requested may be as little as \$0. This form must be signed by the client and the Program Director/Designee. The Fee Reduction Committee (Executive Committee) will give final approval or disapproval within 5 business days. The approved Fee Reduction Request Form shall be scanned into the client’s electronic health record.

Family size includes the head(s) of household and dependent children. Income includes the income of all adults living in the home with the exception of adult children.

- Single adult example: family size shall be (1) for adult clients living in their parents’ home and only the client’s income shall be included.
- Youth client example: if the client is a youth living with two parents, a sibling under 18, and an independent 19-year old working sibling; family size is (4) and only the parental income shall be included. The income of the 19-year old shall not be included and his/her income shall not be included.
- Adult client example: family size should include client, partner/spouse, and dependent children. Income should include the client’s income and partner/spouse income.

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

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

Approved by the Executive Committee 9/17/17

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	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1101 - \$1200	\$6	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1201 - \$1300	\$7	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1301 - \$1400	\$8	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1401 - \$1500	\$9	\$6	\$5	\$5	\$5	\$5	\$5	\$5
\$1501 - \$1600	\$10	\$7	\$5	\$5	\$5	\$5	\$5	\$5
\$1601 - \$1700	\$11	\$8	\$5	\$5	\$5	\$5	\$5	\$5
\$1701 - \$1800	\$12	\$9	\$5	\$5	\$5	\$5	\$5	\$5
\$1801 - \$1900	\$13	\$10	\$6	\$5	\$5	\$5	\$5	\$5
\$1901 - \$2000	\$14	\$11	\$7	\$5	\$5	\$5	\$5	\$5
\$2001 - \$2100	\$15	\$12	\$8	\$5	\$5	\$5	\$5	\$5
\$2101 - \$2200	\$16	\$13	\$9	\$6	\$5	\$5	\$5	\$5
\$2201 - \$2300	\$18	\$14	\$10	\$7	\$5	\$5	\$5	\$5
\$2301 - \$2400	\$20	\$15	\$11	\$8	\$5	\$5	\$5	\$5
\$2401 - \$2500	\$22	\$16	\$12	\$9	\$6	\$5	\$5	\$5
\$2501 - \$2600	\$24	\$18	\$13	\$10	\$7	\$5	\$5	\$5
\$2601 - \$2700	\$26	\$20	\$14	\$11	\$8	\$5	\$5	\$5
\$2701 - \$2800	\$28	\$22	\$15	\$12	\$9	\$5	\$5	\$5
\$2801 - \$2900	\$30	\$24	\$16	\$13	\$10	\$6	\$5	\$5
\$2901 - \$3000	\$32	\$26	\$18	\$14	\$11	\$7	\$5	\$5
\$3001 - \$3100	\$34	\$28	\$20	\$15	\$12	\$8	\$5	\$5
\$3101 - \$3200	\$36	\$30	\$22	\$16	\$13	\$9	\$6	\$5
\$3201 - \$3300	\$39	\$32	\$24	\$18	\$14	\$10	\$7	\$5
\$3301 - \$3400	\$42	\$34	\$26	\$20	\$15	\$11	\$8	\$5
\$3401 - \$3500	\$45	\$36	\$28	\$22	\$16	\$12	\$9	\$5
\$3501 - \$3600	\$48	\$39	\$30	\$24	\$18	\$13	\$10	\$6
\$3601 - \$3700	\$51	\$42	\$32	\$26	\$20	\$14	\$11	\$7

