

Governance and Oversight Narrative

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Every person who comes to the Four Corners Community Behavioral Health clinics seeking care is provided a clinical screening regardless of ability to pay. This screening is provided on the same day if it is requested. FCCBH has an advanced access model of care in each of our clinics. A discounted fee schedule exists to serve FCCBH catchment area residents based upon an ability to pay. However, no area resident is refused medically necessary services due to inability to pay. The full range of youth outpatient substance use disorder treatment is provided at no charge to area residents. Following screening and when indicated by residence within our catchment area and apparent medical necessity, a full mental health assessment is scheduled based upon consumer preference of standard, urgent or emergency service.

When medically necessary treatment of a diagnosed condition is established by assessment, unfunded clients may receive any the continuum of substance use disorder treatment provided by FCCBH.

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

FCCBH maintains contracts with substance use disorder treatment providers that afford residential level of care (Level III and above) for the indigent population when this more restrictive level of care is medically necessary.

24 hour emergency crisis and referral services are available to all residents of the tri-county area.

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

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

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

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

How is this amount of public subsidy determined?

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

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

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

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

FCCBH is a very grateful and proud NHSC provider!!

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

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.

This past fiscal year we have seen a quadrupling of our inpatient costs as well as an increase in numbers of individuals hospitalized for both Medicaid and indigent clients. In our study of this dramatic increase, we believe that there were several factors whose convergence resulted in the emergence of this phenomenon. As PCBH (Provo Canyon Hospital) became available and with open beds, it became easier for the harried on-call emergency LMHT to hospitalize and, thus they did not take the extra steps necessary to create a hospital diversion plan. Additionally, FCCBH had several new LMHT who were eager yet unskilled in the nuances involved in creating and sustaining a crisis/safety plan rather than hospitalize. It appears that PCBH has a short term financial incentive to keep inpatients longer rather than shorter. Plus, these are times of incredible social and environmental stress, increased public crisis (shootings, disasters, economic downturn) that affects the SPMI population more acutely. The availability of both long term and acute Utah State Hospital beds has decreased as well.

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

For others not needing that level of care, alternatives for community stabilization will be developed and implemented.

Having had our sting as the inpatient pre-paid plan provider, FCCBH has reinvigorated our managed care responsibility and with additional supervision, training and contract negotiation we are able to anticipate that this coming fiscal year will show less utilization of inpatient hospital. Through our efforts in hospital diversion, the use of outplacement activities and funds, and client stabilization, we expect acute inpatient services to stabilize and return closer to FY12 levels.

Acute inpatient care will be provided by contracts with a variety of inpatient psychiatric hospitals. Our primary inpatient providers will be Utah Valley Regional Medical Center, University Neuropsychiatric Institute, Provo Canyon Hospital and the ARTC. We also will have contracts with Lakeview and Salt Lake Behavioral Health. Long term psychiatric inpatient care will be provided by the Utah State Hospital.

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

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

This last fiscal year we did not expect such a significant increase in acute psychiatric inpatient services. This coming fiscal year, through our efforts in hospital diversion, the use of outplacement activities and funds, and client stabilization, we expect acute inpatient services to stabilize and return closer to FY12 levels.

Describe any significant programmatic changes from the previous year.

As inpatient hospitalization can be very disruptive and difficult for clients and their families; case management, residential support and clinical team services are actively used to create hospital diversion plans. We plan to use existing resources, creative outplacement funding and the use of transitional beds to help clients maintain community stability.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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.

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

Case management, youth day treatment, wraparound and systems of care services will all be utilized to divert the need for hospitalization.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

We are expanding our Early Intervention services to Emery and Grand Counties which will likely help with maintaining stability in our youth populations.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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 from independent living to transitional housing to supported living, to short term support for hospital diversion.

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

Clients are supported in the development of independent living skills, maintain stabilization and receive ongoing support.

Both facilities are used for stabilization and hospital diversion. 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.

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

No significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

1d) Children/Youth Residential Care

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. Individuals requiring these services will be referred to contracted providers including ARTEC, Chrysalis, Cottonwood Treatment Facility, Utah Youth Village and/or when needed, a single case agreement will be developed.

Include expected increases or decreases from the previous year and explain any variance.
No expected increases or decreases.

Describe any significant programmatic changes from the previous year.
No changes

1e) Adult Outpatient Care

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.

Adult Outpatient Care

Services:

FCCBH will operate outpatient clinics in Price, Castle Dale and Moab, and provide itinerant clinical services in the East Carbon, Helper and Green River Federally Qualified Health Center locations.

Services provided at all FCCBH clinic locations will include; assessment, psychological testing, individual, family and group therapy, case management, therapeutic behavioral services, skills development, medication management, and nursing 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.

Services provided at the FQHC clinic locations will include; assessment, individual and family therapies.

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

Our model of service delivery will use the licensed mental health therapist as the service prescriber, as well as provider of services. A Personal Recovery Plan will be developed together with the client using the person-centered method, containing measurable goals and objectives. The Personal Recovery Plan will next be reviewed with the recovery treatment team and it is there that the type, frequency and duration of medically necessary services for each client is authorized and prescribed by a licensed clinician. The services prescribed may include; case management, behavior modification (individual and group), skills development, psychosocial rehabilitation services, medication management, nursing care, individual and/or group therapy. When the duration of services is near completion, the Recovery Team will reassess the client's progress on the goals and objectives, assesses additional or continued needs, and a plan for continuation of services, including type, frequency and duration is then authorized and established.

Transportation: FCCBH will provide transportation to and from FCCBH services for Medicaid clients.

Personal Services for SPMI and SED clients: FCCBH provides Personal Services to assist in the rehabilitation of clients with SPMI or SED. These services will include assistance with instrumental activities of daily living that are necessary for individuals to live successfully and independently in the community and avoid hospitalization.

Personal services include assisting the client with varied activities based on the client's rehabilitative needs, such as: picking up prescriptions, banking and paying bills, maintaining the living environment including cleaning and shopping and the transportation related to these activities, and representative payee activities when the mental health center has been legally designated as the client's representative payee. These services assist clients to achieve their goals for remedial and/or rehabilitative adequacy necessary to restore them to their best possible functioning level.

Payee Services- FCCBH provides payee services in each county for the SPMI population to assist our clients maintain financial stability which in turn augments overall health, safety and psychiatric stability.

We will be continuing our expanded access model of care in each of our clinical offices. Each office will have a minimum of one clinician available during clinic hours for walk-in appointments and/or emergencies.

Individuals dually diagnosed with mental health and substance abuse disorders will be provided integrated MH and SUD treatment.

Smoking cessation classes will be offered, sometimes in coordination with the local health department. 'Wellness' will be a standard objective on the SPMI client's Personal Recovery Plan. Being sensitive to each individual's readiness, the objectives may include increasing awareness and participating in activities.

FCCBH provides critical incident debriefing response to the community after crisis events.

Expected Increases/Decreases:

No significant expected increases or decreases.

Significant Programmatic Changes:

In April of 2013 Four Corners is replacing a case manager position with an LPN/Outreach Specialist.

1f) Children/Youth Outpatient Care

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

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

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

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

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

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

This past year, we have provided parenting education in all three counties using the evidence-based Strengthening Families Program.

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

No significant expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes

1g) Adult 24-Hour Crisis Care

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 Mental health crisis services will be available 24 hours per day, seven days per week in all three counties. During business hours therapists in each clinical office will provide crisis services over the telephone, in person at each clinical office as well as out in the community. After hours crisis services will be provided by a FCCBH on-call therapist in each county. A “high-risk list” will be maintained in each county and high-risk cases are staffed at least weekly. The on-call therapist will be required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the site to evaluate an individual or provide assistance to law enforcement) will be available in all three counties.

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

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

FCCBH has led the effort to provide Crisis Intervention Training (CIT) to local law enforcement.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

We are working to stabilize our clients most at risk of going into crisis and requiring hospitalization. We have created a “Priority #1” category of FCCBH high risk clients whom are at the highest risk of hospitalization. These clients will be given top priority, out reached regularly and kept on the “clinical radar”. All crisis workers will be educated and regularly informed about the high risk client specific needs; the current crisis safety plan and the specific interventions and community supports that can be utilized to stabilize the individual.

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

1b) Children/Youth 24-Hour Crisis Care

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 Mental health crisis services will be available 24 hours per day, seven days per week in all three counties. During business hours therapists in each clinical office will provide crisis services over the telephone, in person at each clinical office as well as out in the community. After hours crisis services will be provided by a FCCBH on-call therapist in each county.

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

The on-call therapist is required to respond within 15 minutes to crisis calls. Outreach crisis intervention (going to the site to evaluate an individual or provide assistance to law enforcement) will be available in all three counties.

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

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

No expected significant increases or decreases

Describe any significant programmatic changes from the previous year.

No significant programmatic changes

1i) Adult Psychotropic Medication Management

Services:

FCCBH will have three contracted psychiatrists, one APRN, and two Registered Nurses serving the tri- county area. They will provide psychiatric evaluations and medication management for adults and youth. We will contract with the University of Utah and continue as a pilot site for the Tele-Psychiatry expansion project. Tele-Medicine will be used to provide medication management between clinics, from the University of Utah as well as from a FCCBH contracted psychiatrist's home in Park City. Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications; diabetes screening following the AMA guidelines; obtaining lithium levels; or a CPK test for clients who are on mood stabilizer medication. Laboratory test results will be forwarded to the client's primary care provider for coordination of care. FCCBH has established an electronic link with the local hospital laboratory which allows the lab results to be entered directly into our electronic client record. 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. Case managers or other staff members will provide transportation to medical appointments when the client has no other means of transport.

Advancing and improving access to treatment for clients is a top priority for FCCBH and we are working toward a more open access model of care.

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

No expected significant increases or decreases

Describe any Significant Programmatic Changes:

In April 2013 we are replacing a vacated case manager position with a new position titled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication management and outreach will be provided out in the field, in the home and in the community.

1j) Children/Youth Psychotropic Medication Management

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 three contracted psychiatrists, one APRN, and two Registered Nurses serving the tri-county area. They will provide psychiatric evaluations and medication management for adults and youth. We will contract with the University of Utah and continue as a pilot site for the Tele-Psychiatry expansion project. Tele-Medicine will be used to provide medication management between clinics, from the University of Utah as well as from a FCCBH contracted psychiatrist's home in Park City. In Moab a board certified child psychiatrist will provide services to children and youth and when needed, she will provide clinical supervision and consultation on children and youth cases center-wide.

Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications; diabetes screening following the AMA guidelines; obtaining lithium levels; or a CPK test for clients who are on mood stabilizer medication. Laboratory test results will be forwarded to the client's primary care provider for coordination of care. FCCBH has established an electronic link with the local hospital laboratory which allows the lab results to be entered directly into our electronic client record. 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. Case managers or other staff members will provide transportation to medical appointments when the client has no other means of transport.

Advancing and improving access to treatment for clients is a top priority for FCCBH and we are working toward a more open access model of care.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

In April 2013 we are replacing a vacated case manager position with a new position entitled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication management will be provided out in the field, in the home and in the community.

We hope to contract with the University of Utah to Tele-Health department to obtain a child psychiatrist who will provide consultation, evaluation and medication management to children and youth in Carbon and Emery counties.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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 Psychosocial Rehabilitation Clubhouse Model programs in Carbon and Grand Counties. Transportation to these programs will be provided daily for clients residing in Grand, Carbon and Emery counties.

The two programs will be based on the clubhouse model and include the work ordered day. Program units will include; member services, housing, kitchen services, the bank, snack bar, and the clerical unit. Attendees 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.

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, vending machines with healthy snack options, and weekly wellness activities. Wellness education will be provided by program staff as well as outside consultants.

Smoking cessation classes will be offered throughout the year.

Transportation: FCCBH provides transportation to and from FCCBH services for Medicaid clients.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

FCCBH will provide youth psycho-social rehabilitation in Carbon, Emery and Grand Counties. This will be provided by certified and specifically trained professional staff members. Services will begin after a comprehensive clinical assessment which will determine medical necessity and an authorized personal recovery plan.

Program components include individual and group skills development. These programs will operate during the summer school recess as well as during the school year. The school year will see skills development groups based upon the Botvin Life Skills Training curriculum. The programs will incorporate treatment modules designed to improve stability, decrease symptomology and maladaptive or hazardous behaviors and develop effective communication and interpersonal behaviors.

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

No significant increases or decreased expected this year.

Describe any significant programmatic changes from the previous year.

No significant changes expected.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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 provided for SPMI adults for whom the service is determined to be a medically necessary and authorized on a personal recovery plan. TCM services will be based on a case management needs assessment (DLA-20) and service plan, which will be completed as part of a comprehensive treatment planning process.

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

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

No significant expected increases or decreases.

Describe any significant programmatic changes from the previous year.

In April 2013 we are replacing a vacated case manager position with a new position entitled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing case management and outreach to high risk clients who have difficulty with medication adherence or maintaining scheduled appointments.

Medication management will be provided out in the home, clinic and community.

1n) Children/Youth Case Management

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 provided for SED youth and children for whom the service is determined to be medically necessary. TCM services will be based on a case management assessment and service plan, which will be completed by a qualified targeted case manager.

Case managers will attend, and frequently facilitate wrap around services which may include family team meetings. FCCBH will employ a Family Resource Facilitator in each county who will work to strengthen family involvement and empower families in the recovery process. Wrap around services will be a part of the recovery planning process, involving community partners and natural supports to assist in achieving the recovery goals. 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 developing integrated services for high risk children and youth.

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

No significant expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (In home, housing, respite services)

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

Many community supports will be offered and delivered by FCCBH staff members. When needed, in-home services will include; Targeted Case Management, individual therapy, RN medication management, skills development, assistance with housing issues and payee assistance.

FCCBH staff members will help clients find and maintain suitable housing. The Psychosocial Rehabilitation program 'Housing Units' in the Interact and New Heights Clubhouses will act as resident councils, and assist in managing the Ridgeview Apartments in Moab, and the Cottonwood 4-plex in Price. Targeted Case Managers will work with individual clients to identify housing needs and options, and assist them in develop budgets to save for housing expenses, access deposit funding, complete necessary paperwork , and actually move in belongings when needed. Through our PATH grant we will provide outreach to the local shelters and homeless coalitions to link people with mental illnesses who are homeless or at risk of homelessness to housing resources. FCCBH also will work with local nursing homes and hospitals to assist clients with housing needs upon discharge.

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

We are expecting an increase in costs and clients served inFY14.

Describe any significant programmatic changes from the previous year.

Through the use of grant funding and reserves, FCCBH is constructing a housing unit in Grand County, Utah. This facility will have 8- one bedroom units and 2- two bedroom units. Six of these beds will be used for transitional housing for stays of up to 2 years. Six beds will be permanent housing units. Planned opening is in the early winter of 2013. We will then have 6 transitional beds at the Willows, to be used for crisis stabilization, hospital diversion and short term stays while awaiting permanent housing. In total, we would have 14 permanent housing beds and 6 transitional beds in Grand County.

The Friendship Center in Carbon County currently has one bed that is used for hospital diversion. This next year we plan to remodel the facility, expanding to a 3 transitional bed capacity. This residential support/ stabilization unit will assist low risk clients achieve stability and divert unnecessary psychiatric hospitalizations.

In April 2013 we are replacing a vacated case manager position with a new position entitled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing case management and community outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication management will be provided out in the field, in the clinic, the home and in the community.

1p) Children/Youth Community Supports (In home, housing, respite services)

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

Children or youth needing community supports will be identified by any member of the treatment team at any point in treatment. Through the wrap around process, needs and services will be determined and developed for each individual child, youth or family.

Services may include; respite, case management, school supports, school based services, social connections, family therapy, recreation needs, housing assistance, and/or connection to community supports.

All interventions are 'strengths focused'.

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

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

Referral for respite can be made by the youth's case manager, family resource facilitator, therapist or wrap team member.

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

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

We expect to see an increase of individuals served in school based services in direct correlation to the increase in Early Intervention Funding.

As of May 1, 2013, (In FY13) FCCBH served 36 individual youth in respite services and we expect these numbers to continue.

Describe any significant programmatic changes from the previous year.

The current Carbon County Early Intervention school based services will be expanded to Emery and Grand counties.

1q) Adult Peer Support Services

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

Peer support services will be provided for the primary purpose of assisting in the rehabilitation and recovery of adults with severe and persistent mental illness or serious emotional disturbance; individuals may also have co-occurring substance use disorders.

FCCBH will support the Peer Support model of services. When hiring staff on all levels of the organization, FCCBH will give priority to individuals in active recovery. Each 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. Each of these trained individuals will be encouraged to share his or her experience, strength and hope in interactions with FCCBH clients.

In specific consideration of the above stated intention, in the coming fiscal year FCCBH will designate a half time position in the Price New Heights Clubhouse as a Peer Support Specialist. This position has been a full-time clubhouse generalist, certified case manager, who has done group and individual psycho-social rehabilitation, targeted case management, personal services, transportation, transitional and supported employment support. We will add group and individual peer support to this staff person's portfolio at .5FTE. This individual will attend the next available training, become a certified Peer Support Specialist and sustain that certification through whatever renewal process the DSAMH deems appropriate.

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.

Family Resource Facilitators (FRF) will be employed in each county to implement a peer support based family resource facilitation program aimed at improving mental health services by targeting families and caregivers of children with unique and complex behavioral health needs through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. The FRF staff member will work to; develop a strong mentoring component of this service, strengthen family involvement; and assist in the wrap-around model of services.

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

Although FCCBH shows no services to Peer Support Services on the scorecards in years past, we have been providing them. The absence of Peer Support Services on the scorecard was due to some data errors. FCCBH will ensure that the Peer Support Services that are provided to clients will be reported on the scorecard accurately. No expected significant increases or decreases from FY13 to FY 14.

Describe any significant programmatic changes from the previous year.

No significant changes

1r) Children/Youth Peer Support Services

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

Peer support services will be provided for the primary purpose of assisting in the rehabilitation and recovery of adults with severe and persistent mental illness or serious emotional disturbance; individuals may also have co-occurring substance use disorders.

FCCBH will support the Peer Support model of services. When hiring staff on all levels of the organization, FCCBH will give priority to individuals in active recovery. Each 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. Each of these trained individuals will be encouraged to share his or her 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.

Family Resource Facilitators (FRF) will be employed in each county to implement a peer support based family resource facilitation program aimed at improving mental health services by targeting families and caregivers of children with unique and complex behavioral health needs through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. The FRF staff member will work to; develop a strong mentoring component of this service, strengthen family involvement; and assist in the wrap-around model of services.

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

Although FCCBH shows no services to Peer Support Services on the scorecards in years past, we have been providing them. The absence of Peer Support Services on the scorecard was due to some data errors. FCCBH will ensure that the Peer Support Services that are provided to clients, will be reported on the scorecard accurately

No expected significant increases or decreases from FY13 to FY14.

Describe any significant programmatic changes from the previous year.

No significant changes.

1s) Adult Consultation & Education Services

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

FCCBH 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.

FCCBH will provide training to community partners including law enforcement on the incidence of and recovery practices regarding secondary trauma and compassion fatigue in our Second Annual First Responders Secondary Trauma Training. FCCBH will provide staff to train law enforcement and probation as part of the Annual Carbon County Crisis Intervention Team (CIT) Training.

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

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

A Carbon County community based suicide prevention coalition has recently formed and FCCBH prevention staff will continue to participate to provide consultation in identifying a target population, risk and protective factors and evidence-based programming prior to implementation.

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

Given that a FCCBH staff person is trained in the Mental Health First Aid curriculum and FCCBH supports this program and the staff person is required to provide a specific number of hours of training to retain his certification, we anticipate an increase in the amount of hours of Consultation and Education provided when compared to the previous year.

Describe any significant programmatic changes from the previous year.

Delivering Mental Health First Aid is the significant addition for the coming fiscal year.

Form A – Mental Health Budget Narrative

1f) Children/Youth Consultation & Education Services

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

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

The FCCBH contracted child psychiatrist will provide consultation to primary somatic care physicians who are working with youth and children with mental illness in all three counties.

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

The FCCBH children's services coordinator will provide training to the Carbon County School District special education coordinators and teachers on attachment disorder, attention-deficit hyperactivity disorder, and self-injurious behavior.

