

Four Corners Community Behavioral Health, Inc.

FY2023 Area Plan

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Four Corners/Carbon

Instructions:

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

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

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

Each individual, couple or family seeking care is provided a clinical screening regardless of ability to pay. This screening is often provided on the same day as requested. FCCBH has an open access model of care in most clinics. A discounted fee schedule exists to provide services to FCCBH catchment area residents based upon ability to pay. Several other funding sources can be accessed enabling qualified individuals/ families to receive services at discounted cost or no cost. No area resident is refused medically necessary services due to inability to pay. There are 3 Federally Qualified Health Centers (FQHC) in the FCCBH area. An FCCBH, Licensed Mental Health Therapist (LMHT) is located in the Green River Medical Center serving low income and unfunded populations. The other two FQHCs have grant funded positions for in-house therapists.

Clinical services provided include: mental health and SUD screenings, assessments, individual, group and family therapy. Using clinical screening for early detection and developing individualized levels of care; access to counseling and medication evaluation and management are based upon client choice and medical necessity.

24/7 emergency crisis and referral services are available to all residents of the tri-county area through our designated Mobile Crisis Outreach Teams (MCOT). Mobile crisis teams are made up of both LMHT/Mental Health Officers with the authority to complete the emergency application for the mental health commitment process to assure safety for residents, and a case manager or peer support employee.

FCCBH also supports behavioral health prevention programming within the catchment area including: community education for early detection and informal intervention, and development and participation with community coalitions in identifying and responding to specific risk and protective factors within that community.

FCCBH works to develop and maintain a viable recovery oriented system of care in each community, and also offers a range of support and educational opportunities.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?

Every person who comes to the Four Corners Community Behavioral Health clinics seeking care is provided a clinical screening regardless of ability to pay. This screening is often available on the same day as requested. Within this screening, priority populations are determined and often those individuals are offered a same day appointment for an assessment. FCCBH offers an open access model of care in most clinics. Thus, FCCBH does not maintain a "wait list," as there is currently not the demand for one. A discounted fee schedule exists to provide services to FCCBH catchment area residents based

upon an ability to pay. No area resident is refused medically necessary services due to an inability to pay.

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

Any resident unable to afford medically necessary clinical treatment will receive public subsidies. All residents are eligible to receive publicly subsidized prevention services. We have many funding resources for which individuals may qualify. For example, FCCBH has applied for and been awarded the DOH Primary Care Grant several times, and this has allowed us to subsidize services for those who are unfunded/underfunded.

How is this amount of public subsidy determined?

FCCBH serves area residents with a range of prevention services and treatment, clinical treatment, acute care and after-acute care support services. Each individual's subsidy is based upon medical necessity as established by a psychiatric diagnostic assessment or a mental health 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 publishes the sliding fee schedule on the www.fourcorners.ws website, and information is available in the client intake packet.

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

Yes, FCCBH is a very grateful NHSC provider. At the present time we have several FCCBH employees who have applied for the NHSC LRP and many who have successfully completed the program in the past. All three main clinic sites are certified, and we are applying for certification for the new Community Clinic. This program allows for a wonderful opportunity to recruit and retain professionals. The process is a considerable amount of work and the program is very strict in regards to following program expectations including clinical hours, type of qualifying work, supervision required and paperwork submission.

2) Subcontractor Monitoring

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

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

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

FCCBH performs annual license verifications on the Utah Division of Occupational and Professional Licensing website. We obtain background criminal investigation (BCI) clearances annually for all

individual clinical subcontractors. For clinical and respite subcontractors, we review their clinical records. At least annually, we check the credentialing status of our subcontractors, and renew credentialing every three years. We hold randomized site visits for off-site subcontractor providers. On a monthly basis, we check subcontractors for an exclusion status in both the List of Excluded Individuals/Entities database and the System for Award Management database. Our prescribers practice within our facilities, using our electronic health record and are subject to our ongoing internal monitoring, and quality control processes.

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

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

By signing the confidentiality agreement, the organizational Provider provides acknowledgement that they shall perform their obligations related to disclosure of Protected Health Information (PHI) as that term is defined in the Public Law 104-191.

Carbon County's Governance and Oversight

Carbon County has one Commissioner assigned to sit on the FCCBH Board. He meets with them in all board meetings and regularly stays in touch with the Executive Director and her staff. He reviews budgets and approves many expenditures, policies and goals. Historically FCCBH has been very good to include the commissioner in most details that affect their success.

Carbon County's commitment is deep to ensure that FCCBH fills the needs of families and individuals that have mental health issues. Though we are not involved in the day to day operation of FCCBH, we know we need reporting and accountability to ensure proper expenditure of money and resources that come from tax dollars.

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Four Corners/Carbon

Instructions:

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

1) Adult Inpatient

Program Manager Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$544,499	Form A1 - FY23 Projected clients Served:	44
Form A1 - Amount budgeted in FY22 Area Plan	\$475,736	Form A1 - Projected Clients Served in FY22 Area Plan	33
Form A1 - Actual FY21 Expenditures Reported by Locals	\$543,484		44

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

FCCBH will directly provide hospital diversion services in addition to contracting with several inpatient behavioral health facilities to provide inpatient psychiatric services.

Because hospitalization can be very disruptive and costly, FCCBH's hospital diversion plan is to hospitalize all individuals who pose a danger to self or others due to a mental illness, and who cannot be stabilized and treated in a less restrictive environment. For clients not requiring that level of care, alternatives for community stabilization will be developed and implemented. These include "stabilization and transitional rooms" at FCCBH supported living facilities in Price and Moab.

As the ARTC is no longer available through the USH for acute inpatient care, FCCBH will contract with a variety of inpatient psychiatric hospitals for acute care stabilization. Those contractors include Provo Canyon Behavioral Hospital, the University Neuropsychiatric Institute (now the Huntsman Mental Health Institute), Mountain View Hospital and Salt Lake Behavioral Health. Long term psychiatric inpatient care will be provided by the Utah State Hospital.

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

Describe your efforts to support the transition from this level of care back to the community.

FCCBH has a hospital liaison that works very closely with the inpatient hospitals who are treating and discharging FCCBH clients. The hospital liaison is responsible for assessing client progress while in the inpatient setting, as well as organizing discharge services when the client is released. The FCCBH

liaison will ensure an appointment for follow-up to care is established within 7 days of the client being discharged from the hospital. Very often though this follow-up occurs within a day or two of release. The client will be set up with either an assessment and/or individual counseling or a medication evaluation appointment to ensure there is no break in medication compliance. Linking the client to needed resources, upon discharge, is also common practice of the liaison role.

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

No significant increase or decrease over FY21 actual.

Describe any significant programmatic changes from the previous year.

None

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$201,390	Form A1 - FY23 Projected clients Served:	9
Form A1 - Amount budgeted in FY22 Area Plan	\$175,957	Form A1 - Projected Clients Served in FY22 Area Plan	8
Form A1 - Actual FY21 Expenditures Reported by Locals	\$104,832	Form A1 - Actual FY21 Clients Served as Reported by Locals	9

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

FCCBH has contracts for acute psychiatric inpatient care with Provo Canyon Behavioral Health, The University of Utah Neuropsychiatric Institute (Huntsman Mental Health Institute), Mountain View Hospital and Salt Lake Behavioral Health. For youth, Four Corners will also explore placement at Primary Children’s Hospital. Long term care will be provided at the Utah State Hospital.

Case management, wraparound services, SMR and systems of care development will all be used to divert the need for hospitalization.

FCCBH will continue to use the tools provided by DSAMH such as “Commitment Process for Children” and “Custody and Why it Matters” to train FCCBH LMHT and community partners in the hospitalization access and diversion process.

Describe your efforts to support the transition from this level of care back to the community.

The FCCBH hospital liaison works very closely with the inpatient hospitals who are treating and discharging FCCBH clients. The hospital liaison is responsible for assessing client progress while in the inpatient setting, as well as organizing discharge services when the client is released. The FCCBH liaison will ensure an appointment for follow-up care is established within 7 days of the client being discharged from the hospital. Very often though this follow-up occurs within a day or two of release. The client will be set up with either an assessment and/or individual counseling or a medication evaluation appointment to ensure there is no break in medication compliance. Linking the client to needed resources, upon discharge, is also common practice of the liaison role. State diversion funds

may be used for youth to aid in supporting activities within the community to avoid inpatient placement.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant increase over FY23 budgeted.
Describe any significant programmatic changes from the previous year.
None

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$836,012	Form A1 - FY23 Projected clients Served:	27
Form A1 - Amount budgeted in FY22 Area Plan	\$730,435	Form A1 - Projected Clients Served in FY22 Area Plan	27
Form A1 - Actual FY21 Expenditures Reported by Locals	\$654,441	Form A1 - Actual FY21 Clients Served as Reported by Locals	27

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

FCCBH will provide a range of housing services and supports to include independent living, supported living, and short term “transitional” beds for hospital diversion. These are not contracted services but are provided directly by FCCBH.

FCCBH currently has two supported living facilities: The Willows in Grand County and The Friendship Center in Carbon County. These facilities are for SPMI adult clients with varying needs for supervised living, therapeutic support and case management. The Willows in Moab has eight beds and the Friendship Center in Price has ten beds. Residential staff members provide coverage 24 hours daily. The residents participate in comprehensive clinical treatment and psychosocial rehabilitation programs (Interact & New Heights) in the respective counties.

Both facilities have dedicated “transitional” beds that are used for stabilization and hospital diversion when necessary. They will help to avoid initial hospitalization by providing a secure and supported living environment and also to allow for the earliest possible discharge of a client who has been hospitalized. FCCBH anticipates the facilities will operate at full capacity.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

Residential housing is targeted to the SPMI/SMI population. In order for clients to be placed in residential supported living they have to fit those qualifications. FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients' perspectives on how well programs and staff are serving client needs and access to treatment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).
The expected increase is due to inflation and planned COLA and retention wage increases.
Describe any significant programmatic changes from the previous year.
None

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify any significant service gaps related to residential services for youth you may be experiencing.

FCCBH uses intensive services, such as high fidelity wraparound and SMR, to prevent the need for higher level placement, such as residential. If the clinical need for residential treatment is indicated, FCCBH will contract with other organizations for these services. FCCBH contracts on a case by case basis with "Youth Village," a statewide organization, to provide children/youth residential care services as needed.

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

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

FCCBH staff will determine the need for residential placement based on information gained through the clinical assessment and collateral information from family and other community partners. If a client is determined appropriate for residential care, FCCBH staff will assist in the transition to the placement, as well as assisting the client in returning home upon discharge. If the client is returning home to their community of origin, staff will assist with getting continued outpatient care set up with FCCBH and other agencies in the community. Commonly, children with significant mental health, behavioral health and/or substance use concerns will be referred first through family preservation programs like SOC and SMR, before considering residential placement. FCCBH will assist in appropriate placement of youth,

regardless of funding source.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,204,228	Form A1 - FY23 Projected clients Served:	980
Form A1 - Amount budgeted in FY22 Area Plan	\$1,064,450	Form A1 - Projected Clients Served in FY22 Area Plan	980
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,086,847	Form A1 - Actual FY21 Clients Served as Reported by Locals	920

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

FCCBH will directly operate behavioral health outpatient clinics in Price, Castle Dale and Moab, and provide 1-2 days/week integrated behavioral services in the Green River Health Center, a federally qualified health center.

Services provided at all FCCBH clinic locations will offer; a mental health assessment, psychiatric assessment (if recommended), individual therapy, family therapy, group therapy, case management, Peer Support Services, therapeutic behavioral services, medication management, education and smoking cessation services.

Clinical staff members will provide a screening for every person who comes to the FCCBH clinics regardless of ability to pay. Each FCCBH clinic will have MCOT services available and have a minimum of one clinician and case manager available during clinic hours for walk-in appointments and/or emergencies to enhance access to services. Individuals with mental health and substance use co-occurring disorders will be provided integrated MH and SUD treatment. Over the past few years, FCCBH has continued to increase training around the modality of EMDR, and all facilities currently have multiple mental health therapists who are certified to provide that service. In addition, FCCBH added Neurofeedback as a supplement to the clinical treatment being provided. Four masters level clinicians were extensively trained in this modality and are currently using this practice with clients.

Services provided at the Green River FQHC clinic location will include assessment, individual and family therapies, integrated medication management services with the somatic health care provider and education.

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

The model of service delivery will use a licensed mental health therapist as the service prescriber, as well as a provider of services. An individualized treatment plan will be developed with the client using the person-centered method, containing life goals and measurable objectives. The treatment plan will identify the type, frequency and duration of medically necessary services for each client as prescribed by a licensed clinician. The duration and intensity of services will be evaluated on an ongoing basis by the licensed clinician and the client to determine the service appropriateness to support the client's progress on the goals and objectives related to recovery.

Clubhouse Psychosocial Rehabilitation programs for SPMI consumers will be directly maintained by FCCBH in two counties: New Heights in Carbon County and Interact in Grand County. These free standing facilities provide psychosocial rehabilitation, personal services, case management, Peer Support Services, psycho-education and development and referral to transitional and supported employment settings throughout a work ordered day. These services will be identified on the client treatment plan where appropriate to medical necessity and personal recovery. Additionally, FCCBH will provide or help connect clients with transportation to and from FCCBH services for Medicaid clients. Representative payee services to assist in the management of disability benefits are also offered through the programs clubhouses.

Smoking cessation education and classes will be offered to all clients, regardless of their primary referral reason into treatment. FCCBH continuously seeks out evidenced-based models for smoking cessation treatment in order to keep staff trained to provide this service. In addition, intentional messages and education about smoking cessation are incorporated into many of our group programming options for both MH and SUD clients. FCCBH provides wellness promotion activities to MH clients both within the clubhouse and within the clinic. These may include various organized events and challenges throughout the year that clients are encouraged to take part in. In the clubhouses, lunches and snacks have moved to a "healthy option" menu.

Information around quitting tobacco is provided to everyone entering facilities that are interested. In terms of smoking cessation services provided in the Green River FQHC affiliation, a therapist is on site two days a week to provide individual therapy. The therapist will provide treatment to those who are requesting needs around tobacco reduction and/or methods for quitting. In addition, a wellness goal will be encouraged for each SPMI client's treatment plan, as they are willing to participate in such. Being sensitive to the individual's readiness, the objectives may include increasing awareness and participating in specific wellness activities.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

Currently, FCCBH does not have a formal ACT team that is following the model to fidelity. Although, many of the necessary aspects required for an ACT team are already in place through FCCBH. Examples of this include supported living, supported employment activities, and offering treatment modalities specific to individuals with complex/serious mental illness. One of those modalities, Recovery-Oriented Cognitive Therapy (CT-R) was successfully implemented by FCCBH during FY 20. This is a comprehensive program requiring certification for the treatment of chronic mental illness, such as schizophrenia and complicated bi-polar disorder. FCCBH will continue to provide this treatment in FY 23, and will seek out more opportunities for increased staff training.

FCCBH has been increasing treatment team staffings on clients who are considered high risk/ high utilizers of inpatient treatment and increasing the prescribed frequency of one-on-one services. This is accomplished through a combination of services provided from assigned mental health therapists, medical staff, and case managers. Mental Health Court, which was successfully implemented in Carbon County in FY 20, also works to stabilize these high-need clients.

Four Corners has implemented the Mobile Crisis Outreach Team (MCOT) model throughout the tri-county area. MCOT is available to the communities of Carbon, Emery and Grand 24/7, every day of the year.

Day treatment services provided in a clubhouse capacity are vital in helping clients with complex behavioral health needs to remain in the communities. As previously stated, life skills are developed and enhanced within these programs to assist our seriously mentally ill clients move towards and thrive in an independent living setting. Supported living, increased medication compliance efforts, and peer support interaction are also a few of the interventions used to avoid inpatient hospitalization for clients living with complex mental health concerns.

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

The expected increase is due to inflation and planned COLA and retention wage increases.

Describe any significant programmatic changes from the previous year.

None

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

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

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

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$513,050	Form A1 - FY23 Projected clients Served:	370
Form A1 - Amount budgeted in FY22 Area Plan	\$445,009	Form A1 - Projected Clients Served in FY22 Area Plan	425
Form A1 - Actual FY21 Expenditures Reported by Locals	\$487,013	Form A1 - Actual FY21 Clients Served as Reported by Locals	356

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. Please highlight approaches to engage family systems.

A clinical screening will be provided to every youth who comes to FCCBH seeking services, regardless of ability to pay. Each clinic location will provide clinical evaluations including 30-day evaluations for DCFS children; individual, family and group therapy, psychiatric assessment, and medication management. Psychological testing will be completed, when indicated as medically necessary, to establish psychiatric diagnosis and treatment plan.

Children and youth with trauma concerns will be provided Trauma Focused CBT treatment and/or Attachment, Self-Regulation, Competency (ARC) treatment, as well as Eye Movement Desensitization and Reprocessing (EMDR) from certified providers. School based therapy will be *offered* in all of the elementary, middle, charter and high schools in Carbon, Grand, and Emery counties so long as funds remain available to do so. These services are being provided largely in part with Early Intervention funding. In July, 2019 FCCBH lost additional TANF funding that was provided in 2016 to increase school based services to counties with increased intergenerational poverty. As a result, services did decrease in Carbon and Grand Counties in FY 20, but it appeared FCCBH was able to minimally meet the requested need with available funds. In FY 23, FCCBH plans to increase youth access to services through getting families who qualify signed up for Medicaid expansion.