\$3701 - \$3800	\$55	\$45	\$34	\$28	\$22	\$15	\$12	\$8
\$3801 - \$3900	\$59	\$48	\$36	\$30	\$24	\$16	\$13	\$9
\$3901 - \$4000	\$63	\$51	\$39	\$32	\$26	\$18	\$14	\$10
\$4001 - \$4100	\$67	\$55	\$42	\$34	\$28	\$20	\$15	\$11
\$4101 - \$4200	\$71	\$59	\$45	\$36	\$30	\$22	\$16	\$12
\$4201 - \$4300	\$76	\$63	\$48	\$39	\$32	\$24	\$18	\$13
\$4301 - \$4400	\$81	\$67	\$51	\$42	\$34	\$26	\$20	\$14
\$4401 - \$4500	\$86	\$71	\$55	\$45	\$36	\$28	\$22	\$15
\$4501 - \$4600	\$91	\$76	\$59	\$48	\$39	\$30	\$24	\$16
\$4601 - \$4700	\$96	\$81	\$63	\$51	\$42	\$32	\$26	\$18
\$4701 - \$4800	\$101	\$86	\$67	\$55	\$45	\$34	\$28	\$20
\$4801 - \$4900	\$106	\$91	\$71	\$59	\$48	\$36	\$30	\$22
\$4901 - \$5000	\$111	\$96	\$76	\$63	\$51	\$39	\$32	\$24
\$5001 - \$5100	\$116	\$101	\$81	\$67	\$55	\$42	\$34	\$26
\$5101 - \$5200	\$121	\$106	\$86	\$71	\$59	\$45	\$36	\$28
\$5201 - \$5300	\$127	\$111	\$91	\$76	\$63	\$48	\$39	\$30
\$5301 - \$5400	\$133	\$116	\$96	\$81	\$67	\$51	\$42	\$32
\$5401 - \$5500	\$139	\$121	\$101	\$86	\$71	\$55	\$45	\$34
\$5501 - \$5600	\$145	\$127	\$106	\$91	\$76	\$59	\$48	\$36
\$5601 - \$5700	\$145	\$133	\$111	\$96	\$81	\$63	\$51	\$39
\$5701 - \$5800	\$145	\$139	\$116	\$101	\$86	\$67	\$55	\$42
\$5801 - \$5900	\$145	\$145	\$121	\$106	\$91	\$71	\$59	\$45
\$5901 - \$6000	\$145	\$145	\$127	\$111	\$96	\$76	\$63	\$48
\$6001 - \$6100	\$145	\$145	\$133	\$116	\$101	\$81	\$67	\$51
\$6101 - \$6200	\$145	\$145	\$139	\$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

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	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1101 - \$1200	\$72	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1201 - \$1300	\$84	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1301 - \$1400	\$96	\$60	\$60	\$60	\$60	\$60	\$60	\$60
\$1401 - \$1500	\$108	\$72	\$60	\$60	\$60	\$60	\$60	\$60
\$1501 - \$1600	\$120	\$84	\$60	\$60	\$60	\$60	\$60	\$60
\$1601 - \$1700	\$132	\$96	\$60	\$60	\$60	\$60	\$60	\$60
\$1701 - \$1800	\$144	\$108	\$60	\$60	\$60	\$60	\$60	\$60
\$1801 - \$1900	\$156	\$120	\$72	\$60	\$60	\$60	\$60	\$60
\$1901 - \$2000	\$168	\$132	\$84	\$60	\$60	\$60	\$60	\$60
\$2001 - \$2100	\$180	\$144	\$96	\$60	\$60	\$60	\$60	\$60
\$2101 - \$2200	\$192	\$156	\$108	\$72	\$60	\$60	\$60	\$60
\$2201 - \$2300	\$216	\$168	\$120	\$84	\$60	\$60	\$60	\$60
\$2301 - \$2400	\$240	\$180	\$132	\$96	\$60	\$60	\$60	\$60
\$2401 - \$2500	\$264	\$192	\$144	\$108	\$72	\$60	\$60	\$60
\$2501 - \$2600	\$288	\$216	\$156	\$120	\$84	\$60	\$60	\$60
\$2601 - \$2700	\$312	\$240	\$168	\$132	\$96	\$60	\$60	\$60
\$2701 - \$2800	\$336	\$264	\$180	\$144	\$108	\$60	\$60	\$60
\$2801 - \$2900	\$360	\$288	\$192	\$156	\$120	\$72	\$60	\$60
\$2901 - \$3000	\$384	\$312	\$216	\$168	\$132	\$84	\$60	\$60
\$3001 - \$3100	\$408	\$336	\$240	\$180	\$144	\$96	\$60	\$60
\$3101 - \$3200	\$432	\$360	\$264	\$192	\$156	\$108	\$72	\$60
\$3201 - \$3300	\$468	\$384	\$288	\$216	\$168	\$120	\$84	\$60
\$3301 - \$3400	\$504	\$408	\$312	\$240	\$180	\$132	\$96	\$60
\$3401 - \$3500	\$540	\$432	\$336	\$264	\$192	\$144	\$108	\$60
\$3501 - \$3600	\$576	\$468	\$360	\$288	\$216	\$156	\$120	\$72
\$3601 - \$3700	\$612	\$504	\$384	\$312	\$240	\$168	\$132	\$84
\$3701 - \$3800	\$660	\$540	\$408	\$336	\$264	\$180	\$144	\$96