On-call clinical consultation services will be provided to physicians in the emergency departments and intensive care units of Castleview Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning. A Carbon County community based suicide prevention coalition has recently formed and FCCBH prevention staff will continue to participate to provide consultation in identifying a target population, risk and protective factors and evidence-based programming prior to implementation.

FCCBH contracted with NAMI to provide Prevention By Design programming in Grand County through staff and contract employees from the Moab Community Action Coalition. A contracted LMHT will provide supervision, consultation and screening for an evidence-based education group at Grand County High School. FCCBH participated in the System Of Care Expansion Project of DSAMH for children's mental health services in all three counties and contracted with Allies For Families to provide consultation to our partner organizations and families in developing a more family driven system of care in our communities. As a result of this renewed connection with our partner child & family serving agencies we anticipate an increase in children's issue focused consultation and education.

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

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

Describe any significant programmatic changes from the previous year.

Prevention By Design programming for suicide prevention will be provided in Grand County. As a result of the System of Care Expansion Project, FCCBH will once again take the lead in revitalizing the local interagency council and families, agencies and communities together model of care to our at risk youth and families.

1u) Services to Incarcerated Persons

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

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female inmates in all three counties. FCCBH clinical staff members will provide emergency evaluations for inmates in crisis, with a referral for medication managed when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. Mental health and substance abuse treatment groups will be held weekly in each county jail. Inmates will be linked to outpatient services upon release from jail. FCCBH Crisis workers will provide suicide evaluations and screenings to youth in the local youth detention centers.

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

No expected significant increases or decreases from FY13 to FY14.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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

Outplacement funding, interventions and services will be provided to SPMI clients to either divert hospitalization, decrease the chance of repeat hospitalizations or to facilitate discharge from inpatient services. Each clinic will be given a budget according to 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 such as; music, home repair, visits from family members, food, clothing, clinical services, medications, needed dental or physical healthcare, assistance in the home; arranging/ paying for placement in alternative environments/facilities, or to augment care requirements, minor modifications to the client's residence; temporary housing assistance while the client is stabilized on medication; clinical treatments; companion animal, travel arrangements, and other creative stabilizing ideas.

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 clinical and residential FCCBH staff members will be able to draw from this funding to support outplacement efforts. We plan to utilize a community wrap team model in diverting hospitalizations, facilitate discharge, and managing crisis.

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

No significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

Outplacement funding, interventions and services will be provided to SED clients to either divert hospitalization, decrease the chance of repeat hospitalizations or to facilitate discharge from inpatient services. Each clinic will be given a budget according to 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 such as; music, home repair, visits from family members, food, clothing, clinical services, medications, needed dental or physical healthcare, assistance in the home; arranging/ paying for placement in alternative environments/facilities, or to augment care requirements, minor modifications to the client's residence; temporary housing assistance while the client is stabilized on medication; clinical treatments; companion animal, travel arrangements, and other creative stabilizing ideas.

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 clinical FCCBH staff members will be able to draw from this funding to support outplacement efforts. We plan to utilize a community wrap team model in diverting hospitalizations, facilitate discharge and managing crisis. Assistance will be requested as needed through the Utah State "center to center agreement process".

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

No expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

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.

Approximately 80% of the “Unfunded/Non-Medicaid” funding will be used for adult clients, and 20% for youth and families in all three counties.

The “unfunded” adult client who is not SPMI and not meeting FCCBH “high risk” criteria will receive an assessment, up to three individual sessions and, when indicated, time limited group therapy. Individual sessions will use the Brief Solution Focused model. When necessary, medication management is either provided by the clinic or a referral and consultation is made to the local FQHC. “Unfunded” clients who are SPMI and “high risk” will receive the full FCCBH continuum of services as needed, including targeted case management, personal services, psycho-social rehabilitation, and peer support. FCCBH will continue to loosen our criteria for use of the “unfunded” pool of resources to insure that “high risk” consumers do not need a more restrictive level of care.

FCCBH does not deny services based on inability to pay.

There are three Federally Qualified Health Centers (FQHC) in the FCCBH catchment area. We have a FCCBH Licensed Mental Health therapist co-located in each 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. Patients served at the 3 FQHC’s are not counted in the unfunded client counts on form A1 because they are considered non-clients.

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

No expected significant increase or decrease.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

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.

Approximately 80% of the “Unfunded/Non-Medicaid” funding will be used for adult clients, and the remaining amount will be used for children and youth.

Under the unfunded grant, the child or youth client will typically receive an assessment, up to three individual or family sessions and, when indicated, time limited group therapy or referral to school group services.

Individual sessions will use the Brief Solution Focus model. When necessary, other services such as medication management will be either provided by the FCCBH clinic or a referral will be made to the local FQHC. Unfunded clients may receive any part of the FCCBH continuum of services.

The Systems of Care or wrap team model will be frequently used to develop community resources for the unfunded child and family.

FCCBH does not deny services based on inability to pay.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No Significant changes.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

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

Integrated Care- In May of 2013 FCCBH will begin providing integrated health care adherence monitoring by use of an outreach LPN position that will have a caseload of consumers of behavioral health services at FCCBH and somatic health services through a specific APRN who will occupy space from FCCBH, rent free. This APRN will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This APRN will serve Carbon and Emery County residents and will allow for quality, assessable primary somatic care for FCCBH consumers. The APRN will participate as a clinic team member in weekly case staffing and share crisis and outreach resources.

Include expected increases or decreases from the previous year and explain any variance.
No significant increase or decreases.

Describe any significant programmatic changes from the previous year.
We are adding integrated care (see above)

2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

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

In the following spaces, please describe your efforts to increase client employment in the following areas:•

Competitive employment in the community FCCBH provides a number of services, supports and interventions to assist the consumer to achieve personal life goals through employment. Transportation is provided to and from employment and lunch is provided in the clubhouse for those coming from a job. “Job support” is provided through the clubhouse work ordered day and can include helping a consumer learn to appropriately dress for a “supported employment” or a “competitive employment” position. The clubhouse program has a Career Development and Education (CDE) unit. The CDE unit connects members with community referrals and relevant resources, and helps members with educational goals such as getting a GED or going back to school, getting a driver’s license, temporary employment placements, transitional, supported and independent employment, staying employed and training/coaching members to needed job skills. Through clubhouse services, the consumer gets a competitive edge in obtaining and keeping competitive employment in the community.

• **Collaborative efforts involving other community partners** TE or Transitional Employment opportunities are developed through staff assignments in the work ordered clubhouse day. These opportunities allow consumers to step into the world of work on temporary, supported basis so as to manage stress and personal expectations realistically. Community partners have been willing to 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” is held in the clubhouse each year to honor competitive, supported and temporary employers who have contributed to assisting clubhouse member’s return to a meaningful work. The Clubhouse staff members also give presentations to community groups, such as the Rotary Club, to educate and promote employment opportunities for members. FCCBH programs facilitate consumer attendance at the various classes offered by DWS to enhance employment skills.

• **Employment of consumers as staff** FCCBH makes every effort to employ consumers when appropriate. A former clubhouse member also works as a residential aid and another as a secretary in the administration office. In Carbon County FCCBH Staff Member provides supervision to employed consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

• **Peer Specialists/Family Resource Facilitators** FCCBH has 2 Family Resource Facilitators working in the tri-county area. We are currently in the process of hiring a Peer Specialist to serve the Carbon County area.

• **Supported Employment to fidelity** FCCBH is affiliated with the Utah Clubhouse Network and works to maintain fidelity to the clubhouse model. The clubhouse model emphasizes employment and meaningful work as a major vehicle of recovery from SPMI. Temporary and supported employment opportunities are offered at both the New Heights clubhouse in Price and the Interact Club in Moab.

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Identify process improvement activities including implementation and training of: Evidence Based Practices**
Given that FCCBH has had over 50% use of OQ/YOQ among our clinicians for several years, we will use the OQ in the coming fiscal year to identify the clinicians with the best outcomes in treatment of anxiety and depressive disorders. Once identified, these clinicians will provide training to the other FCCBH clinicians on their practices to achieve the beneficial outcomes demonstrated by the OQ.
FCCBH will use YOQ as part of our performance outcome measures for the MHEI school-based LMHT service project.
FCCBH integrated care project will include the APRN somatic care provider, co-located in our facility, using an SBIRT approach to screening and referral for substance use disorders and an IMPACT approach to screening and referral for depression and anxiety.
Referrals may be made by any member of the treatment team. After an initial screening the APRN will make a referral by clinical staffing to the FCCBH clinical staff. FCCBH will also refer cases for medical care to the APRN.
Medication interaction, health concerns, SUD concerns and mental Health issues will be addressed in an integrated system of case staffing, clinical team participation and in developing wrap around care for each the clients served. The APRN will bill independently for the medical services provided.
 - **Outcome Based Practices**
FCCBH plans to re-emphasize the use of OQ/YOQ in the coming fiscal year by providing training on its use by identifying those clinicians that use it effectively and supporting them in training other clinicians in the use of these tools. FCCBH will train the non-clinical staff in use of the OQ in recognizing and responding to alerts in the most recent response to the OQ/YOQ questions.
 - **Increased service capacity**
FCCBH will expand the successful MHEI program of school-based LMHT services from Carbon County School District to include Grand and Emery County School Districts. This is possible due to an increase in the MHEI funding. FCCBH has contracted with University of Utah, Neuropsychiatric Institute, to provide psychiatric evaluation and management services in our clinics through tele-health. This will allow psychiatric services more days per week at a greater variety of times to facilitate consumer access while avoiding cost increases. This expansion is in keeping with the FCCBH mission of “quality and affordable” services.
FCCBH is the fiscal agent for the community-based, coalition-driven and staffed NAMI Prevention By Design Project. The Iowa Strengthening Families (10-14) curriculum will be delivered in Grand School District facilities by staff certified to instruct this course. Additionally, a “Think Better/Feel Better” curriculum will be offered by training instructors at Grand County High School for students referred to and screened by a LMHT.
- Increased access-**
Advancing access to treatment is a priority for FCCBH. In the next fiscal year FCCBH will make available a LMHT for any walk-in customer to any of our clinics. This clinical screening will be provided for every person who comes to the FCCBH clinics regardless of ability to pay.
FCCBH plans to expand to have the psychiatric medical prescribers available certain days and times of the week for walk-in availability.
FCCBH integrated care project will have a somatic care APRN on site at the Price facility for our Emery and Carbon county clients. A portion of this practitioner’s time will be open access to walk in clients seeking somatic health care.
- **Efforts to respond to community input/need**
CIT, responsive to hospitals; ER, ICU, police and sheriff departments,
 - **Coalition development**
LIC- Community Coalition
Interagency Resource Committee in Carbon County
Homeless committee in Moab
Suicide prevention coalitions in Carbon
 - **Other**
We are integrating physical health primary care for our Emery and Carbon county clients.
Advancing and improving access to treatment for clients is a top priority for FCCBH and we are working toward a more open access model of care.