As a result of appropriations provided to the Utah Department of Education in H.B. 373, FCCBH will also attempt to contract with local school district leaders to provide additional therapeutic school-based services. The budget has not been changed with the expectation that these services will remain in place. 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. FCCBH will work collaboratively with the System of Care teams in each county, along with SMR to provide wrap-around services to youth and families needing this type and intensity of care. FCCBH will continue to partner with the Carbon County Detention Center to provide treatment portions of in-home Observation and Analysis (O&A) when ordered by the court as needed. Clients dually diagnosed with mental health and substance use disorders will be provided integrated treatment.

FCCBH provides critical incident debriefing responses to the schools after crisis events. FCCBH will continue to support the Department of Human Services Systems of Care model of service delivery for youth and children with serious emotional disturbance. Due to the substantial increase of SOC teams in the southeastern region, FCCBH no longer employs a Family Resource Facilitator position to avoid duplication of services. However, Four Corners staff will continue to participate in monthly SOC coordination meetings.

FCCBH has also implemented SMR services to help high need families with wrap-around services. In FY 22, FCCBH was asked to serve as the Regional SMR Program Manager for the eastern region by the Department of Health. Currently, SMR services are being provided in all three counties. Since implementation of the program, FCCBH has worked to train agencies and community partners on what SMR is and how it can help families with children and youth who suffer from mental illness. In addition, a contract has been developed through Families First to assist in providing the stabilization piece of SMR in various counties throughout the eastern region who have experienced staff shortages. This will begin at the end of FY 22 and into FY 23.

FCCBH has offered a therapeutic parent skills group for those involved with DJJS or DCFS and those who have children who are at a high risk for an out of home placement for many years. However, the referrals for that service have decreased over time, leading to a reduction in the number classes being offered per year. It is anticipated that this is due to various other community partners in the area offering parenting classes and partnering with DCFS and DJJS. Therefore, this group will be provided as needed.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

In all three counties, System of Care has teams set up to serve high acuity youth and families. FCCBH has also implemented SMR services to help high need families with wrap-around services. In FY 22, FCCBH was asked to serve as the Regional SMR Program Manager for the eastern region by the Department of Health. Currently, SMR services are being provided in all three counties. Since implementation of the program, FCCBH has worked to train agencies and community partners on what SMR is and how it can help families with children and youth who suffer from mental illness. In addition, a contract has been developed with Families First to assist in providing the stabilization piece of SMR in various counties throughout the eastern region who have experienced staff shortages. This will begin at the end of FY 22 and continue into FY 23. FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

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

The expected increase in cost is due to inflation and planned COLA and retention wage increases.

Describe any significant programmatic changes from the previous year.

FCCBH will implement the SMR program.

7) Adult 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$2,531,415	Form A1 - FY23 Projected clients Served:	449
--	--------------------	---	------------

Form A1 - Amount budgeted in FY22 Area Plan	\$874,205	Form A1 - Projected Clients Served in FY22 Area Plan	409
Form A1 - Actual FY21 Expenditures Reported by Locals	\$456,632	Form A1 - Actual FY21 Clients Served as Reported by Locals	356

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

Currently, FCCBH directly provides mental health crisis services. Crisis services are available 24 hours per day, seven days per week (including holidays) in all three counties. The Mobile Crisis Outreach Team (MCOT) in each county consists of a licensed mental health therapist (LMHT) and a case manager/peer support employee. Case managers/peer support employees in each county will be used to access resources and support responding therapists in developing a wrap-around plan aimed at promoting stability and diverting hospitalization. FCCBH crisis services will be delivered free of charge to all in need. Outreach to the individual and/or identified support person after a crisis service will be provided in order to maintain ongoing support.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH contracted telephone crisis services with the University of Utah Neuropsychiatric Institute (UNI). Even with this addition, our management of safety net and crisis services within our communities will not change. By contracting with UNI, FCCBH will be in compliance with H.B. 41 and all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week. FCCBH crisis teams will deploy when a crisis line employee, who has been working with a client in one of the areas, requests the service. Community Partners in each of the areas may also request MCOT services. FCCBH has been attending monthly coordination meetings with the Utah Crisis Line and the Division.

The FCCBH clinical director will meet regularly with area first responders to ensure FCCBH crisis services are interfacing well and meeting community needs. A "high-risk list" will be maintained in each county and high-risk cases will be staffed at least weekly, but in many cases several times per week.

In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Many FCCBH clinical staff have been trained in using the Collaborative Assessment and Management of Suicidality (CAMS) approach and/or the Cognitive Behavioral Training for Suicide Prevention (CBT-SP) approach in working with clients endorsing concerns around suicide.

In FY 23, FCCBH will be starting a rural Receiving Center. FCCBH has begun the process of seeking out a building in Carbon County where the receiving center will be placed. Once the building is purchased and potentially remodeled, FCCBH will begin hiring and training receiving center staff; with hopes to open the center January, 2023. The receiving center will be another resource the mobile

outreach teams, and other community partners, may utilize to divert hospitalizations and engage clients stabilization efforts. FCCBH will follow State guidelines for Receiving Centers and work with the Office of Substance Use and Mental Health to develop rural considerations.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

FCCBH adheres to the state MCOT DATA requirements and reports on this as requested to do so.

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

The expected increase takes into account the addition of a rural receiving center, cost increases due to inflation, and wage increases with a planned COLA and retention wage increases.

Describe any significant programmatic changes from the previous year.

The MCOT program will run for the full fiscal year.

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$522,698	Form A1 - FY23 Projected clients Served:	106
Form A1 - Amount budgeted in FY22 Area Plan	\$869,229	Form A1 - Projected Clients Served in FY22 Area Plan	136
Form A1 - Actual FY21 Expenditures Reported by Locals	\$118,185	Form A1 - Actual FY21 Clients Served as Reported by Locals	87

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include, if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.

FCCBH directly provides crisis services to children, youth, and families. These services will be available 24 hours per day, seven days per week (including holidays) in all three counties. The Mobile Crisis Outreach Team (MCOT) in each county consists of a licensed mental health therapist (LMHT) and a case manager/peer support employee. Case managers/peer support employees in each county will be used to access resources and support responding therapists in developing a wrap-around plan aimed at promoting stability and diverting hospitalization. FCCBH crisis services will be delivered free of charge to all in need. Outreach to the individual and/or identified support person after a crisis service will be provided in order to maintain ongoing support.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH contracted telephone crisis services with the University of Utah Neuropsychiatric Institute (UNI). Even with this addition, our management of safety net and crisis services within our communities will not change. By contracting with UNI, FCCBH will be in compliance with H.B. 41 and all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week. FCCBH crisis teams will deploy when a crisis line employee, who has been working with a client in one of the areas, requests the service. Community Partners in each of the areas may also request MCOT services. FCCBH has been attending monthly coordination meetings with the Utah Crisis Line and the Division.

In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Many FCCBH clinical staff have been trained in using the Collaborative Assessment and Management of Suicidality (CAMS) approach and/or the Cognitive Behavioral Training for Suicide Prevention (CBT-SP) approach in working with clients endorsing concerns around suicide.

FCCBH has an internal SMR team in each county to assist youth and families in addressing all areas of need. FCCBH also works closely with System of Care teams throughout the southeastern region to refer high risk families for intensive wraparound services. FCCBH will also request high level staffings through the Department of Health when indicated. In addition, Four Corners may receive invitations to participate in high level staffings regarding clients currently being served in treatment.

A 'high-risk list' of youth needing close monitoring due to instability of illness, will be maintained in each county. This list is exclusive to just children and youth. These cases will be closely monitored and clinically reviewed at least weekly and in many cases multiple times per week.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

FCCBH adheres to the state SMR/MCOT DATA requirements and reports on this as requested to do so.

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

The expected increase over "FY21 actual" also takes into account the addition of a rural receiving center, cost increases due to inflation, and wage increases with a planned COLA and retention wage increases.

Describe any significant programmatic changes from the previous year.

FCCBH now has SMR programs for youth and families up and running according to State Statute. There will be SMR teams in Carbon, Emery, and Grand. After hours the calls will be routed to the MCOT teams or Crisis Workers, with referrals being made to the SMR teams the following day.

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount	\$528,392	Form A1 - FY23 Projected	436
------------------------------	------------------	---------------------------------	------------

Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$483,715	Form A1 - Projected Clients Served in FY22 Area Plan	407
Form A1 - Actual FY21 Expenditures Reported by Locals	\$370,352	Form A1 - Actual FY21 Clients Served as Reported by Locals	436

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. Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings

FCCBH has contracted and employed medical providers available for Carbon, Emery, and Grand counties. They provide psychiatric evaluations and medication management services for both adults and youth. FCCBH has discontinued the partnership with the University of Utah Medical School Residency/Tele-Psychiatry expansion project and instead has contracted with Moab Regional Hospital to provide MAT for FCCBH clients needing that service. In 2020, Moab Regional Hospital expanded their services to include MAT for youth and adults struggling with substance use disorder. FCCBH has a contracted provider located at the Grand County Clinic providing medication management services for mental health needs. Other FCCBH contracted providers will serve clients with psychiatric/medication needs in our Emery and Carbon County locations. In addition to contracted providers, FCCBH has two full time employees providing medical services; one working with both mental health and SUD clients through Operation Recovery and our Medical Director. This is the first time ever Four Corners has employed a full-time Medical Director.

Medical providers and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications; diabetes screening following the AMA guidelines; obtaining lithium levels; or a CPK test for clients who are on mood stabilizer medication. Laboratory test results will be forwarded to the client's primary care provider for coordination of care.

Urine lab screenings and LCMS testing may be conducted when concerns arise that a client may not be using psychotropic medications as prescribed. FCCBH has entered a contract with Precision Diagnostics to provide these testing services. Thus far, this has proven very successful with aiding staff in getting clients stabilized; preventing the need for inpatient placement.

With the help of our EHR (Credible), FCCBH utilizes e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a physical health concern such as high blood pressure, FCCBH medical staff will refer the client to the primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral will be made to the local FQHC or with partnering primary care provider.

When a person is unable to pay and requires an emergency medication evaluation, this will be completed to stabilize and the client will then be referred to the appropriate community resource for follow-up with consultation with the FCCBH prescriber. If it is a complicated medical issue, the client will be served at FCCBH to avoid higher levels of care.

Case managers or other staff members will coordinate transportation to FCCBH medical appointments when the client has no other means of transport. FCCBH will maintain the "Nurse/Outreach Specialist" position that was established in 2013. This LPN level staff member provides outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication

education and outreach will be provided in the home and in the community to assure medication adherence.

FCCBH has partnered with several other medical providers treating somatic care for many years through the Utah State Primary Care Grant. That funding has allowed unfunded and underfunded individuals receive a variety of primary healthcare needs that might otherwise not be addressed. FCCBH has applied for these funds for FY 23.

FCCBH is in the process of adding a field into the EHR that will allow crisis workers to see what PRN medication can be given to our clients to help them calm down in a crisis situation. This will allow the ER doctors and any of our doctors to prescribe this medication for the client to avoid hospitalization.

FCCBH will receive funding in FY 23, through the Office of Substance Use and Mental Health, to assist in opening the first ever rural receiving center. This receiving center will be located in Carbon County, with plans to offer services 24/7. Four Corners will use existing prescribers for emergency medication needs occurring during normal office hours. For after-hours services, FCCBH has developed a plan with Huntsman Mental Health Institute to provide physician support. Castleview Hospital has also partnered with Four Corners in providing stabilization services for clients admitted to their ER during a mental health crisis.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

10) Children/Youth Psychotropic Medication Management

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$56,308	Form A1 - FY23 Projected clients Served:	74
Form A1 - Amount budgeted in FY22 Area Plan	\$51,547	Form A1 - Projected Clients Served in FY22 Area Plan	74
Form A1 - Actual FY21 Expenditures Reported by Locals	\$44,308	Form A1 - Actual FY21 Clients Served as Reported by Locals	63

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. Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.

FCCBH has medical providers available to clients needing psychiatric services in all three counties. Those providers complete an initial psychiatric evaluation and ongoing medication management for all adults and youth served. In addition to contracted providers, FCCBH has two full time employees providing medical services; one working with clients through Operation Recovery and our Medical Director. In addition to providing oversight and supervision to all medical staff, our Medical Director also

provides psychiatric services to clients of all ages. This is the first time Four Corners has employed a full-time Medical Director.

In the event a child or youth is assessed as needing immediate medication services, but has an inability to pay, a Four Corners medical provider will still see the client initially and determine the best options for ongoing treatment. This may include continuing services at FCCBH or being referred to another appropriate provider in the area.

Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications. Laboratory test results will be forwarded to the client's primary care provider for coordination of care. FCCBH's "cloud-based" electronic medical record enables e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a co-occurring physical health concern, FCCBH medical staff will refer the client to their primary care provider or help the client get linked up to a local provider, regardless of funding ability.

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

None

Describe any significant programmatic changes from the previous year.

None

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$867,655	Form A1 - FY23 Projected clients Served:	111
Form A1 - Amount budgeted in FY22 Area Plan	\$794,290	Form A1 - Projected Clients Served in FY22 Area Plan	111
Form A1 - Actual FY21 Expenditures Reported by Locals	\$912,770	Form A1 - Actual FY21 Clients Served as Reported by Locals	117

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

FCCBH will directly provide psychosocial rehabilitation and psycho-education services using the Clubhouse Model in Carbon (New Heights) and Grand (Interact) Counties. These services will be delivered to consumers who have, through assessment by a LMHT, been found to be Seriously Mentally Ill (SMI). Transportation to these programs will be provided 5 days/week for clients residing in Grand, Carbon and Emery counties.

The services will be delivered in the context of the "the work ordered day." Program units in which the services will be delivered will include clerical, housing, kitchen services, the bank, snack bar, and transitional employment. Consumers will be assisted with independent living skills, housing assistance, applying for and maintaining entitlements, skills training for employment preparedness and successful day to day living in the community. Working side-by-side with consumers, clubhouse staff will assist

consumers to reach maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

Program activities will be geared toward stabilization, hospital diversion, improved quality of life, increased feelings of connectedness and promoting overall wellness.

Wellness strategies will be implemented into the program to promote health and wellness education and to foster healthy lifestyles. Each clubhouse will have exercise equipment, a snack bar with healthy snack options, and weekly wellness activities. Lunch menu planning and meal preparation will include healthful alternatives. Assisting consumers with shopping lists that include more healthful food items will promote long term recovery. Wellness education will be provided by program staff as well as outside consultants. Smoking cessation classes will be offered throughout the year by a peer support specialist or another staff person trained in an evidence-based curriculum.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Those clients that are referred for these services have to be recommended and referred by their therapist. All clients referred into this program must meet diagnostic criteria for serious mental illness (SMI). As well, all psychoeducation or psychosocial rehabilitation services are included as part of their treatment plan. Clients are asked annually to take the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment. In addition, all clients receiving mental health services at Four Corners are requested to complete the Outcome Questionnaire (OQ) at each individual therapy session.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,005	Form A1 - FY23 Projected clients Served:	10
Form A1 - Amount budgeted in FY22 Area Plan	\$920	Form A1 - Projected Clients Served in FY22 Area Plan	10
Form A1 - Actual FY21 Expenditures Reported by Locals	\$135	Form A1 - Actual FY21 Clients Served as Reported by Locals	1

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

FCCBH will provide youth psychosocial rehabilitation in Carbon, Emery and Grand Counties. Interventions will include individual and group services provided by staff members who are supervised

by a LMHT. Services will begin after a comprehensive clinical assessment is completed. This assessment will provide treatment recommendations and support the medical necessity of recommended services using various sources of information (i.e. assessment tools, collateral information, past treatment, etc.) A treatment plus plan is then developed with the client/caregiver and evidenced-based services will be provided to the client. These services may be conducted in an individual or group setting.

Largely, these services will be provided at the schools from September to May. Services will continue to be provided during summer months within each of the clinics. The programs will incorporate treatment modules designed to improve stability, decrease symptomatology and maladaptive or hazardous behaviors and develop effective communication and interpersonal behaviors. Staff will use cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

The need for psychoeducation and/or psychosocial rehabilitation services is determined from information gathered in the mental health assessment. When providing treatment in group settings, youth are referred to groups based on age, diagnostic need, and developmental appropriateness. At least monthly, staff will request completion of the Youth Outcome Questionnaire (YOQ) from their clients and/or parents. In addition, the MHSIP and YSS surveys are used annually to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

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

None over FY 20 actual.

Describe any significant programmatic changes from the previous year.

None

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$1,031,311	Form A1 - FY23 Projected clients Served:	607
Form A1 - Amount budgeted in FY22 Area Plan	\$932, 367	Form A1 - Projected Clients Served in FY22 Area Plan	585
Form A1 - Actual FY21 Expenditures Reported by Locals	\$740,353	Form A1 - Actual FY21 Clients Served as Reported by Locals	607

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. Please include how you ensure each case management provider is certified to provide these services.