\$3801 - \$3900	\$708	\$576	\$432	\$360	\$288	\$192	\$156	\$108
\$3901 - \$4000	\$756	\$612	\$468	\$384	\$312	\$216	\$168	\$120
\$4001 - \$4100	\$804	\$660	\$504	\$408	\$336	\$240	\$180	\$132
\$4101 - \$4200	\$852	\$708	\$540	\$432	\$360	\$264	\$192	\$144
\$4201 - \$4300	\$912	\$756	\$576	\$468	\$384	\$288	\$216	\$156
\$4301 - \$4400	\$972	\$804	\$612	\$504	\$408	\$312	\$240	\$168
\$4401 - \$4500	\$1,032	\$852	\$660	\$540	\$432	\$336	\$264	\$180
\$4501 - \$4600	\$1,092	\$912	\$708	\$576	\$468	\$360	\$288	\$192
\$4601 - \$4700	\$1,152	\$972	\$756	\$612	\$504	\$384	\$312	\$216
\$4701 - \$4800	\$1,212	\$1,032	\$804	\$660	\$540	\$408	\$336	\$240
\$4801 - \$4900	\$1,272	\$1,092	\$852	\$708	\$576	\$432	\$360	\$264
\$4901 - \$5000	\$1,332	\$1,152	\$912	\$756	\$612	\$468	\$384	\$288
\$5001 - \$5100	\$1,392	\$1,212	\$972	\$804	\$660	\$504	\$408	\$312
\$5101 - \$5200	\$1,452	\$1,272	\$1,032	\$852	\$708	\$540	\$432	\$336
\$5201 - \$5300	\$1,524	\$1,332	\$1,092	\$912	\$756	\$576	\$468	\$360
\$5301 - \$5400	\$1,596	\$1,392	\$1,152	\$972	\$804	\$612	\$504	\$384
\$5401 - \$5500	\$1,668	\$1,452	\$1,212	\$1,032	\$852	\$660	\$540	\$408
\$5501 - \$5600	\$1,740	\$1,524	\$1,272	\$1,092	\$912	\$708	\$576	\$432
\$5601 - \$5700	\$1,740	\$1,596	\$1,332	\$1,152	\$972	\$756	\$612	\$468
\$5701 - \$5800	\$1,740	\$1,668	\$1,392	\$1,212	\$1,032	\$804	\$660	\$504
\$5801 - \$5900	\$1,740	\$1,740	\$1,452	\$1,272	\$1,092	\$852	\$708	\$540
\$5901 - \$6000	\$1,740	\$1,740	\$1,524	\$1,332	\$1,152	\$912	\$756	\$576
\$6001 - \$6100	\$1,740	\$1,740	\$1,596	\$1,392	\$1,212	\$972	\$804	\$612
\$6101 - \$6200	\$1,740	\$1,740	\$1,668	\$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