Form A – Mental Health Budget Narrative

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

Integrated mental health and substance abuse treatment services are provided in all of three counties. It is recognized that integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Without integrated treatment, one or both disorders may not be addressed properly. Integrated treatment occurs at the individual-practitioner level and includes all services and activities. The integrated service FCCBH provides includes: integrated screening for mental and substance use disorders, integrated assessment, integrated treatment planning, integrated or coordinated treatment, and cross over with SUD and MH groups and services. Most clinicians serve both the 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.

Integrated Care- In May of 2013 FCCBH will begin providing integrated health care adherence monitoring by use of an outreach LPN position that will have a caseload of consumers of behavioral health services at FCCBH and somatic health services through a specific APRN who will occupy space from FCCBH, rent free. This APRN will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This APRN will serve Carbon and Emery County residents and will allow for quality, assessable primary somatic care for FCCBH consumers. The APRN will participate as a clinic team member in weekly case staffing and share crisis and outreach resources.

Referrals may be made by any member of the treatment team. After an initial screening the APRN will make a referral by clinical staffing to the FCCBH clinical staff. FCCBH will also refer cases for medical care to the APRN. Medication interaction, health concerns, SUD concerns and mental Health issues will be addressed in an integrated system of case staffing, clinical team participation and in developing wrap around care for each the clients served.

The APRN will bill independently for the medical services provided.

Through a new position titled "Nurse/Outreach Specialist", an LPN level staff member will provide outreach to high risk clients who have difficulty adhering to prescribed care or maintaining scheduled appointments.

Medication management and outreach will be provided in the home and in the community.

We are developing a community wrap team model in diverting hospitalizations improving integrated care and managing crisis. Physical health stabilization is very important in this effort and we have developed a new clinical team position and are currently in the process of hiring an LPN/Outreach specialist to assist with physical and behavioral health stabilization.

Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspect of Health Care Reform.

We are reaching out to other capitated physical health care providers to find ways to partner with them to integrate primary physical health care and behavioral health care. We are working to implement best behavioral health practices in our primary medical health settings such as incorporating the SBIRT,IMPACT and MET.

We have remodeled our offices to update them so to compete with private providers in our communities.

Describe how the optional Medicaid Expansion will impact your ability to deliver services.

Biggest difference- The population we service will now have insurance!

We will likely be expanding and hiring more clinical staff.

Initially we plan to seek out navigator grants to assist in helping individuals sign up for Medicaid or health care on the exchange. We plan to move to a more integrated model of health care. We are working to stay aware of funding changes and plan for means for which we can fill in the funding gaps and possibly help realize block grant funding to support valuable services models which will not be covered by health insurance such as System of Care, FRF and Peer Support.

Integrated Care Cont.

Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.

Integrated Care- In May of 2013 FCCBH will begin providing integrated health care adherence monitoring by use of an outreach LPN position that will have a caseload of consumers of behavioral health services at FCCBH and somatic health services through a specific APRN who will occupy space from FCCBH, rent free. This APRN will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This APRN will serve Carbon and Emery County residents and will allow for quality, assessable primary somatic care for FCCBH consumers. The APRN will participate as a clinic team member in weekly case staffing and share crisis and outreach resources.

Through a new position titled "Nurse/Outreach Specialist", an LPN level staff member will provide outreach to high risk clients who have difficulty adhering to prescribed care or maintaining scheduled appointments. Medication management and outreach will be provided in the home and in the community.

We are developing a community wrap team model of diverting hospitalizations, improving integrated care and managing crisis. Physical health stabilization is very important in this effort.

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

There are three Federally Qualified Health Centers (FQHC) in the FCCBH catchment area. We have a FCCBH Licensed Mental Health therapist co-located in each 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.

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

We are providing training for clinical staff in recognizing physical health concerns, increasing access to primary care and referral. We are working to implement best behavioral health practices in our primary medical health settings such as incorporating the SBIRT, IMPACT and MET.

We hold ongoing clinical staffing with clients on our "High Risk Lists".

Coordination regularly occurs with referrals to the FQHC and/or primary care physicians.

FCCBH will begin providing Integrated health care adherence monitoring by use of an outreach LPN position that will have a caseload of consumers of behavioral health services at FCCBH and somatic health services through a specific APRN who will occupy space from FCCBH, rent free. This APRN will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This APRN will serve Carbon and Emery County residents and will allow for quality, assessable primary somatic care for FCCBH consumers. The APRN will participate as a clinic team member in weekly case staffing and share crisis and outreach resources.

Through a new position titled "Nurse/Outreach Specialist", an LPN level staff member will provide outreach to high risk clients who have difficulty adhering to prescribed care or maintaining scheduled appointments. Medication management and outreach will be provided in the home and in the community.

We are developing a community wrap team model of diverting hospitalizations, improving integrated care and managing crisis. Physical health stabilization is very important in this effort.

Form A – Mental Health Budget Narrative

5. Children/Youth Mental Health Early Intervention

Describe the activities (Family Resource Facilitation with Wraparound, School-Based Mental Health, Mobile Crisis Team) 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.

Family Resource Facilitators FRF are employed in each county to implement a family resource facilitation program aimed at improving mental health services by targeting families and caregivers of children with unique and complex behavioral health needs through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. The FRF staff member works to; develop a strong mentoring component of this service, strengthen family involvement; and assist in the wrap-around model of services.

School Based Mental Health Services; This program provides in-school mental health assessments, treatment planning and therapy services in specified Carbon County Schools for all referred children regardless of funding. The LMHT is available for consultation and care coordination with school personnel and parents.

School behavioral records are tracked by the school counselor. Records include school grades, citizenship ratings, number of referrals to the principal, etc.

Youth Outcome Questionnaires (YOQ-30PR) are administered to all parents to obtain feedback on behavioral improvement. Teacher Report Form (Achenbach) is used as part of initial assessment and at 6 months follow-up to identify behavioral improvement in school.

Four Corners Community Behavioral Health agrees to abide by the Mental Health Early Intervention Resource Facilitation and Wrap Around agreement.

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

School Based Mental Health Services will be expanded to both Emery and Grand County schools.

Describe any significant programmatic changes from the previous year.

No Significant Changes expected.

Describe outcomes that you will gather and report on.

The Early Intervention services will track before and after measures of each individual's; office referrals, grade point average, suspensions, youth YOQ.

FRF- the FRF data base is used to report parameters by the FCCBH FRF staff members.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Hospital Inpatient

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

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant Changes

Form B – Substance Abuse Treatment Budget Narrative

2) Freestanding Residential

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

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

3) Hospital Inpatient (Rehabilitation)

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

FCCBH will not provide this service directly. Individuals requiring this level of care due to biological compromising conditions which require medical attention will be referred to Highland Ridge Hospital or University Neuropsychiatric Institute.

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant Changes

Form B – Substance Abuse Treatment Budget Narrative

4) Short Term (up to 30 days)

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

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

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

FCCBH treatment 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.

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

No expected significant increase or decrease.

Describe any significant programmatic changes from the previous year.

No significant changes

Form B – Substance Abuse Treatment Budget Narrative

5) Long Term (over 30 days)

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

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

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No Significant Changes

Form B – Substance Abuse Treatment Budget Narrative

6) Outpatient (Methadone)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
FCCBH is not licensed to provide this service. Those in need of Methadone maintenance will be referred to Project Reality in Salt Lake City for these services.

Include expected increases or decreases from the previous year and explain any variance.
No expected increases or decreases.

Describe any significant programmatic changes from the previous year.
No expected increases or decreases.

Form B – Substance Abuse Treatment Budget Narrative

7) **Outpatient (Non-methadone)**

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 offers services on a priority basis with specific populations of pregnant women and IV drug users having priority for admission to services when there is a waiting list. FCCBH plans not to have a waiting list of assessment and treatment services in the coming year. FCCBH will provide all out-patient, non-residential services directly with staff in our clinics. All individuals requesting services will be screened for HIV-AIDS and Tuberculosis and referred to the local Southeastern Utah Department of Health. Prior to treatment, FCCBH will provide clients with a full substance abuse and mental health assessment, in accordance with the ASAM dimensions, the MAST, SASSI or other instruments.

Treatment level of care will be determined and provided in accordance with the ASAM patient placement criteria. All personal recovery plans will be developed according to collaborative person centered planning, and will be reviewed and modified according to the individual level of care requirement.

FCCBH will provide the full continuum of treatment with clients being placed in the appropriate level of care and adjusted to meet each individual's ongoing clinical need. Changes in level of care will be made in accordance with the ASAM placement criteria. Recovery teams will regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care. Evidence-based Practices being used include Motivational Interviewing and Matrix.

Trauma informed gender specific treatments will be available as an individual designs, with the LMHT, a person-centered treatment plan from among several options for Level I and Level II treatment. All educational and program materials are from an evidence-based program. The outpatient program will include a women-specific treatment component.

When medically necessary, clients may 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. Medication assisted treatment (MAT) will be provided based on medical necessity through our prescribers. Clients presenting with somatic concerns/conditions are referred to a primary care physician, or the nearest FQHC.

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

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

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

No significant increases or decreases

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

8) Intensive Outpatient

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

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

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

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

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

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

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

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

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

Interim services will also be made available.

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

Medication assisted treatment (MAT) will be provided based on medical necessity through our prescribers.

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

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

9) Detoxification (Outpatient)

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

FCCBH will not provide this service directly. Individuals requiring these services will be referred to qualified providers along the Wasatch Front.

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

No expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

10) **Recovery Support Services**

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

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

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

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

FCCBH anticipates a greater use of our recovery support dedicated spaces in the coming year for peer led recovery support programs. This increased use of our facility will not result in any additional listed area plan budget expense for Recovery Support Services.

Describe any significant programmatic changes from the previous year.