Targeted case management (TCM) services will be directly provided for Seriously Mentally Ill (SMI) adults for whom the service is determined to be medically necessary and is prescribed and authorized on a client-centered treatment plan. This includes connecting clients to Four Corners services, as well

as advocating for, linking and coordinating services provided by other agencies that may meet the client's social, medical, educational or other needs. TCM will be provided by FCCBH staff operating out of the three main county clinics, two clubhouse locations, and two supported living residences. Client-specific TCM services will be determined using the case management needs assessment (DLA-20) and service plan. The DLA-20 is completed as part of the initial client assessment and is reviewed through the treatment planning process. Treatment goals will be updated to reflect progress in identified areas and ongoing needs. If clients are in need of TCM services and do not qualify for Medicaid, grant funding (such as SAMHSA or Primary Care) may be used to help provide this service.

An administrative team member at FCCBH tracks certification for each employee providing case management services. Recertification due dates are also tracked.

Targeted case management may also be provided for clients requiring in-home services. These services may be provided by case managers or medical staff for the purposes of maintaining client stabilization and preventing the need for a more restrictive treatment setting.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

A Daily Living Assessment (DLA-20) is completed on every client at Four Corners during their initial assessment to determine if case management services are needed and what those services are. DLA-20 updates are conducted periodically to determine progress and continued areas of focus. FCCBH uses the MHSIP survey and the OQ to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment. These services are added to their TX plus plan.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

14) Children/Youth Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$50,726	Form A1 - FY23 Projected clients Served:	130
Form A1 - Amount budgeted in FY22 Area Plan	\$45,859	Form A1 - Projected Clients Served in FY22 Area Plan	120
Form A1 - Actual FY21 Expenditures Reported by Locals	\$21,200	Form A1 - Actual FY21 Clients Served as Reported by Locals	142

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. Please include how you ensure each case management provider is certified to provide these services.

Targeted case management (TCM) services will be directly provided by FCCBH for youth and children with serious emotional disturbance (SED) for whom the service is determined to be medically necessary based on an assessment conducted by a licensed mental health therapist (LMHT). Family-specific TCM services will be based on a case management assessment (DLA-20) and service plan, which will be completed as part of a comprehensive treatment planning process.

TCM for children/youth will be provided within each of the three main county clinics and, where agreements have been established, from schools in our communities. A system of care approach for children/youth with serious emotional disturbance will be developed through collaborative agreements with community partners and families. Case managers will be proactive in assisting with wraparound services through family team meetings. When High Fidelity wraparound is indicated for youth and families, FCCBH staff will refer to System of Care teams in all three counties.

FCCBH children's case managers may also advocate for youth and families in school settings by supporting parents in requesting and accessing Individual Education Plan (IEP) for their children. This service may be provided within the wraparound process or within other areas of treatment planning.

All case manager's working with youth are certified by the Office of Substance Use and Mental Health. A specified administrative team member at FCCBH tracks certification for each employee providing case management services. Recertification due dates are also tracked to ensure continued certification is maintained.

Each clinic will have a staff member assigned to participate with the Local Interagency Council (LIC) and/or Community Coalition meetings to promote community partnership and develop integrated services for high risk children and youth. FCCBH also participates in monthly System of Care coordination meetings.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Each client is given the DLA-20 to determine the TCM services that are needed for each client. Once this is determined the therapist refers the client to a case manager for help in getting those needs met. FCCBH administers the MHSIP and YSS surveys annually to gauge clients' perspective on how well our programs and staff are serving client needs and access to treatment. Youth are also requested to complete the Youth Outcome Questionnaire monthly.

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

None

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$94,951	Form A1 - FY23 Projected clients Served:	30
--	-----------------	---	-----------

Form A1 - Amount budgeted in FY22 Area Plan	\$102,353	Form A1 - Projected Clients Served in FY22 Area Plan	30
Form A1 - Actual FY21 Expenditures Reported by Locals	\$112,412	Form A1 - Actual FY21 Clients Served as Reported by Locals	20
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>FCCBH will directly provide in-home, housing and respite services for clients struggling with serious mental illness. When needed, in-home services will include Targeted Case Management, individual therapy, RN medication management, individual psycho-social rehabilitation, and personal services. FCCBH built an apartment complex in Grand specifically to house chronically mentally ill clients; particularly those difficult to place. The complex has 8- one bedroom units and 2- two bedroom units. Six of these beds will be used for transitional housing for stays of up to 2 years. Six beds will be permanent housing units. This addition to our housing capacity enables FCCBH to use 6 beds at the Willows which had been considered permanent housing to be used for crisis stabilization, hospital diversion and short term stays while awaiting permanent housing. In total, FCCBH has the following: 22 permanent and 6 transitional housing units in Grand County. In Carbon County, the Friendship Center has 10 supported living single apartments and 2 transitional bedrooms. Cottonwood Apartments has 4 two bedroom units, 7 beds total. These units will now be available to dually diagnosed clients and those struggling with substance use disorder. FCCBH staff members will help clients find and maintain suitable housing. The Psychosocial Rehabilitation program "Housing Units operations" in the Interact and New Heights Clubhouses will provide resident councils and assist in managing the Ridgeview Apartments and Aspen Cove Apartments in Moab. Targeted Case Managers will work with individual clients to identify housing needs, options, and assist in housing budgeting including: saving up for housing, deposits, applying for various housing funding, completing necessary paperwork, and coordinating the move-in process when needed. FCCBH will be proactive in participating on the local homeless coordinating committees, providing outreach to local shelters linking people with mental illnesses who are homeless or at risk of homelessness to housing resources. FCCBH works with local nursing homes and hospitals to assist clients with housing needs upon discharge.</p>			
Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov			
Residential housing is utilized for individuals living with serious mental illness (SPMI/SMI). FCCBH also utilizes the MHSIP, annually, to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease.			
Describe any significant programmatic changes from the previous year.			
None			

Form A1 - FY23 Amount Budgeted:	\$28,756	Form A1 - FY23 Projected clients Served:	23
Form A1 - Amount budgeted in FY22 Area Plan	\$30,997	Form A1 - Projected Clients Served in FY22 Area Plan	27
Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,534	Form A1 - Actual FY21 Clients Served as Reported by Locals	10

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. Please identify how this fits within your continuum of care.

Children/Youth Community Supports will be provided directly by FCCBH staff, contracted providers and/or informal supports developed through the System of Care wraparound process.

Children or youth needing community support will be identified by any member of the treatment team at any point in treatment. Parents will be asked during intake, as well throughout the course of treatment, if they need respite for their child/youth struggling with serious emotional disturbance. The DLA-20 is also used to help identify the need for community resources for families being served.

Community needs and supports may also be identified through the wraparound process provided by System of Care.

Community support provided to children, youth and families may include (but are not limited to): respite, case management, school supports, school based services, social connections, family therapy, recreation needs, housing assistance, and/or connection to community supports. All interventions will be "strengths focused," empowering the family to support the children and youth struggling with serious emotional disturbance.

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

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

This process begins by having a therapist determine if a client is eligible for respite services. The purpose of respite is explained to the family to ensure the family is utilizing the service appropriately. Respite is generally not provided as a stand-alone service, and is used in conjunction with other forms of therapy. All clients receiving respite services are asked to participate in taking the MHSIP and YSS surveys to gauge clients' perspective on how well our programs and staff are serving client needs and access to treatment.

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

No significant increase/decrease over FY22 plan.

Describe any significant programmatic changes from the previous year.

None

17) Adult Peer Support Services

Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$110,917	Form A1 - FY23 Projected clients Served:	65
Form A1 - Amount budgeted in FY22 Area Plan	\$111,012	Form A1 - Projected Clients Served in FY22 Area Plan	69
Form A1 - Actual FY21 Expenditures Reported by Locals	\$116,047	Form A1 - Actual FY21 Clients Served as Reported by Locals	56

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

Peer support services will be provided directly by FCCBH for the primary purpose of assisting in the rehabilitation and recovery of adults struggling with symptoms of serious mental illness (SMI). Individuals who have co-occurring substance use disorders will be referred to peer support when requested by the individual. Peer Support is identified as an intervention on the person-centered treatment plan; prescribed by a LMHT. Clients also participate in the development of the treatment plan and the services they will receive. Peer support specialists are integrated as part of the treatment team.

FCCBH will support the Peer Support model of services. When hiring staff at all levels of the organization, FCCBH will give priority to individuals in active recovery. The FCCBH employee providing Peer Support will be certified and properly trained to provide this intervention. FCCBH currently employs staff members in each county who are in recovery or who are family members of those in recovery. The trained and certified Peer Support Specialist will be encouraged to share their experience, strength and hope in interactions with FCCBH clients.

FCCBH Peer support services will be designed to promote recovery. Peer support specialists will lend their unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.

The Peer Support Specialist will provide group support for wellness promotion and self-care. The Peer Support Specialist will also complete a personalized treatment objectives with the client. Peer Support Specialists will work from both the outpatient psychosocial rehabilitation facility (clubhouse) as well as the clinics, thereby providing individual and group peer support related to development of wellness practice by our clientele.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

18) Family Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$53,136	Form A1 - Projected Clients Served in FY22 Area Plan	12
Form A1 - Actual FY21 Expenditures Reported by Locals	\$16,613	Form A1 - Actual FY21 Clients Served as Reported by Locals	4

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. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.

FCCBH partners with System of Care primarily to provide peer support services for youth and families in treatment. Outside of monthly RAC meeting participation, staff will refer individual clients and families to SOC if they fit the criteria. FCCBH also has SMR up and running and can refer clients and families to this program as well. However, SMR is not a peer based program.

FCCBH connects frequently with DCFS, DJJS, and DSPD to staff cases and to maintain a referral process.

SOC has peer support on staff that works with families in our area. FCCBH partners with SOC with any referrals for families that need that level of care. Families are being served in the area between SOC and SMR services.

Peer support employees with SOC (providers FCCBH contracts with) implement a support based program, aimed at improving mental health services by targeting families and caregivers of children and youth with serious emotional disturbance. This will be supported through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. Peer support specialists will work to develop a strong mentoring component to strengthen family involvement and self-advocacy and assist in the wrap-around model of services.

All peer support specialists will be trained and certified as per DSAMH criteria with the capacity to deliver wraparound services with high fidelity to the model. Each of these trained individuals will be encouraged to share his or her experience, strength and hope in interactions with families. As a peer support specialist, each will lend his/her unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.

FCCBH expects all contractors who provide this service will follow through with all guidelines set forth in the above paragraphs for what FCCBH expects of our peer support services. The great thing about working with SOC is that they are trained in the same programming as Family Resource Facilitators.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

FCCBH makes referrals to SOC when appropriate. They are using their peer support specialist in the

same way FCCBH would use FRF peer support services. When FCCBH receives referrals from DJJS, DCFS, Court services FCCBH is referring them to SOC services in our ares.

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

See above

Describe any significant programmatic changes from the previous year.

None

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$26,171	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$23,959	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,999	Form A1 - Actual FY21 Clients Served as Reported by Locals	

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

FCCBH will provide professional consultation and education services throughout the tri-county area. There will be training on various subjects pertinent to MH and SUD as well as clinical case consultation to our partner organizations and agencies.

FCCBH psychiatrists will provide consultation to primary somatic care physicians who are working with persons with mental illness in all three counties. Area primary care providers will be invited, at least annually, to "lunch and learn" conferences with FCCBH prescribers.

FCCBH will provide staff to train law enforcement and probation as part of the annual tri-county Crisis Intervention Team (CIT) Training. FCCBH staff will also provide clinical staff time to organize and schedule these week long training sessions.

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

Mental Health First Aid will be offered to local community groups by a FCCBH staff members certified in this curriculum. Efforts to train our tri-county community members in MHFA will be increased over the next year.

FCCBH staff will continue to participate and provide consultation in identifying a target population for the HOPE SQUAD Suicide Prevention Coalition. FCCBH prevention staff will assist in organizing trainings for the QPR Gatekeepers to fulfill their community training commitment for suicide prevention.

FCCBH was awarded a Suicide Prevention Grant through DSAMH ended October 1st, 2020. However, FCCBH will continue to actively work educating Carbon and Emery communities with suicide prevention and postvention efforts.

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

No significant increase/decrease.

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$26,172	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$23,959	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,999	Form A1 - Actual FY21 Clients Served as Reported by Locals	

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

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

FCCBH contracted psychiatrists will be available to provide consultation to primary somatic care physicians who are working with youth and children with mental illness in all three counties. FCCBH contracted psychiatrists will also provide consultation to "Early Intervention" clients and service providers in all three counties, in addition to FCCBH employed licensed mental health therapists.

In each county FCCBH staff members will participate in the System of Care program, as a team participant, as a treatment provider, and in making referrals. FCCBH is an active part of the Local Interagency Council in each county.

The FCCBH children's services staff will provide training to the School Districts in all three counties periodically on topics including prevention, early intervention, Mental Health First Aid, suicide prevention/intervention/postvention, and other requested topics. Frequent consultation is also provided to school personnel and school officials by way of the SBEI intervention.

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

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
None
Describe any significant programmatic changes from the previous year.
None

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$23,975	Form A1 - FY23 Projected clients Served:	78
Form A1 - Amount budgeted in FY22 Area Plan	\$23,975	Form A1 - Projected Clients Served in FY22 Area Plan	78
Form A1 - Actual FY21 Expenditures Reported by Locals	\$25,194	Form A1 - Actual FY21 Clients Served as Reported by Locals	63

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

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female adult inmates in all three counties. FCCBH clinical staff members will provide emergency substance use disorder and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. Co-occurring mental health/substance use disorder treatment groups will be held weekly in each county jail. Inmates will be linked to outpatient services upon release from jail.

FCCBH licensed mental health crisis workers will provide suicide evaluations and crisis screenings to youth in the local youth detention center.

FCCBH has also increased our coordination efforts with the courts and jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. This has also included early intervention efforts with individuals encountering the Justice Court system in at least two counties. However, with JRI and JRC funding being cut, FCCBH was forced to discontinue some of these services in FY 20. Continued partnerships and ongoing discussions with stakeholders and partners working with the court compelled/JRI populations will be continued. FCCBH will continue to check in with the Jail and the Sheriff's office to make sure services are being provided when needed and as agreed to by FCCBH.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Anyone can attend the weekly group in the jail for males and females. FCCBH will attend to any crisis situation the jail has or is dealing with. FCCBH asks clients to participate in taking the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and

access to treatment.
Describe the process used to engage clients who are transitioning out of incarceration.
FCCBH has case managers and recovery support case managers who help those transitioning from jail back into the community. They are responsible to reach out to those FCCBH has seen in the jail and make sure they are getting the services they need to help them with the difficult transition they are making.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant increase/decrease.
Describe any significant programmatic changes from the previous year.
None

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$37,602	Form A1 - FY23 Projected clients Served:	129
Form A1 - Amount budgeted in FY22 Area Plan	\$34,422	Form A1 - Projected Clients Served in FY22 Area Plan	129
Form A1 - Actual FY21 Expenditures Reported by Locals	\$15,105	Form A1 - Actual FY21 Clients Served as Reported by Locals	129
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Outplacement interventions and services will be provided directly by FCCBH staff to SPMI clients to either divert hospitalization to decrease the chance of repeat hospitalizations, or to facilitate discharge from inpatient services. This includes interventions for clients who are currently placed at the Utah State Hospital. A portion of the outplacement services will be provided by contracted providers. Each clinic in the three county area will have an established and dedicated budget based upon community size and caseload, designated specifically for outplacement services. These services will cover a variety of creative interventions and may include almost anything to assist in stabilization and building recovery capital. FCCBH has staff assigned specifically to track clients being released from hospitals who require daily monitoring and limit setting. Additional interventions may include:arranging/contracting for placement in alternative environments/facilities to augment care requirements, temporary housing assistance during stabilization efforts following hospitalization,clinical treatments,travel arrangements,and other creative ideas to assist in stabilization. Inpatient</p>			

hospitalization can be very disruptive and difficult for clients and their families; case management, residential support and clinical team services are actively used for hospital diversion. All FCCBH clinical and residential staff members will be able to draw from this budget to support outplacement efforts. FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating discharge, and managing crises.

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

None

Describe any significant programmatic changes from the previous year.

None

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	

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

FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating hospital discharge and managing crises. Therefore, all youth hospitalized will have an outplacement plan as part of a request for a hospital stay and a dedicated liaison to facilitate it. When available, the wraparound family team will be convened within the first week of a child or youth being hospitalized and teleconferencing technology will be used to coordinate family and hospital team meetings.

FCCBH has an experienced LMHT who will attend all coordination meetings at Utah State Hospital and another experienced staff person to attend Children's Coordinator's meetings. These individuals will learn creative methods to develop outplacement opportunities for early return to the community by our youth.

Outplacement services will cover a variety of creative interventions and may include visits to and from family members, food, clothing, clinical services, medications, dental or physical healthcare, and/or assistance in the home. Outplacement services may include arranging/paying for placement in alternative environments/facilities to augment care requirements, minor modifications to the family's residence, temporary housing assistance for the family while the youth is stabilized on medication, companion animals, travel arrangements, and other creative stabilizing interventions.

Describe any significant programmatic changes from the previous year.