FEE REDUCTION REQUEST FORM

Household Monthly Budget		
Name _____	Family size _____	
Income		
Wages 1 (gross - income taxes)		
Wages 2 (gross - income taxes)		
Workforce Services		
Unemployment		
Pell Grant/scholarships		
Other income resources _____		
Total Income	\$ _____	
Expenses		
Mortgage / Rent Expense (portion you pay)		
Car / Lease Payment(s)		
Loan Payment(s) - List		
type _____		
Insurance - Car		
Insurance - Homeowner's		
Child support		
Childcare (portion you pay)		
Electric / Gas Expense		
Telephone Expense		
Cable / Satellite Television Expense		
Internet Expense		
Food (Dining Out/Groceries) - portion you pay		
Gasoline		
Pet Supplies		
Schooling - you (portion you pay)		
Schooling - dependents (portion you pay)		
Medical / Healthcare		
Personal Care		
Entertainment		
Gifts		
Clothing		
Other _____		
Total Expenses	\$ _____	
Balance Available (Income minus Expenses) _____		

A household monthly budget must be completed in order to apply for a reduction in fees.

For Office Use Only:

	Program Director Recommended Fee:	Fee Reduction Committee Approved fee:
Fee based on income:		
Level I SA \$ _____ per visit	Level I SA \$ _____ per visit	Level I SA \$ _____ per visit
Level II SA \$ _____ per week	Level II SA \$ _____ per week	Level II SA \$ _____ per week
DC \$ _____ per week	DC \$ _____ per week	DC \$ _____ per week
Level II SA \$ _____ per week	Level II SA \$ _____ per week	Level II SA \$ _____ per week

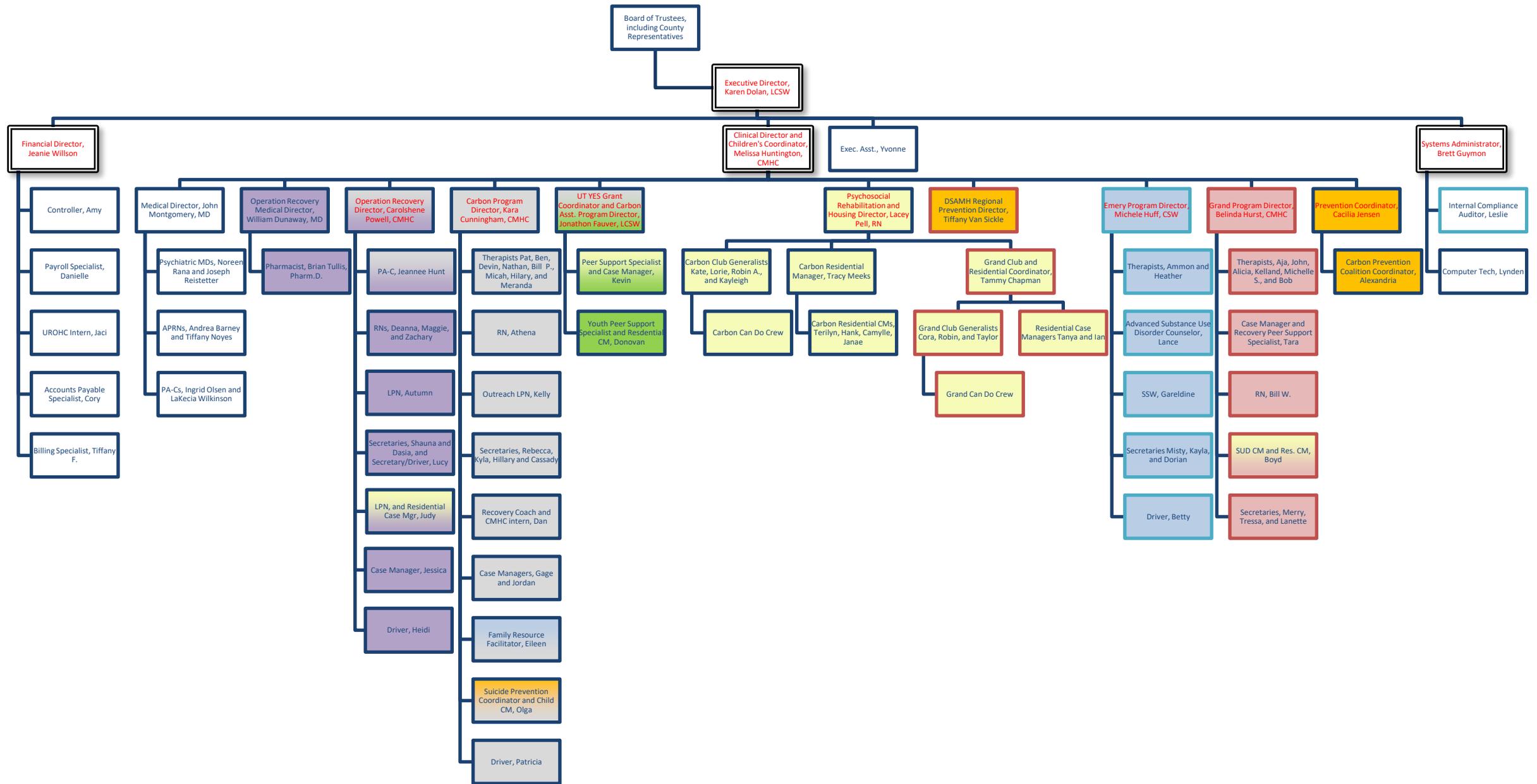
All requests will be reviewed by the Program Director or designee and then forwarded to the fee reduction committee for approval. All approved fee reductions are subject to change when income changes.