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

11) Quality and Access Improvements

Describe your Quality and Access Improvements

Access Improvements

1. *Reducing intake requirements:*

- a) We have worked to improve client access to care by reducing the client intake paperwork requirements. This has included elimination of ASI administration which had been required prior to scheduling an appointment for an assessment. The 7 domains of the ASI are now included in the assessment document.
 - b) We will continue to streamline the intake process and eliminate any unnecessary documentation and/or paperwork.
2. We have a co-located MH and SUD therapist in each of the FQHC in our region. One of these FQHC somatic care providers is trained in the SBIRT model and we plan to expand this training to the other two facilities and reinforcing the use of this model to identify and provide treatment needs early on. Individuals will be referred to FCCBH for an assessment, where appropriate.
 3. The Interim Treatment and Case Management Program has been created to offer access to services to those individuals who would otherwise be denied admission to treatment (because of ASAM PC criterion showing pre-contemplative stage of change). This program allows the individual access to services intended to enhance their motivation for level one or level two treatments. A FCCBH Recovery Coach aids clients in; staying on track, meeting basic needs and with accessing resources. The modality of the group is motivational enhancement therapy.
 4. In the Carbon clinic a specifically assigned LMHT therapist completes each of the SUD assessments for clients seeking services. This leads to enhanced accessibility to services.

Quality Improvements:

1. Greater involvement of LMHT in the treatment which has increased integrated MH and SUD care.
2. Treatment modules have been developed based on co-occurring conditions rather than just SUD issues which has led to a better overall integrated care.
3. We have identified and plan to provide training for an expert in MRT Moral Re-conditioning Treatment when treating SUD disordered individuals.
4. FCCBH has a goal of overall agency improvements in the use of ASAM-PPC. This will be done by assessing the problem through EMR review, establishing training needs, which will be provided, and notifying supervisors.
5. Upcoming Drug Court training will include MRT, MAT and MI training.
6. FCCBH has recently employed a psychiatrist certified to be a MAT qualified prescriber.

Form B – Substance Abuse Treatment Budget Narrative

12) **Services to Incarcerated People**

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

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

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

FCCBH has shown no services to incarcerated people on the scorecard for the last reporting year. This was due to the indicator having been calculated from the living arrangement of the client as opposed to the location that the service was provided. The indicator is now calculated from the location that the service was provided. This year's report will indicate an accurate count of services provided to persons who are incarcerated.

No expected significant increases or decreases from FY13 to FY14.

No expected increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

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

\$0

State General and county funding is used to provide services in the local jails

Form B – Substance Abuse Treatment Budget Narrative

13) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how? Integrated mental health and substance abuse treatment services are provided in all of three counties. It is recognized that integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Without integrated treatment, one or both disorders may not be addressed properly. Integrated treatment occurs at the individual-practitioner level and includes all services and activities. The service integration FCCBH provides includes: integrated screening for mental and substance use disorders, integrated assessment, integrated treatment planning, integrated or coordinated treatment, and cross over with 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.

We have a greater involvement of LMHT in each individual's treatment which has increased integrated MH and SUD care.

Treatment modules have been developed based on co-occurring conditions rather than just SUD issues which has led to a better overall integrated care.

In May of 2013 we are establishing an integrated model of care combining behavioral health care and physical health primary care. We have contracted with an APRN who will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This will serve Carbon and Emery county clients and will allow for quality, assessable primary care for FCCBH clients. We will enjoy true integrated care by making the APRN a part of the clinic team holding combined case staffing, and share crisis and outreach resources.

We are developing a community wrap team model in diverting hospitalizations improving integrated care and managing crisis. Physical health stabilization is very important in this effort and we have developed a new clinical team position and are in the process of hiring an LPN/Outreach specialist to assist with physical and behavioral health stabilization.

In May 2013 we are replacing a vacated case manager position with a new position titled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing outreach to high risk clients who have difficulty following through or maintaining scheduled appointments.

Medication management will be provided out in the field, in the home and in the community.

Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspects of Health Care Reform.

We are reaching out to other capitated physical health care providers to find ways to partner with them to integrate primary physical health care and behavioral health care. We are working to implement best behavioral health practices in our primary medical health settings such as incorporating the SBIRT, IMPACT and MET.

We have remodeled our clinical and administrative offices to update them so to better compete with the private sector.

Describe how the optional Medicaid Expansion will impact your ability to deliver services.

Biggest difference- The population we serve will now have insurance!

We will likely need to expand and hire more clinical staff.

Initially we plan to seek out navigator grants to assist in helping individuals sign up for Medicaid or health care in the exchange. We plan to move to a more integrated model of health care. We are working to stay aware of funding changes and plan for means for which we can fill in the funding gaps and possibly help realize block grant funding to support valuable services models which will not be covered by health insurance such as System of Care, FRF and Peer Support.

Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.

In May of 2013 we are establishing an integrated model of care combining behavioral health care and physical health primary care. We have contracted with an APRN who will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This will allow for quality, assessable primary care for all Four Corners client's and integrated primary care and psychiatric medication management. We will enjoy true integrated care by making the APRN a part of the clinic team holding combined case staffing, and share crisis and outreach resources.

We are developing a community wrap team model in diverting hospitalizations improving integrated care and managing crisis. Physical health stabilization is very important in this effort and we have developed a new clinical team position and are in the process of hiring an LPN/Outreach specialist to assist with physical and behavioral health stabilization.

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

There are three Federally Qualified Health Centers (FQHC) in the FCCBH catchment area. We have a FCCBH Licensed Mental Health therapist co-located in each 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.

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

In May of 2013 we are establishing an integrated model of care combining behavioral health care and physical health primary care. We have contracted with an APRN who will be co-located with our Carbon County Psychosocial Rehabilitation program (which is actually across the street from the Carbon County Outpatient Clinic Location) This will serve Carbon and Emery county clients and will allow for quality, assessable primary care for FCCBH clients. We will enjoy true integrated care by making the APRN a part of the clinic team holding combined case staffing, and share crisis and outreach resources.

We are developing a community wrap team model in diverting hospitalizations improving integrated care and managing crisis. Physical health stabilization is very important in this effort and we have developed a new clinical team position and are in the process of hiring an LPN/Outreach specialist to assist with physical and behavioral health stabilization.

In May 2013 we are replacing a vacated case manager position with a new position titled "Nurse/Outreach Specialist". This position will be an LPN level staff member providing outreach to high risk clients who have difficulty following through or maintaining scheduled appointments.

Medication management will be provided out in the field, in the home and in the community.

Form B – Substance Abuse Treatment Budget Narrative

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

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

There are 5 Drug Courts currently in operation in the FCCBH catchment area. Carbon and Grand Counties each have both a Felony and Family Drug Court and Emery County has a Felony Drug Court. This is a collaborative effort between the local court, sheriff department and FCCBH.

Drug Court Treatment will be provided by FCCBH and is trauma Informed, gender specific and includes MAT. Testing supplies will be paid for by FCCBH Drug Court grant funding.

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

No significant increase or decreases in treatment services expected.

Describe any significant programmatic changes from the previous year.

No significant program changes.

Form B – Substance Abuse Treatment Budget Narrative

15) Drug Offender Reform Act

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

FCCBH makes available comprehensive substance abuse assessment and treatment services to adult felony offenders charged with controlled substance abuse offenses, referred into DORA by the courts and AP&P in Carbon, Grand and Emery Counties.

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

Dora funding was reinstated in Carbon and Emery counties in FY 13. We expect some increases in numbers served due to recent enhanced collaboration with AP&P.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Form B – Substance Abuse Treatment Budget Narrative

16) Women's Treatment

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

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

In the initial screening it will be determined whether or not an individual is a member of the priority population of IV drug using, pregnant women. Women are seen as a priority population on many levels of significance, such as pregnancy and parenting dependent children. Additionally, women are seen as having particular needs in treatment that may not be met without gender specific programming. Therefore, FCCBH is particularly proud of what will be offered to women in fiscal year 2014.

Treatment provided through the set aside for women, pregnant women and women with dependent children will be provided directly by FCCBH. FCCBH will use the TREM curriculum to provide trauma-focused, women's specific treatment. FCCBH staff members attended DSAMH sponsored training on the Seeking Safety Model in FY 2013, and will incorporate this material into women's specific treatment in 2014.

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

All women, participating in Level II treatment, will be recommended to attend *Women's Group*, where the Seeking Safety and TREM curricula are used. We have found that women are more forthcoming and mutually supportive in a gender specific group. The growing sophistication in trauma focus of our women's treatment staff will assure programming in 2014 that imparts a recovery focus and that can be carried forward following the acute treatment episode.

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

17) Adolescent (Youth) Treatment

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

FCCBH will provide an individualized assessment, treatment plan and treatment level placement for each adolescent requesting substance abuse services. The FCCBH adolescent substance abuse services will use multifaceted level I and II programming with groups ranging from 1.5 hours to 9 hours a week. Additional services such as individual, family therapy or case management will be provided as determined by medical necessity and client or family need. FCCBH will offer 3 therapeutic behavioral skills development groups including; a relapse prevention group (Matrix based), an education group (Matrix based) and an advanced recovery skills group (Matrix based).

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

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

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

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

No expected significant increases or decreases.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form C – Substance Abuse Prevention Narrative

1. Please use the space below to describe your area prevention assessment process and the date of your most current community assessment(s). List your prioritized communities and prioritized risk/protective factors.

FCCBH LSAA has prioritized a community in each of the 3 counties in the area: Grand, Carbon and Emery. Local coalitions exist within each of these communities: Carbon: Price - Carbon Communities that Care (CCTC), Grand: Moab-Moab Community Action Coalition (MCAC), and Emery: Green River-CHEER Coalition. Using the Communities that Care Assessment process, coalitions have reviewed SHARP 2011 data as well as local data collected from law enforcement, SEUHD Disease Statistics (2010), interviews with local government agencies and community organizations (2010, 2011), key leader input (2012), and Community Health Statistics, Robert Wood Johnson Foundation (2011, 2012) to establish targeted behaviors for substance abuse prevention and to assess community risk and protective factors related to the targeted behaviors.