None

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$75,964	Form A1 - FY23 Projected clients Served:	160
Form A1 - Amount budgeted in FY22 Area Plan	\$88,330	Form A1 - Projected Clients Served in FY22 Area Plan	178
Form A1 - Actual FY21 Expenditures Reported by Locals	\$20,422	Form A1 - Actual FY21 Clients Served as Reported by Locals	140

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

The expansion of Utah Medicaid in April 2019, in combination with the expansion of Targeted Adult Medicaid (TAM) eligibility has dramatically changed the trajectory for previously unfunded/unbenefitted clients. FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area.. For those who do not qualify for Medicaid expansion or other state funded programs such as TAM, FCCBH will continue to provide unfunded services directly with employed staff. The typical unfunded adult client who is not SMI and not meeting FCCBH high risk criteria will receive an assessment, at least three individual sessions and, when indicated, and/or time limited group therapy. When deemed appropriate by the multidisciplinary treatment team, uncomplicated medication management is referred to the local FQHC. When necessary, medication management will be provided by FCCBH until treatment is progressing and medications are stabilized.

Unfunded clients who are SPMI and at high risk of need for a more restrictive environment may receive a full FCCBH continuum of services if needed, including targeted case management, personal services, psycho-social rehabilitation, as well as medication management and psychotherapy. Every effort will be to serve as many clients as possible by helping these individuals become eligible for expanded Medicaid, preserving remaining funding for those that are not Medicaid eligible.

FCCBH will provide medically necessary services to uninsured /under-insured, and SMI population, who may not be at risk of hospitalization but need services to return to a baseline level of functioning. At the same time, FCCBH will continue to loosen the criteria for use of the unfunded pool of resources to insure that high risk consumers do not need a more restrictive level of care.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area. FCCBH has designated eligibility specialists in each county to assist clients with understanding eligibility for Medicaid plans and helping individuals to get enrolled. In addition, FCCBH staff have combed through caseloads of open clients who are currently categorized as unfunded or underfunded in order to reach out and to inquire about willingness to enroll in a Medicaid program. This is not currently tracked.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant increase/decrease over FY23 budget.
Describe any significant programmatic changes from the previous year.
None

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$12,930	Form A1 - FY23 Projected clients Served:	13
Form A1 - Amount budgeted in FY22 Area Plan	\$15,587	Form A1 - Projected Clients Served in FY22 Area Plan	24
Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,419	Form A1 - Actual FY21 Clients Served as Reported by Locals	3

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

Self-referred unfunded children and youth in need of services typically receive an assessment and up to three individual or family sessions. If the child or youth has a serious emotional disturbance or if acuity dictates, the full FCCBH continuum of services will be made available. The youth and/or family may be seen at school or home as well as in the clinical offices. When indicated, a referral to a time limited group therapy may be used. Family sessions will be used rather than individual sessions whenever possible. When necessary, medication management will be provided by an FCCBH prescriber at the FCCBH clinic. When clinically appropriate, a referral may be made to the local FQHC.

All children/youth entering services as unfunded will be screened and referred for application for entitlements (i.e. Medicaid). If the child/youth does meet the criteria for such entitlements, case management services may be provided to assist the client's family in applying for them.

Unfunded clients may be eligible to receive any part of the FCCBH continuum of services. Wraparound services, including linking to informal supports, may be included in the treatment plan of an unfunded family or youth.

Unfunded children/youth deemed eligible for mental health services may also be referred to FCCBH through the school system, and may be treated using Early Intervention funding.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area over the past year.FCCBH has designated eligibility specialists in each county to assist clients with understanding eligibility of medicaid plans and helping individuals to get enrolled.In addition, FCCBH staff has combed through caseloads of open clients who are currently indicated as unfunded or underfunded in order to reach out and inquire about willingness to enroll in a Medicaid

program. This is not currently being tracked.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
The noted decrease in unfunded reflects a decrease in unfunded dollars as well as an effort at FCCBH to help those eligible for Medicaid to apply.
Describe any significant programmatic changes from the previous year.
None

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:		Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan		Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$425,620	Form A1 - Actual FY21 Clients Served as Reported by Locals	?

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

FCCBH will provide integrated health care monitoring by use of an outreach LPN position. The assigned employee will have a caseload of consumers requiring medically necessary behavioral health services at FCCBH and somatic health services through a local primary care physician. FCCBH also provided availability to a contracted, primary health APRN who will be an active member of the treatment team staffing co-occurring clients (with an active ROI). The somatic care APRN will serve Carbon and Emery County residents and will allow for quality, accessible primary somatic care for FCCBH consumers. Individuals presenting with somatic complaints are screened and referred to mental health services on the same campus.

The expense of the time used by the LPN in the outreach described here is budgeted in the medication management and targeted case management sections of the budget proposal.

In FY19, FCCBH joined community medical partners to embark on a tri-county educational campaign to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths. This effort was directed at educating professionals, primary care providers, pharmacists and families to expand access to naloxone (Narcan) and help prevent overdose deaths. Efforts around this will be continued in FY23.

In the past, FCCBH has used funding through Primary Care Grant efforts which has allowed for hundreds of no-cost MH and SUD assessments as well as general medical/dental care and services for those under 200% of the FPL. If accepted as a recipient of the grant, the increase will help remove funding barriers for individuals in need, and will be continued in FY23. If FCCBH is awarded this grant FCCBH is adding an extra effort to test clients for HIV and HEP C and provide referrals for those who test positive for treatment.

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

No change from FY23 budget.

Describe any significant programmatic changes from the previous year.

None

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$100,000	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals		Form A1 - Actual FY21 Clients Served as Reported by Locals	

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

FCCBH plans to provide mental health assessment and treatment services, case management, peer support and medication management services which will be provided directly by Four Corners. FCCBH will continue to administer the SIPs to those FCCBH feel need that level of assessment. FCCBH will continue to treat first episode psychosis with those who are identified through the SIP's as first episode psychosis. Carbon, Grand, and Maob clinics will continue with this process.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

N/A

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

N/A

Describe any significant programmatic changes from the previous year.

FCCBH decided to not take the FEP grant money due to the low demand of clients in our rural and frontier areas that fit criteria to be part of this program.

28) Client Employment

Sharon Cook

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

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

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

FCCBH will provide a number of services, supports and interventions to assist the consumer to achieve personal life goals through employment.

Transportation will be provided to and from employment. Lunch is provided in the clubhouse for those coming from a job. "Job support" will be provided through the clubhouse work ordered day and can include helping a consumer learn skills for a "supported employment" or a "competitive employment" position.

Each clubhouse program will have a Career Development and Education (CDE) unit. The CDE unit will connect members with community referrals and relevant resources, and help members with educational goals such as getting a GED or going back to school, getting a driver's license, temporary employment placements, transitional, supported and independent employment, staying employed and training/coaching members to needed job skills. Through clubhouse services, the consumer gets a competitive edge in obtaining and keeping competitive employment in the community.

The referral process for employment services and how clients who are referred to receive employment services are identified.

Those who suffer from mental illness will be qualified for these services. FCCBH identifies individuals who are wanting to be involved in a supported employment program and identifies this on their treatment plans. [Dual Diagnosis clients](#), [Mental health clients](#), and [SUD clients](#) have access to case managers that can assist with getting a client employed in the community with helping with resume building and interview building skills.

Collaborative employment efforts involving other community partners.

TE or Transitional Employment opportunities will be developed through staff assignments in the work ordered clubhouse day. These opportunities will allow consumers to step into the world of work on a temporary supported basis so as to manage stress and personal expectations realistically.

Community partners will offer "Group TE" opportunities on a given day each week where clubhouse members can work a few or several hours to earn money and structure their day. An annual "Employer Dinner" will be held in the clubhouse each year to honor competitive, supported and temporary employers who have contributed to assisting clubhouse members' return to meaningful work. In addition, a networking dinner is held every other month to network with potential TE employers as well as other community partners who do not know a lot about Clubhouse services. The Clubhouse staff members will give presentations to community groups, such as the Rotary Club, to educate and promote employment opportunities for members. FCCBH programs will facilitate consumer attendance at the various classes offered by DWS to enhance employment skills.

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

Employment of people with lived experience as staff through the Local Authority or subcontractors.

FCCBH will make every effort to employ consumers when appropriate. In Carbon and Grand Counties, FCCBH will employ consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

FCCBH recognizes that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. FCCBH understands that IPS has been extensively researched and proven to be effective.

FCCBH acknowledges the effectiveness of the IPS model and continuously trains using elements of the model. FCCBH is to help our clients find and retain employment in our Clubhouses. FCCBH currently is striving to include some of the elements of the IPS model into our employment services including when possible: client choice, assistance with support, coaching, resume development, interview training, and on-the-job support. Our employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible, are consistent with client preferences.

At present there are barriers to incorporating this model to fidelity within our center. As you know FCCBH is a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager to hospital diversion caregiver, among others. Sometimes rural funding and staffing patterns allow us to only fulfill a portion of a program, but FCCBH certainly does the best FCCBH can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide this model locally, and lack of local employment opportunities, FCCBH is prohibited from carrying out the model to fidelity.

Evidence-Based Supported Employment.

FCCBH is affiliated with the Utah Clubhouse Network but neither clubhouses are currently ICCD certified. Where possible FCCBH works to maintain fidelity to the clubhouse model which emphasizes employment and meaningful work as a major vehicle of recovery from SPMI. Temporary and supported employment opportunities are offered through both the New Heights clubhouse in Price and Interact in Moab. FCCBH realizes that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. FCCBH understands that IPS has been extensively researched and proven to be effective.

FCCBH recognizes the value of the IPS model and is interested in continued training in the elements of the model. FCCBH is committed to helping our clients find and retain employment in our clubhouses. FCCBH currently is striving to include some of the elements of the IPS model into our employment services including when possible; client choice, assistance with support, coaching, resume development, interview training, and on-the-job support. FCCBH employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible, are consistent with client preferences.

At present there are barriers to incorporating this model to fidelity within our center. As you know FCCBH is a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager

to hospital diversion caregiver- among a few. Sometimes rural funding and staffing patterns allow us to only fulfill a portion of a program, but FCCBH certainly does the best FCCBH can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide this model locally, and lack of local employment opportunities, we are prohibited from carrying out the model to fidelity.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

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

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

FCCBH plans to use the resources available through the Credible EHR system. FCCBH will use the DSAMH outcome items as well as others that FCCBH will create to identify and train to best practices among staff. FCCBH will have an interface between Credible EHR and OQ Analyst so as to reduce barriers to the use of OQ by clinic LMHT in individual psychotherapy appointments. In addition, FCCBH will increase its focus and initiatives around "Customer Service." Training targeted to this will be provided for all support staff in each of the clinics, for Program Directors and Supervisors, as well as for Administrative staff. Information will then be disseminated out to the remaining staff through team meetings and supervision. An executive walk through, focusing on customer service and quality of access to services will be conducted several times throughout the year. This will be continued in FY 23 even though it was removed as a mandate through the Division Directives.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

FCCBH offers the full spectrum of outpatient treatment for individuals suffering from mental illness and Substance use disorders. FCCBH has added several services and has increased contracted providers to accommodate growth and increased need. FCCBH does not have a waiting list and attempts to get individuals into services as soon as possible. FCCBH implemented many salary adjustments in FY22

and is currently undergoing an extensive salary survey that will result in a cost of living and several wage adjustments at the beginning of FY23. FCCBH has allowed directors to be flexible and creative with work schedules, especially around crisis services, to help reduce staff burn-out due to staff shortages and the additional workload. FCCBH partners with higher education to accommodate several internships in order to support and grow the internal and external workforce in the community.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).

FCCBH will maintain support of The HOPE Suicide Prevention Coalition in Carbon County, through continued membership. That coalition maintains oversight of training in the community as "QPR Gatekeepers" to assure that the training subsequent to the gatekeeper training is accomplished. FCCBH will disseminate the QPR process through the Gatekeeper network and SA prevention coalitions in the region's communities. FCCBH will continue to provide Mental Health First Aid training, for both adults and youth in all counties. A wide spectrum of community members have already been trained by FCCBH staff. FCCBH has a sustainable internal method for motivating and maintaining training of the Columbia-Suicide Severity Rating Scale (C-SSRS), enhancing consistency in the evaluation process across the three counties. In addition, the FCCBH internal suicide prevention committee continues to educate community medical partners on the importance of and effective use of the C-SSRS Screening version with clients seeking treatment for somatic complaints. FCCBH also plans to continue the tri-county educational campaign, initiated with local medical partners and law enforcement to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths.

FCCBH has been providing services to children, youth, and families exclusively within a separate building. This will allow children and families a trauma-informed environment while sitting in the waiting room, without the presence of large adult groups congregating for their own treatment activities.

FCCBH is involved in RAC meetings with SOC, DCFS, DJJS, and all other entities that serve you, children, and families.

Tracy Meeks who is over the supported living in Price attends the homeless Coordination Meetings whenever they are held in Carbon County. This committee has not met as much due to COVID. FCCBH also works closely with the circles program in Carbon County which helps individuals with becoming employable and getting to a place where they can afford housing.

Describe how mental health needs for people in Nursing Facilities are being met in your area

For many years, FCCBH has provided clinical treatment services to individuals residing in the 4 local nursing facilities in the tri-county area, offering the full continuum of MH and SUD services. In addition to MH and SUD needs, FCCBH also provides support to the nursing facilities by providing crisis intervention, 24 hours a day, 7 days a week.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

FCCBH has been utilizing telehealth based services for many years as means of bringing top-quality psychiatrists to the area. Due to this experience, FCCBH has expanded telehealth services in a variety of other ways, including providing Designated Examiner (DE) assessments (with permission from

DSAMH) to areas without certified examiners, providing assessments (both initial and emergency) for clients in counties that may be underemployed, providing supervision to clinicians working towards licensure, participating in training, assisting with staff meetings, and for many other treatment and quality purposes. In FY 23 FCCBH will continue to provide all services over telehealth. FCCBH will ask clients to have a camera and microphone on and if they do not they will need to come in for services. FCCBH wants to make sure they are gaining from treatment as they should be. FCCBH asks clients to participate in the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

FCCBH has been training clinicians specializing in youth and family treatment in early childhood needs for many years. This includes attendance at all of the DSAMH-hosted training for early childhood development and treatment, as well as partnering with local head start programs.

In FY 22, FCCBH was given money from the OSUMH to train staff and clinicians in the community on diagnosing children ages 0-5 year old. FCCBH was awarded the money late in the fiscal year but has a training set for June 2022.

With regards to maternal mental health needs, FCCBH participated in the expansion of the SUPeRAD program, initiated by the University of Utah, to the eastern region. This program was designed to reach pregnant women who are struggling with Opioid Use Disorder (OUD) receive needed treatment while supporting a healthy pregnancy and birth. Four Corners continues to participate in SUPeRAD efforts through referral to Eastern Utah Women's Medical Clinic for pregnant women meeting criteria, as well as providing treatment services to those women at FCCBH clinic locations.

FCCBH has a designated mental health clinician to specialize in the area of maternal mental health. This clinician works closely with the Southeastern Utah Health Department in offering support, guidance, resources, referrals and anything else that might be helpful for pregnant and postpartum women struggling with OUD challenges.

In FY 22, FCCBH consolidated all medical services and services to children, youth and families in Carbon County into one location. Maternal mental health and early childhood mental health services are a focus within that location.

Other Quality and Access Improvement Projects (not included above)

30) Integrated Care

Pete Caldwell

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

In the coming fiscal year, FCCBH will continue to provide, through contract, a co-located LMHT to the Green River Medical Clinic (FQHC). Administration staff will continue to assess utilization and intensity of services being provided in the area, in order to plan for and accommodate ongoing needs.

FCCBH will continue to provide services to unfunded/underfunded clients through the State Primary Care Grant (if awarded in FY 23). These services will include access to substance use and mental

health treatment services, access to somatic care services, access to testing and treatment for HIV and HEP C, and access to dental care.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

FCCBH is developing a process for enhancing existing assessments to include more robust information around somatic health needs. FCCBH will provide training to LMHT's in recognizing physical health concerns and provide referrals to their primary care provider or linking them to a partnering health provider.

All LMHT's at FCCBH assess for mental health and substance use needs with every initial intake. Licensed SSW's will provide TBS and TCM services to both mental health and substance use disorder clients.