Client Signature _____ Date _____

Program Director/Designee _____ Date _____

Fee Reduction Committee _____ Date _____

Four Corners Community Behavioral Health, Inc. Organizational Structure (as of July, 2019)



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

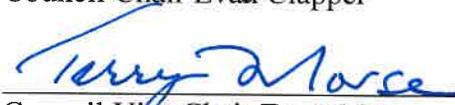
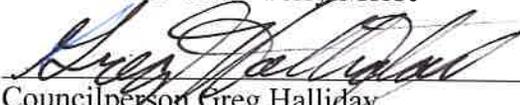
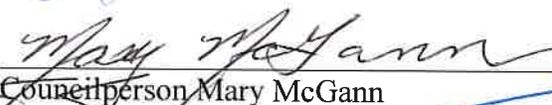
The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 in accordance with Utah Code Title 17 Chapter 43.

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. FY2020 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 18, 2019.

LOCAL AUTHORITY OFFICIAL SIGNATURES:

 _____ Council Chair Evan Clapper	<u>6/18/19</u> Date
 _____ Council Vice Chair Terry Morse	<u>18 June 19</u> Date
 _____ Councilperson Greg Halliday	<u>18 June 2019</u> Date
 _____ Councilperson Jaylyn Hawks	<u>18 June 2019</u> Date
 _____ Councilperson Mary McGann	<u>18 June 2019</u> Date
 _____ Councilperson Rory Paxman	<u>6-18-19</u> Date
 _____ Councilperson Curtis Wells	<u>6/18/19</u> Date

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 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. FY2020 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 2, 2019.

LOCAL AUTHORITY OFFICIAL SIGNATURES:



Commissioner Kent Wilson

7-2-19
Date



Commissioner Lynn Sitterud

7-02-19
Date



Commissioner Gil Conover

7-2-19
Date

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

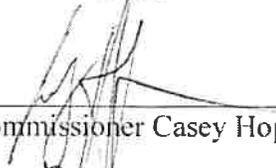
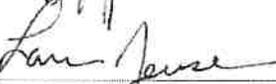
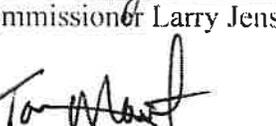
The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 in accordance with Utah Code Title 17 Chapter 43.

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. FY2020 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 19, 2019.

LOCAL AUTHORITY OFFICIAL SIGNATURES:

 _____ Commissioner Casey Hopes	<u>6-21-19</u> _____ Date
 _____ Commissioner Larry Jensen	<u>6-19-19</u> _____ Date
 _____ Commissioner Tony Martines	<u>06/19/19</u> _____ Date