The 2014 FCCBH Prevention Area Plan is based upon a significant problem behavior in all three counties. According to the Regional Report of the 2011 SHARP, lifetime use of alcohol by 10th Graders and 12th Graders is 14% higher than the state average. As a result, our LSAA will focus on underage alcohol use for our SAPT funded programs. Our intention is, through the continued and expanded deliverance of evidence-based programs and strategies this percentage, will be lowered in SHARP 2013 & 2015 data.

The prioritized risk factors for the three county area related to this problem of underage drinking are shown in the 2011 SHARP as that higher than state average numbers of students in every grade level surveyed reporting an intention to use drugs in the future and community norms favorable to drug use. The prioritized protective factors shared between all prioritized communities are promotion of rewards and opportunities for pro-social involvement in all 4 domains family, community, school, peers. Our proposition is that promoting youth to engage in pro-social behaviors will enhance the protection them against underage drinking and other substance abuse. Through evidence-based prevention programs, FCCBH will increase the number of youth reporting opportunities for pro-social involvement and reduce the number of youth who report intention to use drugs in the 2013 and 2015 SHARP.

The 2011 SHARP data is reviewed in each community coalition on a regular basis to update the coalition membership on the data support for the programs being implemented. The most recent review at CHEER was March 8, 2013; at MCAC on March 18, 2013; at CCTC on December 14, 2012.

2. In the space below describe prevention capacity and capacity planning within your area.

In the FCCBH LSAA area, coalitions use the Strategic Prevention Framework (SPF) in coordination with the Communities That Care Framework (CTC) to:

- 1) Assess community problems and contributing risk and protective factors through the collection of data (consumption and causal factor data collected from multiple sources including: SHARP survey, police reports, hospital/medical records, interviews/focus groups);
- 2) Assess gaps in resources, and existing strategies and programs, and community readiness to address problems;
- 3) Build capacity by strengthening the coalition, providing community-wide trainings, town hall meetings, etc...;

- 4) Coordinate community-wide prioritization of risk and protective factors through CTC trainings (decisions about priorities are made through a consensus process as a result of votes cast by coalition members);
- 5) Initiate planning efforts, including the selection of evidence-based programs and strategies, and the development of an action plan;
- 6) Implementation of evidence-based strategies and programs;
- 7) Ongoing evaluation of process and programs and continued assessment.

This process has resulted in coalition members who are not FCCBH employees being trained in the Strengthening Families 10-14 curriculum, an EBP to enhance family bonding, and make the family domain an opportunity for more pro-social involvement. The MCAC has asserted that Strengthening Families 10-14 become part of the constellation of substance abuse prevention programming in Moab. Green River now has trained SF, 10-14 facilitators.

In school substance abuse prevention programming in our area has been offered primarily through Botvin's Life Skills Training. Both Price and Moab have strong on-going programs supported by the school districts. This program meets the risk factor of high "intention to use drugs" as expressed in SHARP with alternative coping skills and increased opportunity for pro-social involvement.

While most of the programs being funded in 2014 by SAPT block grant in the FCCBH area are EBP, the GYC and Girls In Real Life Programs in Emery County may not be evidence-based but have broad and deep community support. The GYC organization provides an infrastructure for the delivery of Parents Empowered materials as well as establishing alternative activities for youth in the Castle Dale and Huntington valley.

3. In the space below explain the planning process you followed.

Using the Communities that Care Assessment process, coalitions in each of the three FCCBH counties have reviewed SHARP 2011 data as well as local data collected from law enforcement, SEUHD Disease Statistics (2010), interviews with local government agencies and community organizations (2010, 2011), key leader input (2012), and Community Health Statistics, Robert Wood Johnson Foundation (2011, 2012) to establish targeted behaviors for substance abuse prevention and to assess community risk and protective factors related to the targeted behaviors. This data is discussed at monthly meetings and are used to support the programs decided by FCCBH to be funded by the SAPT block grant.

Form C – Substance Abuse Prevention Narrative

4. In the space below describe your evaluation process

All logic models have as short term outcomes a change in a SHARP measured risk factor. "Community Based Process" is an intervention identified for each prioritized community. Each prioritized community has an active coalition that will function as part of the evaluation process for each proposed program in this plan. Programs such as Botvin Life Skills Training and Strengthening Families have before and after surveys of participants. SEUHD Disease Statistics and Community Health Statistics will be used to see if the indicator data show improvement.

5. Attach Logic Models for each program or strategy.

6. In the space below list any programs you have discontinued from SFY13 and describe why they were discontinued.

No programs have been discontinued

7. In the space below, commit assurances that the Local Substance Abuse Authority is aware of the Performance Measures, as found in the Division Directives (p. 20), and will provide the Division of Substance Abuse and Mental Health all necessary information related to these measures.

FCCBH is aware of the Performance Measures, as found in the Division Directives (p. 20), and will provide the Division of Substance Abuse and Mental Health all necessary information related to these measures.

FY2014 Mental Health Area Plan and Budget

Carbon County - 130075

Local Authority

FY2014 Mental Health Revenue	State General Fund			County Funds		Net Medicaid
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match	
FY2014 Mental Health Revenue by Source	\$ 118,005	\$ 465,198	\$ 82,111	\$ 13,985	\$ 438,517	\$ 2,604,498

FY2014 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match	
Inpatient Care (170)	1,250	32,964	-		31,073	184,555
Residential Care (171 & 173)		61,508			57,980	344,363
Outpatient Care (22-24 and 30-50)		130,642	82,111		123,149	731,426
24-Hour Crisis Care		4,004			3,774	22,415
Psychotropic Medication Management (61 & 62)		43,261			40,780	242,204
Psychoeducation Services (Vocational 80)		136,382			128,560	763,559
Case Management (120 & 130)		50,242			47,361	281,291
Community Supports, including	34,304	2,750	-	6,861	2,593	15,399
Peer Support Services (140):	35,621	3,445	-	7,124	3,247	19,286
Consultation and education services, including case	12,800	-	-	-	-	
Services to persons incarcerated in a county jail or other	13,255		-			
Adult Outplacement (USH Liaison)	20,775		-			
Other Non-mandated MH Services			-			
FY2014 Mental Health Expenditures Budget	\$ 118,005	\$ 465,198	\$ 82,111	\$ 13,985	\$ 438,517	\$ 2,604,498

FY2014 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match	
ADULT	23,791	384,526	69,992	-	375,880	2,191,485
YOUTH/CHILDREN	94,214	80,672	12,119	13,985	62,637	413,013
Total FY2014 Mental Health Expenditures	\$ 118,005	\$ 465,198	\$ 82,111	\$ 13,985	\$ 438,517	\$ 2,604,498

Form A

Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2014 Revenue
\$ 33,119	\$ 8,844	\$ 60,820	\$ 26,065	\$ 306,034	\$ 4,157,196

Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2014 Expenditures Budget	Total Clients Served	TOTAL FY2014 Cost/Client Served
-	-	-	-	106,597	\$ 356,439	55	\$ 6,481
				11,547	\$ 475,398	41	\$ 11,595
33,119			86,885	142,437	\$ 1,329,769	1,199	\$ 1,109
				50,013	\$ 80,206	134	\$ 599
				44,610	\$ 370,855	487	\$ 762
				18,235	\$ 1,046,736	240	\$ 4,361
				32,895	\$ 411,789	489	\$ 842
				35,029	\$ 96,936	132	\$ 734
	8,844				\$ 77,567	51	\$ 1,521
					\$ 12,800		
					\$ 13,255	21	\$ 631
					\$ 20,775	12	\$ 1,731
					\$ -		#DIV/0!
\$ 33,119	\$ 8,844	\$ -	\$ 86,885	\$ 441,363	\$ 4,292,525		

MH Revenue Budget does not equal MH Expenditures Budget

Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2014 Expenditures Budget	Total FY2014 Clients Served	TOTAL FY2014 Cost/Client Served
26,276		51,147	21,920	435,806	\$ 3,580,823	928	\$ 3,859
6,843	8,844	9,673	4,145	5,557	\$ 711,702	503	\$ 1,415
\$ 33,119	\$ 8,844	\$ 60,820	\$ 26,065	\$ 441,363	\$ 4,292,525	1,431	\$ 3,000

FY2014 Substance Abuse Treatment Area Plan and Budget

Carbon County - 130074
Local Authority

Form B

FY2014 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	DORA	Drug Court	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2014 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2014 Substance Abuse Treatment Revenue	\$ 143,930	\$ 78,631	\$ 28,786	\$ 15,726	\$ 200,510	\$ 157,711	\$ 34,701	\$ 58,305	\$ 315,497	\$ 14,036	\$ 219,895	\$ 14,500	\$ 1,282,228

FY2014 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	DORA	Drug Court	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2014 Expenditures Budget	Total Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match											
LEVEL OF CARE TREATMENT															
Detoxification (24 Hour Care)															
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
Free-standing Residential (ASAM III.2-D)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
Rehabilitation/Residential															
Hospital Inpatient (Rehabilitation)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	3,722	-	561	-	-	4,078	1,425	2,110	11,757	538	8,436	-	\$ 32,627	8	\$ 4,078
Long Term (Over 30 days: ASAM III.1 or III.3)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
Rehabilitation/Ambulatory															
Outpatient (Methadone: ASAM I)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
Outpatient (Non-Methadone: ASAM I)	56,886	34,984	8,578	6,997	89,210	62,333	19,081	28,391	157,808	7,246	113,524	2,544	\$ 587,582	539	\$ 1,090
Intensive Outpatient (ASAM II.5 or II.1)	83,322	43,647	19,647	8,729	111,300	91,300	14,195	27,804	145,932	6,252	97,935	11,956	\$ 662,019	294	\$ 2,252
Detoxification (Outpatient: ASAM I-D or II-D)	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	-	#DIV/0!
FY2014 Substance Abuse Treatment Expenditures Budget	\$ 143,930	\$ 78,631	\$ 28,786	\$ 15,726	\$ 200,510	\$ 157,711	\$ 34,701	\$ 58,305	\$ 315,497	\$ 14,036	\$ 219,895	\$ 14,500	\$ 1,282,228		

FY2014 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	DORA	Drug Court	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2014 Expenditures Budget	Total Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match											
Women	\$ 15,725	\$ 16,265	\$ 2,371	\$ 3,253	\$ 41,475	\$ 17,231	\$ 16,298	\$ 10,495	\$ 78,874	\$ 3,378	\$ 52,916	\$ -	\$ 258,281	162	\$ 1,594
Pregnant Women & Women With Dependent Children	\$ 12,647	\$ 24,533	\$ 1,907	\$ 4,906	\$ 62,561	\$ 13,858	\$ 18,403	\$ 10,495	\$ 78,874	\$ 3,814	\$ 59,750	\$ -	\$ 291,748	109	\$ 2,677
Youth	\$ 39,147	\$ 19,838	\$ 5,903	\$ 3,968	\$ 50,587	\$ 42,896	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,500	\$ 176,839	88	\$ 2,010
Men	\$ 76,411	\$ 17,995	\$ 18,605	\$ 3,599	\$ 45,887	\$ 83,726	\$ -	\$ 37,315	\$ 157,749	\$ 6,844	\$ 107,229	\$ -	\$ 555,360	396	\$ 1,402
Total FY2014 Substance Abuse Expenditures Budget by Population Served	\$ 143,930	\$ 78,631	\$ 28,786	\$ 15,726	\$ 200,510	\$ 157,711	\$ 34,701	\$ 58,305	\$ 315,497	\$ 14,036	\$ 219,895	\$ 14,500	\$ 1,282,228	755	\$ 1,698

FY2014 Recovery Support Services	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	DORA	Drug Court	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2014 RSS	Total Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match											
FY2014 Recovery Support Services	0	0	0	0	0	0	0	0	0	0	0	0	\$ -	0	#DIV/0!