Recovery support services will be addressed and assessed during intake and indicated needs will be referred to the FCCBH recovery coach/case managers to deliver resources. Staff will use a Recovery Capital model when assessing clients, focusing on four main areas: social, physical, human, and cultural.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

FCCBH will provide co-occurring services to individuals who are court-ordered to substance use disorder treatment, and others who have been identified in assessment to have a co-occurring mental health disorder. Using an LMHT to facilitate group therapy sessions devoted to mental health issues, such as depression and anxiety, FCCBH will enable an individualized *whole person* treatment process. A Level II Intensive Outpatient Program requiring 9 hours/week for adults and 6 hours/week for youth allows for the client to receive a variety of interventions from providers specializing in different areas. Some of these interventions may include wellness education. It may also include intensive case management services to assist in a variety of wellness areas, including assistance with gaining resources around health testing, treatment of diseases, harm reduction strategies, and other health related resources. These services are offered to adults, youth, children, and families. Youth in transition are a targeted population for providing resources around improving and maintaining good wellness.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

FCCBH works closely with the health department in providing training for HIV, TB, HEP C, and other physical ailments. The FCCBH intake inquires about each client having a current treating primary care physician and whether contact with that physician is consistent. If not, the client is encouraged by staff to reach out to their primary care provider for general prevention or other reported health concerns. If a client reports not having a primary care provider, FCCBH will help the client access that resource. Sometimes these clients will fit criteria for State Primary Care Grant services and will be referred to those partnering providers. Four Corners has case managers and peer support specialists that are comfortable working with youth in transition and will help them in accessing health and wellness services provided in the area. Consideration is made around whether the youth has insurance and/or the ability to pay for services. Unfunded/Underfunded youth will be referred to locations that provide a

sliding scale fee or a partnering grant provider.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

FCCBH will offer discreet tobacco cessation classes in all of the clinics. Also, sections of TBS groups provided, as part of Level II Treatment, will contain information about quitting tobacco and the health benefits around doing so. Recovery-Plus is a celebration of recovery. It is a process that recognizes that each of us is in a state of continuous growth and development. A peer support specialist and peers who have quit tobacco will be facilitated in telling their story of recovery from addictive behaviors. When possible, peer support specialists will be trained to run smoking cessation classes.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

FCCBH has always provided services to any individual needing mental health services. This includes individuals with co-occurring mental health and autism and other intellectual/developmental disorders. FCCBH has strong working relationships with organizations in each of the areas who serve individuals with intellectual/developmental challenges, such as Chrysalis, TKJ, RISE, NES and many others. FCCBH works with those agency staff members to facilitate assessments, appointments, crisis services and any other needs that may arise for a mental health intervention. Individuals who are needing assessment for autism may be provided a mental health assessment by an LMHT in any of the clinics. If the individual is diagnosed with autism and requires specialized treatment, a referral will be given for providers certified in providing autism specific treatment. Mental health needs with individuals and families may still be provided through FCCBH. The FCCBH agency contact addressing IDD/MH work is Kara Cunningham.

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support 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. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

FCCBH partners with System of Care in the eastern region to provide high fidelity wraparound for clients indicating that level of service. Four Corners staff may also refer targeted children and families to the SMR program with the intention of enhancing early intervention needs and maintaining home placement of youth.

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

See above

Describe any significant programmatic changes from the previous year.

None

**Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement?
YES/NO**

Yes

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

For years, FCCBH has supported an organizational value of providing a mobile crisis response with a licensed MHT, 24/7, to any setting that FCCBH were dispatched to for the purpose of mental health evaluation. In FY 20, FCCBH joined the movement in supporting a state-wide crisis hotline, through the University of Utah Neuropsychiatric Institute. This partnership has been in place in the tri-county area since August 2019. In early 2020, FCCBH was offered funding through DSAMH to begin implementation of a formal Mobile Crisis Team. In FY 21 an MCOT team was implemented across the agency in all three counties.

In FY 22, FCCBH began implementing SMR services in all three counties.

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

None

Describe any significant programmatic changes from the previous year.

None

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

None

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the *School-Based Behavioral Health* activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

FCCBH will offer School Based Mental Health Services in elementary schools, middle schools/junior high schools, high schools, and charter schools in all three counties. Over the past couple of years, however, some schools have chosen not to take part due to legislation that has allowed schools to hire internal behavioral health providers. Within the schools currently being served, the following services are being provided by a LMHT (and when appropriate a case manager): Diagnostic assessment, treatment planning, individual therapy, family therapy, group therapy, group skills development, case management, and other identified needs. The LMHT will also be available for consultation and care coordination with school personnel and parents. Referrals will be accepted for all children and youth endorsing mental health and substance use needs. Services will primarily be provided at the school,

but may take place at the clinics at a parent's request. Intake paperwork, including consent to treat and appropriate ROI, will be completed by the parent at the school. Referrals to SOC and SMR will be made where barriers may exist to parental involvement in the child's treatment. Each school has agreed to host wraparound family team meetings as appropriate to track the child's progress and identify further resources to support success. In these ways, FCCBH intends to support family involvement in treatment.

Up to this point, FCCBH has not utilized telehealth to meet the needs at the local schools. However, this will be considered in order to provide more services throughout the counties.

Also, for summer youth groups, FCCBH has partnered with staff at the local juvenile detention center to expand services throughout Carbon and Emery County. This partnership is planned to continue for FY 23 in Carbon County.

Outcome measures will evaluate changes in academic grade point averages, changes in absenteeism, DIBLES testing, and OQ scores. School behavioral records will be tracked by the school counselor. Youth Outcome Questionnaires (YOQ-30) will be administered to all parents/students at least monthly to obtain feedback on behavioral improvement.

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

None

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

None

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

1) Changes in academic grade point averages
2) DIBELS -The three DORF (Fluency, Accuracy, Retell) scores
3) Changes in absenteeism
4) Youth Outcome Questionnaires (YOQ-30PR)
The quarterly reporting should be sent to Kara Cunningham, Clinical Director-Kcunningham@fourcorners.ws

34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

In FY 18, FCCBH applied for and received a suicide prevention grant through the DSAMH. This grant allowed us to hire a grant coordinator to provide outreach services, caring contacts, education to the community, collaboration with local businesses and many other functions that have likely decreased rates of completed suicide in Carbon and Emery Counties. In addition, this grant allowed for unfunded individuals struggling with depression and co-occurring suicidal challenges to be provided individual therapy and other necessary clinical services at no cost. This grant ended in September, 2020. However, FCCBH has remained committed to continuing many of the positive aspects the grant brought to the communities, such as low cost or no-cost services for unfunded clients, outreach efforts, and providing education to the community. Many efforts have been discussed and made so that these activities may be sustained and FCCBH keeps prevention and postvention efforts going.

FCCBH continues to be a proactive member of the HOPE Suicide Prevention Coalition in Carbon County. FCCBH participates as members of these and other local coalitions and will participate in co-hosting suicide prevention programs, community education night, and/or providing Mental Health First Aid to anyone in need to training.

FCCBH has an established internal Zero Suicide inspired committee that has been identified as the Safe Squad. This committee consists of a chair and representatives from each clinic/team who currently meet periodically to oversee and make recommendations around prevention, Intervention, and postvention improvements. One of the well received efforts coming from the Safe Squad is the development of a 3x5 notecard format for safety plans that individuals in crisis can fill out with the crisis responder to keep with them for future reference. There is a system put into place in which everything the clients write on their 3x5 safety plan will be copied into their EHR. As well, more timely outreach efforts were put into place to ensure all crises responded to were contacted again between 1-5 days following the initial crisis.

FCCBH continues to provide effective evidenced-based practices for preventing suicide, such as motivational interviewing and CBT. FCCBH also maintains continuous training efforts around the administration of the Columbia-Suicide Severity Rating Scale (C-SSRS) for all staff.

FCCBH LMHTs will continue to be trained and monitored around the use of a "Crisis and Safety Plan" that is incorporated into the EMR, is printable, and includes the following elements:

1) Risk Concerns, 2) Safety Precautions, 3) Communication with Others, 4) Interventions, 5) Parent's and Family's Concurrence with and Involvement in the Decisions Made, and 6) Protective Factors.

A printable safety plan will be developed with the client presents and will include the following:

1. Warning Signs (what triggers distress), 2) Internal Coping (things I can do to feel better), 3) Social Contacts (list of people I can contact to distract me from distress), 4) Professional and Agency Contacts (list of professionals who can help), and 5) Reasons for Living.

Postvention: Follow-up with clients endorsing suicidality are expected to be done within 24-48 hours of the initial intervention. This may be done by any assigned FCCBH staff. In addition, clients seen in crisis are encouraged to follow up with an appointment at FCCBH the next day in order to continue assessing risk. FCCBH makes available open access services to family and friends of an individual who has completed suicide. FCCBH also makes available open access service to first responders who have been involved in a situation around someone who has completed suicide. FCCBH provides crisis stress debriefing intervention for first responders as such is requested by supervisors.

The FCCBH Mobile Crisis Outreach Team (MCOT) allows for both intervention and postvention efforts for individuals struggling with a mental health emergency.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

- 1. Suicide Prevention 101 Training**
- 2. Safe & Effective Messaging for Suicide Prevention**
- 3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

FCCBH Directors in Emery County and Carbon County are trained in MHFA and one of FCCBH case managers at the Carbon clinic is trained in Suicide prevention 101 training, Safe and Effective Messaging for Suicide Prevention. FCCBH also has a therapist that is trained in MHFA. She works in the Emery County Office. FCCBH had more staff trained that have since left. FCCBH has identified two other people who will be trained in these modalities.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

FCCBH provides all MH crisis services for both local hospitals (which serve all three counties) in Carbon and Grand Counties. When patients are seen at the E.R and determined to be in a mental health crisis, 24 hour MCOT workers are contacted. A thorough evaluation is completed and then a plan is established. Patients may be moved into a higher level of care (i.e. inpatient hospitalization) or a plan for safety will be created, including follow-up services with both the patient and a family member/support person. Medical providers are included throughout the process. Four Corners monitors clients that are clinically determined to be "high risk" and will conduct additional assessments in their clinical charts to review whether additional or remedial intervention may be needed. In addition, the QAPI committee will continue with its goal to place a clinical notation in the electronic health record specifying that the case is "high risk" and provide enhanced monitoring and governance of these specific cases. Also efforts around improving outreach, following a crisis with indicated need, is made. Focusing on this effort more closely has proven beneficial for getting higher compliance around engaging individuals struggling with suicidal ideation into services.

When FCCBH is notified of a suicide death with a recent or active client in any of the three counties, the Office of Licensing is notified. A fatality review will be conducted through the internal QAPI committee. Education will be provided to clinicians involved in the case around findings, areas of praise, and well as areas of improvement. However, statistically individuals completing suicide generally (but not always) have not touched the behavioral health system prior to their death. In that case, attempts will be made to reach out to the family for support and other community partners for further work in identifying community members who are not connected to services.

In Carbon County one of the therapists runs a grief group for death by suicide and death by overdose. She has arranged for the U of U to come to Carbon County and train clinical staff in the Carbon County area on their grief program. This will take place on June 15, 2022.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and

Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

N/A

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involving clients and how do you address reducing criminal risk factors?

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

The focus of FCCBH services will be on effective screening, engagement and retention into evidence-based treatment services and supports. The screening and assessment process, including use of the LS-RNR and DUSI-R tools, allows for the distinction between high risk and low risk individuals, and a treatment service plan to eliminate mixing these populations will be established. For this population, the full continuum of FCCBH services and care may be utilized to stabilize and treat.

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

Treatment: FCCBH staff involved in the JRI effort will be trained and provide evidence-based treatment interventions including but not limited to Moral Reconciliation Therapy, Motivational Interviewing, REBT, and other curricula for decreasing criminal thinking. For persons with serious and persistent mental

illness, community stabilization may be provided to all clients in the tri-county area by way of transition beds located at the Friendship Center in Carbon County and at the Willows in Grand County. These units are utilized, when suitable, as an alternative to incarceration and/or inpatient psychiatric hospitalization. A Housing First model will be used. Clients supported by the JRI will be able to access resources including case management, residential treatment, MAT services, Naloxone kits and other services as clinically indicated.

Describe how clients are identified as justice involved clients

Any client referred by the court system would be included in the JRI population that FCCBH serves. All those clients will be administered either the DUSI or the LS/RNR.

How do you measure effectiveness and outcomes for justice involved clients?

Recovery Support: FCCBH will provide recovery support services to JRI individuals, specifically focusing on building 4 main areas of Recovery Capital: social, physical, human, and cultural. An assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement. Engagement in treatment will be measured at discharge wherein clinicians will indicate the extent to which treatment goals were met or not met, or a summary indicating why the client dropped out of services. The SURE tool will also be used to provide data on outcomes.

Identify training and/or technical assistance needs.

More training and access to risk screening tools to separate risk levels. More training on EBP specific to justice-involved clients.

Identify a quality improvement goal to better serve justice-involved clients.

Continue to expand mental health court.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

FCCBH provides a liaison in all three counties to meet with AP&P twice a month to staff client needs and what FCCBH can do as agencies to help this specific population be more successful. Seventh District Court has developed a once a month check in for this specific population to meet with the local judges. This was established back when FCCBH was holding JRI monthly meetings.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

FCCBH takes part in the Table of Six meetings where all of these agencies get together and discuss ideas and ways to help this population.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

N/A

37) Required attachments

- **Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.**
- **List of evidence-based practices provided to fidelity.**
- **Policies for improving cultural responsiveness across agency staff and in services.**
- **“Eliminating Health Disparity Strategic Plan” goals with progress.**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Four Corners/Carbon
we

Instructions:

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

1) Early Intervention

Program Manager

Holly Watson

Form B - FY23 Amount Budgeted:		Form B - FY23 Projected clients Served:	
Form B - Amount Budgeted in FY22 Area Plan		Form B - Projected Clients Served in FY22 Area Plan	
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
FCCBH provides DUI screening and substance use disorder assessments in all outpatient clinics. Based on the results of the screening assessment, it is determined whether the client will move forward with the DUI course or receive a more intensive assessment. The state mandated DUI course, Prime For Life, is offered by FCCBH throughout the year in all three counties. If further assessment is needed the client will be further assessed by a mental health clinician to determine what further course of treatment is needed. FCCBH also offers outpatient substance use disorder treatment and intensive outpatient treatment at all three main county clinics, if that is the level needed.			
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.			
The Prime For Life course is available for both youth and adults. FCCBH will provide this course to youth who are determined to benefit from this level of education. FCCBH also provides other evidence-based programs, such as Matrix when level I, outpatient treatment is indicated. FCCBH also provides a full spectrum of treatment for youth including Intensive Outpatient treatment and contracted services for Inpatient treatment, if necessary.			
Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.			
FCCBH works closely with JJS and Juvenile Probation attending monthly Probation/ Agency meetings and quarterly Table of Six meetings to staff cases and get new referrals for youth who are in need of treatment services. FCCBH goes into the schools, JJS, youth probation and does crisis services using brief motivational			

interventions.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

FCCBH has clinical staff and case managers who are required to outreach clients every 30 days when there has been no contact. FCCBH works closely with schools, JJS, and juvenile probation to make sure there are services available for any youth struggling with mental illness and/or substance use disorder issues.

Describe efforts to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

FCCBH has placed into each clinic a Medicaid Navigator who helps those who qualify to sign up for public insurance. FCCBH will refer youth who have private insurance to a provider covered on their insurance plan. If a youth with private insurance comes through on a crisis intervention, FCCBH will make sure the youth is stabilized and then refer them to a provider covered by their insurance. FCCBH works with DWS to make sure clients are getting their benefits on time and the correct insurance.

Describe activities to reduce overdose.

1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

FCCBH actively works with the health department and Utah Naloxone to assist with setting up training for staff and community members around identifying overdose and how to administer Naloxone in the event of an overdose emergency. FCCBH has also trained contracted medical providers who also are able to train staff members and clients on the use of Naloxone. FCCBH also uses funds to purchase many Naloxone kits every year and ensures through frequent contact with facility directors that they are supplied in each building and vehicle. In addition, FCCBH staff are asked to provide Naloxone kits with instructions to anyone coming into services via emergency, crisis, assessment, or other method who report Opioid use with themselves or a family member. Many kits are distributed during initial assessment of new clients or during crisis interventions.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Shanel Long

Form B - FY23 Amount Budgeted:		Form B - FY23 Projected clients Served:	
--------------------------------	--	---	--

Form B - Amount Budgeted in FY22 Area Plan		Form B - Projected Clients Served in FY22 Area Plan	
Form B - Actual FY21 Expenditures Reported by Locals	\$300	Form B - Actual FY21 Clients Served as Reported by Locals	2
<p>Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p>			
<p>FCCBH will not provide these services directly. FCCBH will work with clients and their families to find a placement that will work with their insurance provider, financial situation, etc. when this is clinically indicated. Prior to entering into short term treatment, FCCBH will provide clients with a full substance use disorder and mental health assessment, in accordance with the ASAM dimensions, including the MAST, SASSI or other instruments. Due to funding barriers, unfunded clients who may benefit from detoxification services will be linked up to their primary care provider and or the local FQHC for DETOX recommendations and treatment. FCCBH also works with the integrated medical clinic, Eastern Utah Women's Health to refer clients who may be eligible for outpatient detoxification protocols. If the client is at immediate health risk due to detoxification from a substance, they will be referred to the closest emergency department for evaluation. FCCBH has a close working relationship with the Castleview Hospital detox unit and Moab Regional Hospital to ensure detox protocol and help those clients coming out of Detox.</p> <p>FCCBH will refer for social detox services when clinically appropriate and cover the cost of FCCBH Medicaid clients when provided by a contracted provider.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
None			
<p>Describe any significant programmatic changes from the previous year.</p>			
None			
<p>If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?</p>			
<p>FCCBH does not provide this level of care at our facilities. Individuals seeking detoxification from substances are referred to hospitals as indicated by their insurance. Individuals utilizing detoxification services pay for that through private insurance benefits. Individuals on Medicaid may utilize this service through their primary healthcare Medicaid benefit. Due to funding barriers, unfunded clients who may benefit from detoxification services will be linked to their primary care provider and or the local FQHC for DETOX recommendations and treatment. If the client is at immediate health risk due to detoxification from a substance, they will be referred to the closest emergency department for evaluation. Castleview Hospital has recently opened up a Detox Unit. Moab Regional Hospital also works with clients in need of detox services..</p>			

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

Shanel Long

Form B - FY23 Amount Budgeted:	\$136,495	Form B - FY23 Projected clients Served:	15
Form B - Amount Budgeted in FY22 Area Plan	\$132,935	Form B - Projected Clients Served in FY22 Area Plan	17
Form B - Actual FY21 Expenditures Reported by Locals	\$89,026	Form B - Actual FY21 Clients Served as Reported by Locals	22

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

FCCBH will not provide these services directly. FCCBH will contract with and refer adult clients to the following agencies for this service; House of Hope (Provo and SLC), Odyssey House, First Step House, and Weber Residential. Other residential facilities may be utilized with a single case agreement. Youth residential need is generally low and will be determined on a case by case basis. In addition, it will include communication from other community partners involved with the youth. If a youth is in need of that level of care, FCCBH will seek out a residential placement for the youth and work out a single case agreement to ensure the youth is receiving the appropriate level of care.

Prior to entering into residential treatment, FCCBH will provide clients with a full substance use disorder and mental health assessment, in accordance with the ASAM dimensions, including the SASSI or other instruments.

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

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

No significant increase/decrease over FY22 budget.

Describe any significant programmatic changes from the previous year.

None

4) Opioid Treatment Program (OTP-Methadone)

VaRonica Little

Form B - FY23 Amount Budgeted:	\$961,129	Form B - FY23 Projected clients Served:	150
Form B - Amount Budgeted in FY22 Area Plan	\$926,000	Form B - Projected Clients Served in FY22 Area Plan	160

Form B - Actual FY21 Expenditures Reported by Locals	\$566,806	Form B - Actual FY21 Clients Served as Reported by Locals	99
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.			
<p>FCCBH received SAMHSA and STR grant funding, and joined with the non-profit agency, Project Reality, to create an Opioid Treatment Program (OTP) to serve individuals in the tri-county area who are in need of general Methadone and MAT services. Operation Recovery is now completely under the FCCBH umbrella of services and is serving over 140 individuals at the Carbon County location. FCCBH expanded OTP office hours and transportation routes in April, 2021 and the number of individuals served has increased by 20 clients. A full spectrum of services are provided to individuals participating in MAT programming including medication management, peer support, case management, individual and group therapy, and much more. Individuals interested in receiving MAT services are never turned away due to lack of funding. FCCBH has a Medicaid eligibility specialist in-house that can assist clients with enrolling in Medicaid. Those that don't qualify will be supported with grant funding to ensure their ability to participate in the program. FCCBH no longer has the SAMHSA grant money. FCCBH is billing insurances to include Medicaid and Medicare and some private insurance. FCCBH has a sliding fee scale for those who do not have insurance. Once again FCCBH will never turn clients away. FCCBH will help those clients get signed up for insurance if possible.</p> <p>In addition to formalized treatment, FCCBH provides education to clients and their families around Medication Assisted Treatment options. FCCBH also provides Naloxone education and training, as well as assistance in accessing the medication, to clients, families, friends, and significant others.</p> <p>For the Grand County area, FCCBH has partnered with Moab Regional Hospital and their addiction specialist, Dr. Lauren Prest, to support individuals with SUD who would benefit from medication assisted treatment. Dr. Prest has been incredibly involved and supportive in the development of an enhanced MAT program for Grand County Residents. FCCBH hopes to find a way to bring mobile Methadone treatment in the future to the three counties for those individuals that would best benefit from that type of medication. In Grand County, MRH did receive some funding and will be providing a mobile methadone clinic.</p> <p>FCCBH has offered to partner with local law enforcement and first responders in all three counties to distribute Naloxone kits to all law enforcement officers and first responders. This is an important effort in reducing overdose deaths, by providing kits to those first responders on the scene of an overdose.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>FCCBH expects a significant increase in funding due to an increase in requested services for this area. FCCBH expanded operating hours and transportation routes for OTP services in April, 2021 to allow for more individuals to receive this service.</p>			
Describe any significant programmatic changes from the previous year.			
None			

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

Form B - FY23 Amount Budgeted:	\$114,886	Form B - FY23 Projected clients Served:	50
Form B - Amount Budgeted in FY22 Area Plan	\$111,890	Form B - Projected Clients Served in FY22 Area Plan	40
Form B - Actual FY21 Expenditures Reported by Locals	\$70,606	Form B - Actual FY21 Clients Served as Reported by Locals	97
Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>FCCBH currently has a number of in-house prescribers certified and licensed to prescribe office-based Opioid Treatment medications such as Vivitrol, Naltrexone, and Buprenorphine. When appropriate, these clients will be served in Emery, Grand, and Carbon Clinics. If the client has insurance that encourages a preferred provider other than FCCBH, a referral will be made. When clients' MAT needs are more complicated or Methadone specific, FCCBH may refer them to the OTP clinic for evaluation.</p> <p>For the Grand County area, FCCBH has partnered with Moab Regional Hospital and their addiction specialist, Dr. Lauren Prest, to support individuals with SUD who would benefit from medication assisted treatment. Dr. Prest has been incredibly involved and supportive in the development of an enhanced MAT program for Grand County Residents. FCCBH hopes to find a way to bring mobile Methadone treatment in the future to the Grand County area, for those individuals that would best benefit from that type of medication. FCCBH will be contracting with Moab Regional's methadone clinic to provide MAT services for clients with medicaid. They have received funding through SAMHSA to set up their clinic and FCCBH will contract directly with them to provide Methadone dosing services to FCCBH clients and those who have Medicaid. FCCBH will continue to provide the SUD and Mental health treatment services for those clients receiving MAT through Moab Regional.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease over FY22 budget.			
Describe any significant programmatic changes from the previous year.			
Increased providers available to provide this level of service.			

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Form B - FY23 Amount Budgeted:	\$871,024	Form B - FY23 Projected clients Served:	334
Form B - Amount Budgeted in FY22 Area Plan	\$849,022	Form B - Projected Clients Served in FY22 Area Plan	345
Form B - Actual FY21 Expenditures Reported by	\$1,030,833	Form B - Actual FY21 Clients Served as	359

Locals	Reported by Locals
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.	
<p>SUD services will be offered to community members with admission priority given to: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others in need of SUD treatment. FCCBH will provide outpatient, non-residential services directly in FCCBH outpatient clinics. All individuals requesting services will be referred to the local health department to be screened for HIV-AIDS, Hep C, and TB. Prior to entering treatment, clients will receive a complete SUD and MH assessment. <i>At the time of assessment, the client may be asked to complete one or more screening/assessment tools, including (but not limited to) the SASSI, DUSI-R, ACE, LS/RNR. Level of care (and progression of care) will be determined and provided in accordance with the ASAM placement criteria.</i> All personal recovery plans will be developed according to collaborative person-centered planning, and will be reviewed and modified according to the individual level of care required. Recovery teams will regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care. The FCCBH adult substance use disorder services will use multifaceted level I and II programming approaches ranging from 0.5 hours to up to 9 hours per week. Treatment programs and recommendations are individualized for each client, accommodating specific recovery needs and medical necessity. Initial treatment recommendations are derived from the initial assessment, though treatment recommendations may be modified, adjusted, or added to at any point in the client's program to fit individual needs. Program options address (but are not limited to) individual therapy (addressing substance use and co-occurring mental health disorders, marriage/family therapy, parenting skills, codependency concerns, trauma-focused treatment, and other recommended psycho-educational courses. Case management and recovery coaching will be offered to assist clients with stabilization, accessing basic resources and with setting and maintaining future life goals. All programs include evidence-based models for treatment such as MI, MRT, Matrix and many others. Trauma-informed, gender-specific treatments are available to all clients and are incorporated in all Level I and Level II programming. All educational and program materials will be based upon evidence-based treatment programming. Interim services (limited treatment) will also be made available. Screening of physical healthcare needs will also be completed as part of the client assessment. Referrals for primary health care needs will either be referred out, provided by the in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. FCCBH will be offering hybrid treatment options for groups and all other appointments. Clients will have the option to do treatment over telehealth or in person. Clients will be required to have a working camera and microphone for all Substance use groups and all individuals.</p>	
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	
None	
Describe any significant programmatic changes from the previous year.	
None	

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

Shanel Long

Form B - FY23 Amount	\$389,837	Form B - FY23 Projected	191
-----------------------------	-----------	--------------------------------	-----

Budgeted:		clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$379,675	Form B - Projected Clients Served in FY22 Area Plan	191
Form B - Actual FY21 Expenditures Reported by Locals	\$357,358	Form B - Actual FY21 Clients Served as Reported by Locals	163

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

Priority for treatment will be in the following order: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others. FCCBH will provide these services directly. Upon entering treatment, FCCBH will provide clients with a full substance use disorder and mental health assessment. At the time of assessment, the client may be asked to complete one or more screening/assessment tools, including (but not limited to) the SASSI,DUSI-R, ACE,LS/RNR. Level of care (and progression of care) will be determined and provided in accordance with the ASAM placement criteria. All recovery plans will be developed according to collaborative Person-Centered Planning, and will be reviewed and modified according to the individual level of care requirement. Also,during the assessment, each client's readiness to engage in treatment is assessed and preliminary or interim services (i.e., limited treatment, with a heavy emphasis on case management and recovery coaching) is provided to those in that stage of recovery. Interim/limited treatment services will also be made available. FCCBH will provide the full continuum of individualized treatment with clients being placed in the appropriate level of care and adjusted to meet each individual's ongoing clinical need. Recovery teams will regularly review client progress and status in treatment, and jointly recommend the appropriate movement through the levels of care. Clients may be sorted upon the basis of risk and need, grouping with other clients with similar needs. A variety of evidence-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 resistant 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 to resources. All educational and program materials will be evidence/research based. The outpatient program will include a women-specific treatment component. FCCBH will provide transportation to services for pregnant women, or women with children, when needed. When medically necessary, clients will be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance use disorder. Screening of physical healthcare needs will also be completed as part of the client assessment. Referral for primary health care needs will either be referred out, provided by the in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. Also, Naloxone education and training will be provided to individuals, families and others who may benefit from receiving the medication. Assistance with obtaining the medication will also be provided. Program services will include: individual, couples, family and group therapy; individual and group therapeutic behavioral services; psycho-education classes; case management services as needed; and urinalysis. There is a strong family support component built into our programming, provided to the clients at a specific point in their treatment for maximum effectiveness. FCCBH will be offering hybrid treatment options for groups and all other appointments. Clients will have the option to do treatment over telehealth or in person. Clients will be required to have a working camera and microphone for all Substance use groups and all

individuals.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
None
Describe any significant programmatic changes from the previous year.
None

8) Recovery Support Services

Thom Dunford

Form B - FY23 Amount Budgeted:	\$302,490	Form B - FY23 Projected clients Served:	155
Form B - Amount Budgeted in FY22 Area Plan	\$293,897	Form B - Projected Clients Served in FY22 Area Plan	180
Form B - Actual FY21 Expenditures Reported by Locals	\$46,882	Form B - Actual FY21 Clients Served as Reported by Locals	74

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
<https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf>

Based upon individual need and choice, FCCBH Recovery Coaches will act as strengths-based advocates supporting any positive change, helping individuals to avoid relapse, build community support, or to assist with life goals not related to addiction, such as relationships, work, education, etc. Recovery coaches are available in each county. Recovery coaching is action oriented with an emphasis on improving present life situations and laying the groundwork for future goals. FCCBH Recovery Coaches will assist clients in accessing recovery supports. Recovery supports may include education, child care, vocational assistance, and other non-treatment services that foster health and resilience, increase permanent housing, employment, and education. Other necessary supports include securing public or private health insurance, and reducing barriers to social inclusion. FCCBH also will provide housing support (when funding is available) through deposits for housing and one-time rental payments to help clients obtain and/or keep housing, within appropriations. This is considered helping the individual build "Recovery Capital" during treatment. In addition, FCCBH will promote and support the informal network of recovery support in the tri-county area. Recovery support meetings will be led by peers and offered rent-free in a dedicated space at the FCCBH clinical offices in Grand and Carbon Counties. This will reduce a barrier to those wishing to participate in this recovery activity. Other opportunities to attend recovery support meetings within the community will be supported by FCCBH programming and staff, providing the support meeting follows an organized program (i.e., AA, NA, RR) or other approved recovery support activity as part of their personal recovery program. FCCBH will provide deposits for housing, one-time rental payments, dental, vision, and physical health payments, and other creative supports to reduce barriers to social inclusion

through the use of Drug Court Recovery Support funding. Recovery awareness month will be celebrated to promote recovery awareness in all three counties.

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

No significant increase/decrease over FY22 budget.

Describe any significant programmatic changes from the previous year.

None

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Form B - FY23 Amount Budgeted:		Form B - FY23 Projected clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$	Form B - Projected Clients Served in FY22 Area Plan	
Form B - Actual FY21 Expenditures Reported by Locals	\$	Form B - Actual FY21 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>FCCBH, in partnership with USARA, supports two SUD peer support positions; one in Grand County and one for Carbon County. This has created an opportunity for the FCCBH region to have peer support positions dedicated to the local regions. These peer support employees work with non-client community members in recovery as well as active FCCBH clients. Services are provided to all individuals free of charge and financial assistance is provided in various areas of need such as housing, vehicle repair, access to education, medical needs, and other areas promoting the building of Recovery Capital.</p>			
Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?			
<p>FCCBH offers referrals to all clients for Peer Support Services through USARA. The only criteria FCCBH has is the person has to be someone who is currently struggling with or in the past has struggled with addiction. FCCBH has an active MOU with the local USARA branch in Carbon and Grand Counties.</p>			
Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.			
<p></p>			

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

Peer Support costs are included in recovery support services.

Describe any significant programmatic changes from the previous year.

None

10) Quality & Access Improvements

Shanel Long

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

Since implementing same-day/open access there has **not** been a wait list to receive any services at FCCBH. FCCBH does not currently have a wait list and the staff work diligently to make sure clients are served as needed.

In FY 23, FCCBH will continue efforts around the following:

- 1.Open Access -- FCCBH has been offering same day/next day intake services, for all clients, through the open access system in each of the three clinics.
- 2.Reducing intake requirements: FCCBH continues to work at minimizing the amount of paperwork completed at intake and the duplication of information gathered. Intake packets will be accessible from home on the website so clients can complete required documentation prior to their first appointment.
- 3.FCCBH has plans to rebuild a new website in FY23 to ease user accessibility, increase access and links to resources and improve overall appearance.
- 4.FCCBH has a social media Facebook page, which is well managed by administrative staff, and provides additional information for clients related to mental health and substance use disorder. Positive messages, notifications about wellness events, and other wellness information pieces are updated frequently on this page.
- 5.FCCBH provides access to a MH and SUD therapist in the FQHC in Green River, Utah, which is one of the most underserved areas in the region.
- 6.The Interim Treatment and Recovery Coaching programs have been created to offer access to services to those individuals who would otherwise be denied admission to treatment (because of ASAM PC criterion showing pre-contemplative stage of change). This program allows the individual to access services intended to enhance their motivation for Level I or Level II programming. Also, limited treatment as a level of care has allowed clients to continue enrollment in low-level programming after they have finished a more intensive level of care. This allows clients to "step-down" from treatment, by providing them much needed ongoing support into their long-term recovery program.
- 7.FCCBH has implemented a more efficient, text-based reminder system for all appointments. This has aided in decreasing no-shows and allows a conversation to develop prior to the appointment time if the client needs to cancel or reschedule.

Quality Improvements

- 1.FCCBH has expanded the integrated care facility to allow room for more treating primary care medical providers.
2. Currently able to provide Office-based Opioid treatment within each of the clinics, through enhanced MAT training for all FCCBH prescribers.
- 3.Continued enhancement of ongoing trauma-informed approach to staff supervision, clinical programming, facility management and client care. FCCBH has developed a Trauma-Informed Care policy and continues the process of developing the specific procedures related to trauma screening,

assessment and service planning.

4. Continued improvements in technology-based supervision, thereby increasing oversight around use of EBT and the ability to provide specialized clinical supervision to staff throughout the agency.

5. New building in Carbon County designated specifically for Children, Youth, Families and Medical Providers.

6. Training and implementation of Neurofeedback treatment in all three counties.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

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

In addition, FCCBH has made improvements to the agency website and has developed a Facebook page. Also, FCCBH works actively to educate and inform the community about mental health and substance use disorder issues and treatment through the local newspaper, social media and billboards. FCCBH has opened up the Community Clinic in a second Carbon County building, designed to specifically treat children, youth and families.

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

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

FCCBH has been training all of the community partners on crisis and what the LMHAs are required to do and what that looks like for the different agencies. FCCBH has developed relationships with all community partners in the three counties in order to have an open discussion with them about their concerns with FCCBH.

FCCBH has taken a very active part in CIT UT to train officers in Grand, Carbon, and Emery counties. FCCBH CIT representative and PCPD representative hold training once a year and FCCBH send staff to the training once a year.