Local Authority

FY2014 Substance Abuse Prevention Revenue	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2014 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2014 Substance Abuse Prevention Revenue						\$ 82,463				\$ 7,083	\$ 11,500	\$ 101,046

FY2014 Substance Abuse Prevention Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2014 Expenditures	TOTAL FY2014 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
Universal Direct						57,717				7,083		6,725	\$ 64,800	\$ 48,911
Universal Indirect						22,056					10,000	1,410	\$ 32,056	\$ 4,391
Selective Services						1,370					1,500	25	\$ 2,870	
Indicated Services						1,320						130	\$ 1,320	\$ 1,320
FY2014 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 82,463	\$ -	\$ -	\$ -	\$ 7,083	\$ 11,500	\$ 8,290	\$ 101,046	\$ 54,622

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 5,711	\$ 36,038	\$ 17,389	\$ 1,370	\$ 17,665	\$ 4,290	\$ 82,463

Program Name: Community-Based Process – Emery, Grand, Carbon (P-17) 2014
 LSAA: Four Corners Community Behavioral Health

Evidence-based: NO

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I			
	Decrease youth drug use	Community laws and norms favorable to drug use Parental attitudes favorable to drug use	160 Community Leaders in Prevention Activities; Parents; Law Enforcement; City/County Government, Business			Monthly meetings to plan and support prevention activities. Assess community needs, capacity, priorities, and readiness. Educate the community about community risk and protective factors, community coalition work and opportunities for involvement (memberships, volunteer opportunities)	Reduce Community Laws and Norms favorable to drug use for all grades from 2011 to 2015: 6th: 32% to 30% 8th: 37% to 35% 10th: 31% to 29% 12th: 40% to 38% Reduce parental attitudes favorable to drug use for all grades from 2011 to 2015: 6th: 33% to 31% 8th: 37% to 35% 10th: 28% to 26% 12th: 27% to 25%	Decrease drugs in all grades from 2011 to 2019: Alcohol: 6th: 13% to 8% 8th: 26% to 21% 10th: 45% to 40% 12th: 51% to 46% Cigarettes: 6th: 10% to 5% 8th: 18% to 13% 10th: 23% to 18% 12th: 32% to 27% Marijuana 6th: 3% to 0% 8th: 7% to 2%

10th: 16% to 11%
 12th: 25% to 20%
 Inhalants:
 6th: 6% to 1%
 8th: 12% to 6%
 10th: 8% to 4%
 12th: 10% to 5%

Measures & Sources 2011	2011	2011, 2013, 2015	2011, 2013, 2015, 2023
SHARP	SHARP Survey	SHARP Survey	SHARP Survey

Program Name: Emery Smoking Cessation (P-31) 2014

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>	<u>Strategies</u>	<u>Outcomes</u>	
					<u>Short</u>	<u>Long</u>
Logic	Reduce Amount of Youth Tobacco Use in the 12 th grade	Community norms favorable to substance use and family attitudes favorable to substance use	15 Youth ages 12 to 18; Parents, Law Enforcement, Jr. High Schools, High School, Teachers	2 sessions thru the year. (12-18) year old students attend once a week for 8 weeks. Using END curriculum, pre and post test given At beginning of and end of course. Parents are encouraged to attend 2	Community norms perceived as favorable to substance use, for the 12 th grade, will decrease	12 th grade reported 30-day use of cigarettes will decrease in FCCBH district from 11.6% in

Below state average
rewards and
opportunities for pro-
social involvement

classes out of the 8. Law
enforcement visited monthly to
encourage tobacco enforcement.

from 24% in 2011 to 8% in
2015. 2019.

Family attitudes
perceived as
favorable to
substance use will
decrease from
24% in 2011 to
22% in 2015.

12th grade youth's
report of rewards
and
opportunities for
pro-social
involvement in
the community
will go from 52%
in 2011 to 55% in
2015.

Measures & Sources

2011
SHARP
Survey

2011
SHARP
Survey

Law enforcement
records; Police
reports; School
Reports

Attendance logs; Teacher
Feedback; Parent feedback

2011, 2013, 2015 | 2013-2019
SHARP Survey | SHARP
Surveys

Program Name: Girls in Real Life Situations – Emery County (P11) 2014
LSAA: Four Corners Community Behavioral Health

Evidence-based: NO

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	*S	I		Short	Long
	Girls in program will report no use of tobacco in 10 th grade. The FY 2014 10 question Pre/Post-test will show improvement on question #3 about "good decision-making skills" compared to FY 2013 Pre/Post-test	Friends use of drugs reported in SHARP 2011 is above state average. Laws and norms favorable to drug use is above state average. Low commitment to school is above state average. Belief in the Moral Order is below state average.	25 7 th , 8 th , and 9 th grade girls (chosen by Jr. High advisors, teachers and principal based upon risk factors of poor social skills, poor grades, no friends at school, victim of bullying, poor home-life) in Prevention Activities; Parents; Law Enforcement; Teachers			Youth will meet weekly participating in an 8 week course. This will be held at the Jr. High Schools. Conduct planned activities that increase self-esteem, develop healthy decision making address assertiveness and communication gaps. Through the course, students will receive healthy beliefs and clear standards from school, home, peers, and their community.	Friends' use of drugs reported by 8 th graders will decrease from 30% in 2011 to 28% in 2015. Laws and norms favorable to drug use reported by 8 th graders will decrease from 18% in 2011 to 16% in 2015. Low commitment to school will decrease from 46% in 2011 to 44% by 2015. Belief in the Moral Order will	Reduce early initiation of drug use for 8 th grade in Emery County from 18.4% in 2011 to 15% in 2019.

		Interaction with Pro-social Peers is below state average.			increase from 69% in 2011 to 72% in 2015.
					Interaction with Pro-social Peers will increase from 64% in 2011 to 66% in 2015.
Measures & Sources	2011 SHARP survey	2011 SHARP Survey	Student referrals Recruitment efforts	Attendance logs Pre and Post surveys Evaluation Instruments	2011, 2013, 2015 SHARP Surveys
					2013-2019 SHARP Surveys

Program Name: EASY Grand, Carbon, Emery County (P-33) 2014
LSAA: Four Corners Community Behavioral Health

Evidence-based: YES

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
	Reduce underage drinking in FCCBH district	Availability of drugs, including alcohol	100 General Public, Teenagers, Cashiers, and Clerks			Coordinate with law enforcement to conduct compliance checks with alcohol retailers and collect outcome data. Collaborate with Sheriff Departments to conduct EASY checks regionally sharing resources and training opportunities.	Reduce perceived availability of drugs from 37% in 2011 to 35% in 2015.	Reduce ever-used alcohol for all grades from 34% in 2011 to 29% in 2019.
		community laws and norms favorable to drug use				Coordinate with local retailers to ensure retailers have curriculum to train staff regarding compliance and underage	Reduce community laws and norms	

sales.

favorable to drug use from 28% in 2011 to 26% by 2015.

Measures & Sources 2011 SHARP Survey

2011 SHARP Survey

Law Enforcement records
Police reports
ER data
Retail records
Retail staff feedback

Law Enforcement records
Police reports
Retail staff reports and feedback
Youth feedback

SHARP 2011, 2015

SHARP 2019

Program Name: Emery Governing Youth Council (P09) 2014

LSAA: Four Corners Community Behavioral Health

Evidence-based: NO

Logic Model	Goal	Factors	Focus Population	Strategies	Outcomes	
					Short	Long
	Decrease youth ATOD use	Low commitment to school Rewards for antisocial behavior Attitudes favorable to drug use	4000 7 th thru 12 th grade students. Community Leaders in Prevention Activities; Parents; Law Enforcement; City/County	Bi-monthly meetings to plan and support prevention activities. Youth driven prevention activities to help in the community and at all participating	Low commitment to school for all grades will decrease the following amounts from 2011 to 2015 8:	Emery County students reporting 30 day use of the following drugs will decrease from 2015 to

Government. Business school teachers,	schools. Monthly skits will be performed in all elementary schools to teach about ATOD's, bullying and character ed.	grad-. 46% to 43%; 10 th grade: 33% to 31%; 12 th grade: 31% to 29%.	2019 by the following amounts:
			<u>Alcohol:</u> 8 th grade: 7% to 2%; 10 th grade: 6% to 11%; 12 th grade: 9% to 4%.
	Bonding to school/community thru opportunities, skills and recognition for community and school service and leadership	Rewards for antisocial behavior will decrease from 2011 to 2015 for the following grades: 8 th grade: 21% to 19%; 10 th grade: 25% to 23%; 12 th grade: 22% to 20%.	<u>Cigarettes:</u> 8 th grade: 7% to 2%; 10 th grade: 10% to 5%; 12 th grade: 12% to 7%
			<u>Marijuana</u> 8 th grade from 2% to 0%; 10 th grade: 5% to 0%; 12 th grade: 7% to 2%
		Attitudes favorable to drug use will decrease from 2011 to 2015 the following amounts: 8 th grade: 20% to 18%; 10 th grade: 25% to 23%; 12 th grade: 22% to 20%.	