FCCBH takes a very active part in the specialty courts in the three counties. FCCBH do the majority of the treatment for those who are involved in the drug courts. In this process FCCBH have worked very closely with all of the judges in the three counties and have developed close working relationships with all of them. Each county is holding Drug court steering committee meetings quarterly. FCCBH is making sure that each team member is trained for the required 8 hours annually. If the state is not putting on the training then FCCBH provides training within the counties and with the drug court team members. In FY23 FCCBH will be involved in a Community Engagement Multidisciplinary Team. This will better coordinate services with FCCBH and UHP.

FCCBH actively leads and participates in the Utah Rural Opioid Healthcare Consortium (UROHC). This coalition brings together leaders from two local FQHCs, the hospital, the health department, community behavioral health and independent medication assisted treatment providers to perform needs assessments, promote training related to MAT, and to work on areas related to the opioid epidemic. FCCBH also attends the Carbon and Emery Opioid and Substance Use Coalition.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

FCCBH is committed to consistently improving treatment outcomes through the use of evidence-based practice (EBP). This is evidenced through completed implementation of Motivational Interviewing

throughout the agency to full fidelity within a clinical setting. All FCCBH staff were trained in this model, including support staff and administrative staff. Each quarter, trained clinical staff are required to submit one taped intervention with a client for coding by the FCCBH internal MI Coding team. Feedback from that coding is then provided to the staff member by the coder to help improve the use of MI skills while meeting with clients.

The implementation of MRT monitoring to fidelity has also been implemented, as all relevant staff have been formally trained and ongoing monitoring is being accomplished through the established polycom system in each of the clinics. FCCBH is highly motivated to continue bringing new EBP into each of the treatment programs and is dedicated to the continued education of staff in these practices. FCCBH has many clinicians that have been formally certified in EMDR and receive ongoing supervision on that specific practice. Also, each of the directors have a requirement of randomly selecting at least 3 groups to observe via polycom and provide feedback to the facilitating clinician. The completion of these observations is monitored monthly during the Program Directors Meeting.

Describe your plan and priorities to improve the quality of care.

Continuous quality improvement is one of the top goals of the FCCBH staff and management team. FCCBH has been actively involved in the Trauma Informed Supervision training provided by DSAMH for the past couple of years. FCCBH has implemented the strategies gained from these training sessions into each clinic and completes a monthly review of the concepts in each of the Program Directors meetings. In the largest clinic, FCCBH has added a Clinical Supervisor who is working individually with clinicians on different aspects of their clinical work, in addition to the supervision they receive from their Program Director weekly. The Clinical Supervisor also has the capacity to provide individual training to staff in Grand and Emery clinics. In Grand and Emery Counties, it is the expectation of the administration that the program directors in those clinics meet with all clinical staff weekly for supervision and all support staff twice monthly. Each program, including residential programs and clubhouses, is expected to have a weekly staff meeting for all staff to attend where they can also review any concerns or questions within the facility. In addition to all of the other training required of staff at FCCBH annually, Case Managers, Supervisors, and Nurses within the agency are also required to attend a "Summit" where they receive continued education around their specific job duties. These are full-day trainings that are considered mandatory for all appropriate staff. The topics of these training include everything from ethics to documentation standards. All staff attending these trainings report them as very helpful to improving the quality of the services they are providing daily. FCCBH has developed a library of live recorded training for staff on topics that are required annually or every six months. This is a more efficient way for the staff to get the necessary training they are required to have.

FCCBH continues to provide training opportunities for staff.

FCCBH supervisors will continue to monitor groups (2-3 monthly) and give feedback to their staff in regards to following the programs to fidelity.

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

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

FCCBH will be implementing the SURE questionnaire for the SUD population in FY 23. This will be implemented as soon as it is released from DSAMH to use with clients.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

FCCBH is running a hybrid plan in all three counties, Carbon, Emery, and Grand. FCCBH will offer all services over telehealth and in person. Those services will be individual counseling sessions, group therapy, medication management services, case management, and peer support services. FCCBH will also offer mental health and substance use disorder assessments and psychiatric evaluation over telehealth and in person. FCCBH will continue offering the OQ to those doing services over telehealth to measure the quality of the services. FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients' perspectives on how well programs and staff are serving client needs and access to treatment. It will be required for a person to have access to a camera and microphone to participate in telehealth services.

FCCBH will be implementing the SURE questionnaire for the SUD population in FY 23. This will be implemented as soon as it is released from DSAMH to use with clients.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility **Thomas Dunford**

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female inmates in all three counties. Mental health/substance use disorder treatment groups will be held weekly in each county jails **for the male and female inmates**. FCCBH clinical staff members will provide emergency substance use disorder and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. FCCBH will continue with coordination efforts with the local courts and jails in all three counties. As a result of strong JRI implementation efforts, FCCBH has been able to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. FCCBH will continue coordination with community partners, courts, jail staff and other communications that were improved as a result of this program.

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

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

None

Describe any significant programmatic changes from the previous year.

A significant change was furthering the coordination efforts using case management to aid community members and clients in linking to resources quicker and more efficiently through the jail and court systems.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved

medications currently provided within the jail(s).

FCCBH has been working with local jails in all three counties to assist in the effort of providing MAT to those withdrawing while incarcerated. JRI funds help pay for detox protocols and MAT while in jail, however these funds have been cut. In Carbon County and Emery County the local jails have agreed to allow providers from Operation Recovery to continue administering daily dosing to individuals that have previously been part of the OR program and have returned to incarceration for a period of time. This is a huge breakthrough protecting the medically assisted recovery program for incarcerated individuals. FCCBH is extremely grateful to the leadership of the jail commanders, medical teams and Carbon County and Emery Sheriff for making this happen.

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

No

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

In the coming fiscal year FCCBH will continue to provide a co-located LMHT to the Green River Medical Center (an FQHC). FCCBH works closely with an APRN in the Price community (Danielle Pendergrass). This PCP will attend Price Clinic staff meetings to share and receive information on shared consumers when there is an appropriate ROI. This location was expanded significantly last year, so as to allow for a greater number of medical providers to practice, thereby improving accessibility to this resource by FCCBH clients. FCCBH is also working with a dentist with the Primary Care Grant to help clients with any oral health issues they may have. FCCBH also refers a lot of people to Carbon Medical Services for the Medical aspects of their recovery. FCCBH makes sure that releases are signed for every client's PCP so FCCBH can closely follow up on any medical concerns the clients may have.

FCCBH has reapplied for the DOH Primary Care Grant, and if awarded will be able to provide access to many primary physical healthcare needs for those under 200% of the FPL, for low or no cost. This will increase access and remove funding barriers for individuals in need. Within the Primary Care Grant for FY 23 FCCBH has written in the grant that FCCBH will provide funding for everyone unfunded to receive HIV and HEP C testing. FCCBH is working very closely with Danielle Pendergrass who will also be partnering with us to provide medication evaluations for preventive care medication for those who are at risk of contracting HIV. FCCBH will provide case management services to get all clients on medicaid that qualify to help those who are positive receive treatment for HIV and HEP C. Those who do not qualify FCCBH will assist in trying to find programs they can get on to possibly receive the treatment for free.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C,

Diabetes, Pregnancy).

Integrated mental health and substance use disorder treatment services are provided in all three counties. It is recognized that integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Integrated treatment occurs at the individual-practitioner level and includes all services and activities. The service integration FCCBH provides includes: integrated screening for mental and substance use disorders, integrated assessment, integrated treatment planning, integrated or coordinated treatment, and crossover between SUD and MH groups and services. Most clinicians serve both SUD and MH populations in all of the clinics. Dually diagnosed clients can enjoy seamless services regardless of principal need or where they enter services. Treatment modules have been developed based on co-occurring conditions rather than just SUD issues, which has led to a better overall integrated care. Recovery Coaches work to help clients access needed community resources including physical and behavioral health needs. There are three Federally Qualified Health Centers (FQHC) in the FCCBH region of which FCCBH enjoys close collaboration and mutual referrals. FCCBH has a FCCBH Licensed Mental Health therapist co-located in one of the FQHC sites serving low income and unfunded populations. Clinical Services provided include mental health and substance use disorder screenings, assessments, and individual and family therapy.

FCCBH works with Primary Care providers on a regular basis to coordinate care. In May of 2013 FCCBH began an integrated model of care combining behavioral health care and physical health primary care. FCCBH is contracted with an APRN to provide medical services to the Carbon and Emery County clients and allow for quality, accessible primary care for FCCBH clients.. The APRN takes referrals regardless of ability to pay. FCCBH provides truly integrated care by making the APRN a part of the clinic team. The APRN attends weekly combined case staffing, and shares crisis and outreach resources.

Also, in May 2013, FCCBH replaced a vacated case manager position with a new position titled "Nurse/Outreach Specialist." This position is an LPN level staff member who provides outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medical observation and support as well as medication management is now provided out in the field, in the home and in the community. In March of 2022 FCCBH hired an LPN in Emery County under the Nurse/outreach Specialist. FCCBH has a lead RN nurse in Carbon County that supervises both of the LPN's in this position.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

In every SUD and MH assessment that FCCBH administers FCCBH assess the client PC needs and what their goals are for wellness. FCCBH will continue to implement wellness and wellness education into the TX plans. FCCBH will continue to teach once a month on wellness education to the client's who are in groups. If clients are not in groups the client will meet with a therapist or a case manager to discuss wellness and wellness education. A lot of the clients are of lower socioeconomic status making it hard for them to afford healthy foods and gym passes. FCCBH does have some recovery support money that can assist with minimum gym passes. Some FCCBH clients have a hard time maintaining a clean home environment because they have never been taught how to do this. This education will be done in individual sessions and group sessions.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

FCCBH will provide funding for a specific staff member who has been designated as a tobacco cessation specialist. The last one FCCBH trained has since quit. The new staff member will be presenting ongoing tobacco cessation training to other staff within the agency and will act as a specialist for those working with clients who wish to discontinue tobacco use.

FCCBH has posted Recovery Plus signage inside and outside of all of the facilities and FCCBH enjoys tobacco free campuses.

Key staff members (including peer support employees) in each county are trained in evidence-based tobacco cessation curriculum and classes will be *offered* to all clients in an effort to encourage a smoke free life. FCCBH will continue to train new staff members to provide tobacco cessation classes or individual sessions to the clients. Groups run on a 12 week rotation. Every 24 weeks FCCBH offers consumers the chance to participate in a smoking cessation class. In addition, FCCBH incorporated lessons and discussion into Level I and Level II SUD treatment services, on an on-going basis, to address the benefits of quitting tobacco and nicotine use. FCCBH also refer to the quitlines, and provide case management services for those who desire to quit smoking. For participants that come in and out of jail, when they exit jail FCCBH always try to encourage them to stay tobacco free, and provide support to them to continue that abstinence. FCCBH plans to continue and improve education regarding smoking cessation and the role this plays in addiction, relapse and recovery.

FCCBH has a section in the outpatient treatment program that focuses on wellness. FCCBH has family nights where FCCBH focuses on abstinence based fun and FCCBH has a session where FCCBH focuses on the health and wellness of families. In the supported living facilities, FCCBH has nicotine replacement supplements and tools available to those wishing to stop smoking, while they are waiting to receive on-going support/supplements through resources like the Quitline in the mail.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

At this time staff are not specifically trained in health and wellness for client care. FCCBH is more than willing to send staff to any training that is offered in this realm. FCCBH has yet to find any training that would support this. FCCBH staff are currently using their own knowledge in regards to healthy eating and exercise to support clients in this level of care.

13) Women's Treatment Services

Rebecca King

Form B - FY23 Amount Budgeted:		Form B - FY23 Projected clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$1,294,621	Form B - Projected Clients Served in FY22 Area Plan	
Form B - Actual FY21 Expenditures Reported by Locals	\$1,065,015	Form B - Actual FY21 Clients Served as Reported by Locals	

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

Women's specific treatment services are provided by FCCBH in each of our clinics. If female clients are recommended into a higher level of care through the ASAM, they would be referred into a program that best fit their specific needs. Some of those programs are all gender specific, such as House of Hope. FCCBH has contracts with a variety of residential programs. The Odyssey House also has a separate women's program, but clients are not allowed to bring children. Thus, women with children would most likely be referred into the House of Hope programs. All SUD treatment programs include group services specifically for women, using the Seeking Safety curriculum and/or Helping Women Recover. FCCBH has also had gender specific treatment for adolescent girls and youth in each clinic. When clinically indicated, clinics are able to provide a DBT group for adolescent girls. [FCCBH currently has several therapists that have completed the DBT training through Behavioral Tech. FCCBH has three more people who will be fully trained by the end of May in DBT.](#)

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

Priority for treatment is given to pregnant women and women who have been using substances intravenously, according to the priority population criteria. Women are encouraged to express voice and choice with many aspects of their treatment, such as gender of primary therapist, in order to provide them with trauma-informed treatment options. FCCBH has incorporated the ACE score as a standard assessment tool to better identify and serve those with past or current trauma. FCCBH has also increased services around identifying and building parenting tools and skills over the past year in all three counties, as this has been identified as a potential stressor to many women with children as they enter recovery. FCCBH has focused on improving other areas of women's treatment such as incorporating more art in each clinic portraying women-empowering images and enhancing internal training around treatment considerations for this special population at New Employee Orientation. FCCBH will provide transportation and provide resources and access to benefits and daycare services for pregnant women, or women with children, when needed.

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

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

such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, EMDR, and Neurofeedback.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

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

Describe any significant programmatic changes from the previous year.

Please note - the funding listed here reflects the total of SUD services for women, not just the value of services provided with WTA and WTX funding.

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

N/A

Please describe the proposed use of the WTX funds

N/A

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

N/A

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

N/A

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

N/A

14) Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY23 Amount Budgeted:	\$47,177	Form B - FY23 Projected clients Served:	22
Form B - Amount	\$45,246	Form B - Projected Clients	25

Budgeted in FY22 Area Plan		Served in FY22 Area Plan	
Form B - Actual FY21 Expenditures Reported by Locals	\$19,105	Form B - Actual FY21 Clients Served as Reported by Locals	
Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.			
<p>FCCBH provides same day/open access services in all three counties for adolescents/youth. All youth assessed for services will be provided a full substance use disorder and mental health assessment. FCCBH will offer the full continuum of outpatient treatment services including early intervention (.5), outpatient (Level 1), and intensive outpatient (Level 2.1, 2.5) . Clients requiring a higher level of care (Level 3-4) will be referred out to a contracted provider. Clients will be initially placed in the appropriate level of care which will be subsequently adjusted to meet each individual's ongoing clinical need. Changes in the level of care will be made in accordance with the ASAM placement criteria. All personal recovery plans will be developed according to collaborative person-centered planning, and will be reviewed and modified according to the individual level of care requirement. The FCCBH Adolescent Substance Use Disorder program will include a combination of group, individual, and family treatment for youth with SUD and with dual diagnosis. Implementation of the screening tool DUSI-R will be incorporated as part of all initial client assessments, to aid in determining risk and need and to avoid placement of low risk individuals in high risk groups. In addition, FCCBH will offer to educate and train collaborative partners in the use of the DUSI-R Brief Screener for Youth, to aid in determining the appropriateness of referring an individual for services, when appropriate. MRT (for youth) has been implemented in all counties. Other evidence-based programs, including Adolescent Matrix, are also incorporated into Level I and Level II programming. Relapse prevention and program maintenance services are also available to adolescents who have been through some form of prior treatment. Family therapy groups are continually being enhanced as a key component of the adolescent treatment program. In an effort to reduce barriers and provide earlier intervention, FCCBH does not charge for adolescent SUD treatment services. FCCBH has always provided a full spectrum of services to adolescent clients, depending on identified need and medical necessity. Adolescents entering treatment that are endorsing a co-occurring mental health disorder will be provided with a LMHT for individual and family therapy. If needed, clients may also be provided with case management services (specific to youth and families) and/or may be referred for High Fidelity Wraparound services through the Family Resource Facilitator in Carbon and Emery Counties. Multidisciplinary staffing of adolescents participating in both MH and SUD services takes place formally at least once weekly. If adolescents receiving treatment for co-occurring disorders are determined to have medication needs, they will be referred to either one of the in-house providers, the integrated primary care physician, or referred back to their primary care provider for a psychiatric evaluation.</p> <p>FCCBH will also utilize the local SOC program if there is not a waiting list. FCCBH has also implemented SMR services in Grand, Carbon, and Emery counties.</p>			
Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.			
<p>The primary referral sources for youth are the Department of Child and Family Services (DCFS), Juvenile Court, Systems of Care and some referrals from youth residential placements such as North East Services and Chrysalis. FCCBH's primary marketing strategy is through meetings and electronic communication with these community partners. FCCBH is an active member of the Table of 6 meetings, which gathers all youth treatment and judicial providers together to discuss ongoing</p>			

resources in the communities. FCCBH has also worked with schools to administer a screening process 1-2 times per year with high school students to determine early intervention for possible mental health and SUD concerns. These efforts, otherwise known as assertive outreach to youth, will continue with schools in the upcoming school year.

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

FCCBH is a supportive and active member of the Table of Six meeting, the LIC and other family and child serving collaborative efforts. FCCBH takes part in many local need-driven committees such as Interagency Community Council (ICC), Carbon County Homeless Coalition, the Hope Squad of Carbon and Emery County, the local System of Care meetings, the Naloxone Project, the MAT initiative and many more. FCCBH continues to use the DUSI-R to assess risk and need in youth participating in SUD programs.