Measures & Sources	2011 SHARP	2011 SHARP Survey	Youth referrals Community leaders/mentor recruitment	Attendance logs Participant feedback Event evaluation forms	2011, 2013, 2015 SHARP Surveys	2013 - 2019 SHARP Surveys
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Program Name: Botvin Life Skills Training I Grand (P-12) & Carbon County (P-02) 2014 Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

Logic	Goal	Factors	Focus Population	Strategies	Outcomes	
			*U S Y		Short	Long
	Students will evidence a .5 point average decrease between pre-test and post-test on a 1-5 point scale. Reduce 30-day alcohol use for 10 th graders.	Intention to use drugs.	725 6 th , 7 th and 8 th graders	Train FCCBH Prevention Specialists to deliver the Botvin Life Skills Training with fidelity. Deliver LST curriculum with fidelity to 7 th and 8 th graders at the middle school and 9 th graders at the high school. Partner and coordinate with school personnel to schedule classes in advance and ensure the future sustainability of program.	Intention to use drugs decreases from 29% in 2011 to 27% in 2013 to 3% below state average in 2015.	Percent of FCCBH District 10 th graders reporting 30-day alcohol use is reduced from 19% in 2011 to 15% in 2019
Measures & Sources	2011 SHARP Survey	2011 SHARP Survey	Student referrals Participant list Assigned classes/teachers	Botvin online trainings Pre and Post surveys for LST classes School Schedules Memorandums of Understanding	2011, 2013, 2015 SHARP Surveys	2019 SHARP Survey

Program Name: Bolvin Life Skills Training II Grand (P-12) & Carbon County (P-02) 2014

Evidence Based: YES

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>	<u>Strategies</u>	<u>Outcomes</u>	
			*U S I		Short	Long
Logic	Students will evidence a .5 point average decrease between pre-test and post-test on a 1-5 point scale. Reduce Marijuana use in the 10 th grade.	Intention to use drugs	200 9 th graders	Train FCCBH Prevention Specialists to deliver the Bolvin Life Skills Training with fidelity. Deliver LST curriculum with fidelity to 7 th and 8 th graders and the middle school and 9 th graders at the high school. Partner and coordinate with school personnel to schedule classes in advance and ensure the future sustainability of program.	Reduced intention to use drugs from 29% in 2011 to 27% in 2015.	The percent of 10 th graders reporting 30 day marijuana use will be reduced from 10% in 2011 to 6% in 2019.
Measures & Sources	2011 SHARP	2011 SHARP Survey	Student referrals Participant list Assigned classes/teachers	Bolvin online trainings Pre and Post surveys for LST classes School Schedules Memorandums of Understanding	2011-2015 SHARP Surveys	2019 SHARP Survey

Program Name: Parents Empowered Grand, Carbon, Emery County (P-13) 2014

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			*U	S	I		Short	Long
Logic	Reduce underage drinking in FCCBH region.	Parental attitudes favorable to anti-social behavior and drug use	1250	Parents	of children ages 10-19.	Town Meetings, articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention. Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites.	Parental attitudes favorable to anti-social behavior will decrease from 49% in 2011 to 47% in 2015.	Liver used alcohol rates for all grades will be reduced from 34% in 2011 to 29% in 2019.
Measures & Sources	2011 SHARP	2011 SHARP Survey	Prevention service	delivery	rosters	Collateral distributed Amount of media placed in LSAA Parent surveys	2011-2015 SHARP Surveys	2013, 2015, 2019 SHARP Survey

Program Name: Prevention Dimensions Grand, Carbon & Emery Counties (P-61) 2014

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
	Reduce 6 th grade ATOD use	Intention to use drugs in the 6 th grade Low Perceived risk of drug use in the 6 th grade	3500 Elementary School teachers and PK-6th grade students in FCCBH Region.			<p>Train elementary school teachers who will teach lessons 15-20 hours per year. Lessons and activities focus on age-appropriate social skill development, including communication skills, life skills for healthy living, social skills, drug resistance skills, etc.</p> <p>Distribute Prevention Dimensions materials appropriately at the elementary school level with the help of Verne Larsen.</p> <p>Hold a new training for teachers to implement the curriculum and how to integrate it into their own educational goals.</p>	<p>6th graders in SHARP 2013 will decrease their intention to use drugs from 31% in 2011 to 29% in 2015.</p> <p>Perceived risk of drug use (high rates of low risk perceived) in the 6th grade will decrease from 51% in 2011 to 49% in 2015.</p>	<p>6th grade ever-used alcohol rate will decrease from 19% in 2011 to 14% by 2019.</p> <p>6th grade inhalant use will decrease from 15% in 2011 to 10% in 2019.</p> <p>6th grade ever-used cigarette use will decrease from 14% in 2011 to 10% in 2019.</p>
Measures & Sources	2011, 2013, 2015 SHARP Survey	2011 SHARP Survey	Teacher referrals Student referrals Recruitment by FCCBH and school personnel and USOE.			Teacher trainings Class activity descriptions Attendance logs Evaluation surveys	2011-2015 SHARP Surveys	2011-2019 SHARP Surveys

Program Name: PRIME For Life-Adult (Grand, Emery, Carbon) (P-14) 2014

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

Logic	Goal	Factors	Focus Population	Strategies	Outcomes	
			U T S *I		Short	Long
	Reduce drunk driving in FCCBH district	Number of DUIs	115 Adults over 18 years	<p>Train an instructor to deliver Prime For Life with Fidelity.</p> <p>Provide the Prime for Life 16-hour course 4 times a year for participants who are court referred. Classes will be provided once a week for four consecutive weeks for four hours each class</p>	Scores on Post-test will be significantly(3 of 10 points) improved over scores on Pre-test in 2014	Scores on Post-Test will continue to be significantly improved over scores of Pre-test through 2019.
Measures & Sources	Law Enforcement Data; ER Data; SEOW	Law Enforcement Data	Adult referrals Prevention service delivery rosters	<p>Class Attendance logs</p> <p>Pre and Post surveys</p> <p>Prime for Life Evaluation</p>	Post surveys and Prime For Life evaluation instruments; BRFSS data SHARP 2013, 2015	Prime For Life Evaluation Data

Program Name: SYNAR Compliance Checks Grand, Carbon, Emery County 2014 (P-08)

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>	<u>Strategies</u>	<u>Outcomes</u>	
			*U S I		Short	Long
Logic	Reduce tobacco use in the 8 th grade.	Community laws and norms are favorable to substance use.	150 Vendors of tobacco; 8 th grade students	<p>Assess SEU ED in SYNAR tobacco vendor compliance checks at all vendors quarterly.</p> <p>Follow up with outcomes and increased education for vendors to prevent tobacco sales to minors.</p>	Decrease reporting that community laws and norms are favorable to substance use, from 29% in 2011 to 27% in 2015.	8 th grade reported ever-use will decrease in FCCBH Region from 21% in 2011 to 16% in 2019.
Measures & Sources	2009 and 2011 SHARP Surveys	2011 SHARP Survey	Youth referrals for checks Law Enforcement reports Health Dept. reports	<p>Health Dept. Planned SYNAR Checks</p> <p>Trained employees and law enforcement</p> <p>Recruited youth</p> <p>Law Enforcement reports</p> <p>Citations</p> <p>Health Dept. reports</p> <p>Outreach efforts</p>	2011, 2013, 2015 SHARP Survey	2011, 2013, 2015, 2023 SHARP Survey
					Please consider sources from UDOH	

Program Name: Strengthening Families Program 10-14 (Grand) (P-18) 2014

Evidence-based: YES

LSAA: Four Corners Community Behavioral Health

	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>	<u>Strategies</u>	<u>Outcomes</u>	
			<u>*U</u> <u>S</u> <u>I</u>		<u>Short</u>	<u>Long</u>
Logic	Reduce 30-day alcohol use for 10 th and 12 th graders.	Favorable parental attitudes toward ATOD. Family Attachment	50 people over 3 cycles of SFP: 10-14. Families with children between 10 and 14 years old.	Train FCCBH Prevention Specialists to deliver the SFP: 10-14 with fidelity. Deliver SFP: 10-14 curricula with fidelity to 5 families per cycle. Seek out training opportunities to get more community members approved to facilitate and ensure the future sustainability of program.	Reduce "Parental Attitudes favorable to ATOD" in 10 th grade to within 5% of state average (24%) from 10% in 2011. Increase "Family Attachment" in 10 th grade to within 1% of state average (68%) from 3% in 2011.	Reduce 30-day alcohol use from 28.6% to 24% in 10 th grade and from 46.9% to 40% in 12 th grade.
Measures & Sources	2011-2013 SHARP Survey	SHARP 2011 Survey	Community recruitment. Referrals from various entities (schools, FCCBH, law enforcement, DCFS).	SFP: 10-14 trainings. Reflective post-survey for all youth and caregiver participants.	2013-2017 SHARP Surveys	2021 SHARP Survey

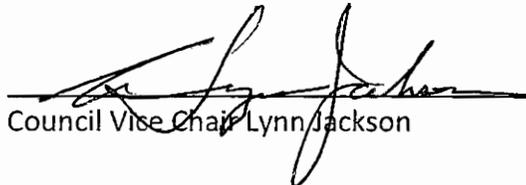
FY2014 AREA PLAN
FOUR CORNERS COMMUNITY BEHAVIORAL HEALTH, INC.

The FY2014 Substance Use Disorder and Mental Health Annual Area Plan was adopted by the Grand County Council at a regular meeting of the Council on July 2, 2013.

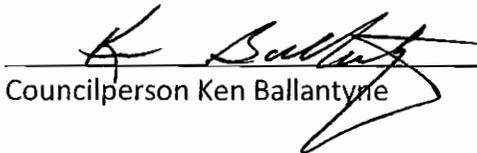
OFFICIAL SIGNATURES:


Council Chair: Gene Ciarus

7/2/2013
Date


Council Vice Chair Lynn Jackson

7/2/13
Date


Councilperson Ken Ballantyne

7/2/13
Date


Councilperson Pat Holyoak

7-2-2013
Date

Absent
Councilperson Jim Nyland

Date


Councilperson Rory Paxman

7-2-2013
Date

absent
Councilperson Elizabeth Tubbs

Date