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

None

15) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$615,653	Form B - FY22 Amount Budgeted: Felony	\$545,602
Form B - FY23 Amount Budgeted: Family Dep.	\$108,645	Form B - FY22 Amount Budgeted: Family Dep.	\$96,284
Form B - FY23 Amount Budgeted: Juvenile	\$	Form B - FY22 Amount Budgeted: Juvenile	\$0
Form B - FY23 Recovery Support Budgeted	\$46,884	Form B - FY22 Recovery Support Budgeted	\$82,412

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

High Risk/High Needs Adult Drug Court:

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

FCCBH anticipates serving the same number of participants as FY22.

Family Drug Court:

Family Drug Court participants must be recommended through DCFS and the Judge. Once that step has occurred the participant is ordered to complete a mental health and substance use disorder assessment which determines fit for the program. The LS-RNR is administered to determine the level of risk and need. The Drug Court Judge may exclude a potential participant if it is determined that the

participant poses a substantial safety risk to staff and or other participants.

FCCBH is currently working to increase the number of people served in the Grand and Carbon Family drug court programs. Although client numbers have been low due to less referrals and Covid-19, there continues to be a high need for drug courts in the region due to the high rate of substance use and opioid use disorder. Directors in the counties will be meeting with judges and other referral sources to address concerns and focus on increasing referrals.

Mental Health Court: This has been a speciality court in the Carbon County area for the last two years. FCCBH is serving those who are SPMI and/or dual diagnosis. FCCBH receives a referral to complete an assessment and LS- RNR on a client that has been referred to the program. Once the assessment is complete the speciality court team determines if mental health court is a good fit for the client. If it is determined that the mental health court is not a good fit, FCCBH considers other specialty courts to determine if they may be a better fit. In the last two years the MH court has averaged around 8-10 clients but has increased to 12 in the last six months

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

FCCBH in collaboration with the Seventh District Court and Carbon, Emery and Grand Counties, has operated a certified Adult Family and High Risk (formerly Felony) Drug Courts in Eastern Utah for over a decade, providing much needed quality supervision, support and clinical services to these communities.

There are 5 Drug Courts currently in operation in the FCCBH region. Carbon and Grand Counties each have both an Adult High Risk and Family Drug Court and Emery County has an Adult High Risk Drug Court. This is a collaborative effort between the local Courts, Sheriff Department, County Attorney, Adult Probation and Parole, The Department of Child and Family Services and FCCBH. Carbon County also has a Mental Health Court.

Family and High Risk Drug Court Treatment, in all counties, will be provided by FCCBH and is trauma-Informed, gender-specific, and allows for MAT.

Level I and Level II treatment programs are offered to Drug Court participants (Family and High Risk). Mental health and substance use disorder treatment programming is available for all drug court participants regardless of treatment level. All treatment services and drug court fees are offered on a sliding scale. Treatment groups offered include (but not limited to):

Motivational Interviewing, Commitment to Change, Moral Reconation Therapy, separate men's and women's specific groups treatment, Mind Over Mood with an emphasis on substance use disorders and PTSD, Relationships Empowerment, DBT, Staying Quit, and Matrix A&D education classes. Level I groups include: Matrix A&D education classes, family group, and maintenance group, and Matrix Relapse Prevention.

FCCBH also offers a SUD program for those going through Mental Health Court that is tailored to their needs. FCCBH offers co-occurring groups that include Seeking Safety, ACT, Thinking Matters, and Matrix.

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

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

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

In High Risk/High Need adult court, [Mental Health Court](#), and family drug court, all participants are given the option of receiving MAT services where indicated. Medical providers are certified to prescribe Suboxone and Naltrexone. A majority of MAT services for adult court programs are provided through Operation Recovery, which is located on the FCCBH campus. FCCBH administration has already met with the Judges of the High Risk/High Need courts, [Mental Health Court](#), and the Family Drug Courts to address questions/concerns regarding MAT delivery through Operation Recovery. All of the judges of these courts report being supportive of MAT and comfortable with Operation Recovery being a primary provider for court individuals.

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

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

FCCBH has contracted with Precision Diagnostics Laboratory for all drug court lab testing services. Precision provides lab collection experts in all three counties and all samples tested positive, when the client denies use, are confirmed through an LCMS process. This has allowed FCCBH and the drug court programs to test for use of many more substances, as well as allow program staff to determine compliance with other prescribed medications that assist in their recovery, such as psychotropic medications.

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

All adult drug courts have a UA fee that is determined by Precision. Precision has a system set in place for those who cannot afford to pay their fee for the UAs. Each client will have to apply for a hardship fee decrease if they are not able to afford the fee. If the clients have Medicaid, UA testing is a covered service.

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

None

16) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:	\$0	Form B - FY22 Amount Budgeted:	
--------------------------------	-----	--------------------------------	--

Describe screening to identify criminal risk factors.

FCCBH continues to use the LS-RNR, RANT, and the DUSI-R for criminogenic screening.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

FCCBH will comply with the standards that are outlined in the Utah State JRI rule, R523-4, regarding screening, assessment, prevention, treatment, and recovery support services. The focus of FCCBH services will be on effective screening, engagement and retention into evidence-based treatment services and supports. The screening and assessment process, including use of the LS-RNR and RANT assessment tools, allows for the distinction between high risk and low risk individuals and a treatment service plan to eliminate mixing these populations will be established. For this population, the full continuum of FCCBH services and care may be utilized to stabilize and treat.

Prevention Plan -- FCCBH plans to use universal prevention programs to reduce widespread risk through community-wide targeting; low and high risk groups.

Treatment -- FCCBH staff involved in the JRI effort will be trained and provide evidence-based treatment interventions including but not limited to: Motivational Interviewing, Commitment to Change, Moral Reconciliation Therapy, separate men's and women's specific groups treatment, [Mind Over Mood with an emphasis on substance use disorders and PTSD](#), Relationships Empowerment, DBT, Staying Quit, and Matrix A&D education classes. Level I groups include: Matrix A&D education classes, family group, and maintenance group, and Matrix Relapse Prevention.

FCCBH also offers a SUD program for those going through Mental Health Court or who suffer from co-occurring disorders that is tailored to more of their needs. FCCBH offers co-occurring groups that include [Seeking Safety](#), [ACT](#), [Thinking Matters](#), and [Matrix](#).

Program advancement is based on individual client progress and team clinical evaluation. Advancement in Drug Court is not contingent on treatment completion. Budget - Please note the funding listed reflects the amount of JRI funding. Justice-involved clients are reflected under JRI, Drug Court, and general treatment on the SUD treatment budget.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

Based on the recommendations made in 2020 from the University of Utah (U of U) Criminal Justice Center, FCCBH would like to continue improvements around training staff working with criminal justice involved clients. The U of U recommended that Four Corners continue to research programs and modalities that are specific to the criminal justice population to incorporate with existing outpatient and intensive outpatient programs. Another area Four Corners may improve over the next year is using data collected on clients through the LSI/RNR and making that information meaningful within the documentation collected over the course of their treatment.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

FCCBH actively leads and participates in the Utah Rural Opioid Healthcare Consortium (UROHC). This coalition brings together leaders from two local FQHCs, the hospital, the health department, community behavioral health and independent medication assisted treatment providers to perform needs assessments, promote training related to MAT, and to work on areas related to the opioid epidemic. FCCBH also attends the Carbon and Emery Opioid and Substance Use Coalition.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

FCCBH is involved in local DJJS bi-monthly meetings, RAC meetings with SOC, DCFS monthly meetings to ensure quality relationships and to ensure the client is being served appropriately

Provide data and outcomes used to evaluate Justice Services.

FCCBH will set a goal this year for not only doing a screening of the LS RNR when these clients come in for services but FCCBH will implement in FY 23 completing the LSI screener or the full LS RNR assessment at discharge. This will help FCCBH see if the risk level has decreased from the beginning to the end of treatment.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and

crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Four Corners/Carbon

With the intention of helping every community in Utah to establish sustainable [Community Centered Evidence Based Prevention](#) efforts, fill in the following table per the instructions below.

Not every community will be at optimal readiness nor hold highest priority. This chart is designed to help you articulate current prevention activities and successes as well as current barriers and challenges. Please work with your Regional Director if you have questions about how to best report on your communities. For instructions on how to complete this table, please see the Community Coalition Status Tool [here](#).

List every community in your area defined by one of the following:

1. serving one of the 99 Small Areas within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with OSUMH approval.

*All "zero" or "no priority" communities may be listed in one row

CCEBP Community	CCEBP Community Coalition Status (see tool here)	Priority High Medium Low	Notes/ Justification of Priority	List of Programs Provided (if applicable)	Evidence Based Operating System (e.g. CTC, CADCA Coalition Academy, PROSPER)	Links to community strategic plan
C.A.R.E. Coalition Carbon County	G	Medium	Coalition is well established and high functioning in the community with an active member and key leader board. The new coalition coordinator has been trained in CTC and provides continual implementation.	WhyTry Second Steps	CTC	https://docs.google.com/document/d/1HSah8OsAG3rs_88nzep5nHqjtnR3jlp0OMPsDWkEIA/edit

Emery County PROSPER Team	G	Low	Emery PROSPER Team operates through USU Extension services and does not require oversight from FCCBH. Our connection with USU Extension remains strong.	N/A	PROSPER	N/A
GREAT Coalition Grand County	E-1	High	Coalition members meet on a monthly basis. The coalition is still in need of key sectors within the community to become involved. The GREAT Coalition represents the continuum of services (prevention, treatment and recovery). The ideas are cutting edge and are predicted to make a significant impact in Grand County.	N/A	None	N/A
PACT Emery County Green River	B	High	No progress is being made at this time. The director of PACT resigned and coalition efforts have been out on hold.	WhyTry	None	N/A

Area Narrative

For each community identified in the table above, please outline strategic steps the Local Authority is planning to do to improve Community Centered Evidence Based Prevention. A minimum response is at least two sentences per community identified.

To improve community efforts one of my goals for the upcoming year is to develop or renew all communities' Strategic and Action Plans.

Carbon County

The C.A.R.E. Coalition continues to implement Communities that Care (CTC). The current coordinator has been trained in CTC and prevention science. As the coalition moves through the phases of CTC under new direction they will maintain participation in CTC workgroups, implementation of evidence based programs and attendance at community events. With the goal of empowering youth by preventing risk the C.A.R.E. remains highly functioning with efficiency in Carbon County.

Emery High School

Emery County PROSPER Team is overseen by USU Extension.

Grand County

The GREAT Coalition is continually developing and working toward sustainable coalition efforts. The GREAT Coalition works across the spectrum in prevention, treatment and recovery. Workgroups in each area of focus have been identified with efforts to re-establish monthly meetings as participation has increased. The coalition recently joined Cure the Conversation and will be presenting their Grand County specific messaging by June 2022. The GREAT Coalition remains committed to establishing key partnerships within the community in order for all sectors to be adequately represented. With exciting ideas the GREAT Coalition looks forward to the future. It is my goal this year to hire a coalition coordinator in Grand County that will lead the coalition, analyze SHARP Data, maintain community engagement, establish key partnerships and help develop the GREAT Coalition's action plan.

Green River, Emery County

Formerly known as C.H.E.E.R. merged with PACT, a community organization in Green River. It had been decided that the coalition would remain and function under the Communities That Care (CTC) framework. Recently, the director of PACT resigned causing forward progression toward continuing as a coalition to halt. The next step is for the organization to hire a new director. Once that has been completed I will revisit the discussion of forming a new coalition and will proceed from there. WhyTry is continuing to be implemented at Green River High School instead of the Teen Center at this time.

Create a Logic Model for each program or strategy funded by Block Grant Dollars, PFS, SOR, SPF Rx or State General Funds.

Program Name		Cost of Program		Identify OSUMH approved Evidence Based Clearinghouse		
Carbon County - Communities That Care		Block Grant Funds: State General Funds: Discretionary Funds: \$31,861				
		Total: \$31,861				
Agency/Coalition		Tier Level:				
Four Corners Community Behavioral Health/C.A.R.E. Coalition						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Youth 30-Day Alcohol Use (All Grades)	Community Organization Local Capacity to address local level prioritized factors	Community Coalition Development is focused on identifying Key Leaders and Community Sector representation in our serviced county. With the intent of indirectly universally impacting the full population of the community they serve	CTC Technical assistance is provided to train a FT Coalition Coordinator, as well as provide on-going coaching in the fidelity implementation of the 5 phase planning process.	Increase local capacity to address local level prioritized risk factors by moving through the phases of CTC.	Decrease All Grades 30-day Alcohol Use from: Baseline 2021: 6.3% to Goal 2025: >3%
Measures & Sources	SHARP 2021	Resources Assessment	Monthly Attendance Records	Coalition Attendance Records	Monthly Attendance Records CTC Workshops	2021-2025 SHARP

Program Name		Cost of Program		Identify OSUMH approved Evidence Based Clearinghouse		
Mont Harmon Middle School - WhyTry		Block Grant Funds: State General Funds: Discretionary Funds: \$19,783				
		Total:				
Agency/Coalition		Tier Level:				
Carbon School District						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective		Short	Long
Logic	Reduce 30-Day Use of Alcohol in 8th Grade	Low commitment to school	<p>This elective class is taught at Mont Harmon Middle School (grades 6th-8th) in Carbon School District. All students have the option to enroll in this course (universal) yet, students exhibiting need behavior are referred into class (selective).</p> <p>Students are referred to WhyTry by administrators, counselors, social workers, and teachers who can determine if a student is at-risk due to academic failure, truancy, ATOD use, or behavior and family circumstances.</p>	WhyTry curriculum will be taught as 60 minute classes Monday-Friday of the school year which includes coursework, hands-on activities, music and therapy. Each course will be taught for a total of 2 quarters then a new group of students will begin.	Percentage of 8th grade students reporting a low commitment to school will decrease from: Baseline 2021: 52.6% to: Goal 2023: > 50%	Reduce 30-Day Use of Alcohol in 8th Grade from: Baseline 2021: 5.2% to: Goal 2025: > 2%
Measures & Sources	2021 SHARP	2021 SHARP Why Try Pre-Tests	School records indication of at-risk students based on attendance, grades and behavior offenses.	Program attendance records	SHARP 2021-2023 WhyTry Post-Tests	SHARP 2021-2025

Program Name			Cost of Program	Identify OSUMH approved Evidence Based Clearinghouse		
Eliminating Alcohol Sales to Youth (EASY BUYS)			Block Grant Funds: State General Funds: Discretionary Funds: \$667			
			Total: \$667			
Agency/Coalition			Tier Level:			
County & City Law Enforcement						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce 30-Day Alcohol Use in 8th grade	Availability of Alcohol: Students that have used alcohol report having purchased alcohol at a store.	Universal Indirect (Environmental Strategy): clerks and cashiers in off premise alcohol retail outlets	Support the scheduling and implementation of quarterly compliance checks with law enforcement in Carbon, Emery, & Grand Counties.	Availability of Alcohol: Maintain or decrease the percentage of students reporting having purchased alcohol at a store. Baseline 2021: 2.1% to: Goal 2023: > 2%	Decrease 30-Day Alcohol use reported by 8th grade students from: Baseline 2021: 4.6% to Goal: 2025: > 3%
Measures & Sources	2021 SHARP	2021 SHARP	County Compliance Check Records - Utah Department of Public Safety Highway Safety Office	County Compliance Check Records - Utah Department of Public Safety Highway Safety Office	2021 SHARP	SHARP 2021-2025

Program Name			Cost of Program		Identify OSUMH approved Evidence Based Clearinghouse		
Parents Empowered			Block Grant Funds: State General Funds: Discretionary Funds: \$4,446				
			Total: \$4,446				
Agency/Coalition			Tier Level:				
Four Corners Community Behavioral Health							
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Reduce All Grades Lifetime Alcohol Use	Parental attitudes favorable to drug use	Parents of youth ages 10-17 in Carbon, Emery, and Grand Counties.		Parents Empowered kits and collateral items will be distributed at various community events: middle and high school, community classes, and other family venues.	Reduce the percentage of parental attitudes favorable to drug use (All Grades) Baseline 2021: 18.2% to Goal 2023: 15%	Reduce lifetime alcohol use in all grades from: Baseline 2021: 24.7% to Goal 2025: > 20 %
Measures & Sources	2021 SHARP	2021 SHARP	Event Records		Event/Distribution Records	SHARP 2021-2023	SHARP 2021-2025

Program Name	Cost of Program	Identify OSUMH approved
--------------	-----------------	-------------------------

				Evidence Based Clearinghouse		
GREAT Coalition		Block Grant Funds: \$58,469 State General Funds: Discretionary Funds:				
		Total: \$58,469				
Agency/Coalition		Tier Level:				
Four Corners Community Behavioral Health						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Determine priority problem behavior and related risk factors. Analyze 2021 SHARP Data Report	Community Readiness Community Organization Local Capacity to address local level prioritized factors Developmentation of key leaders partnerships and participation	Coalition is dedicated to recruiting key leaders, community members, law enforcement and school district administration to become involved with and sustain coalition efforts.	Establish an action plan to outline the coalition's intended efforts. This will help current board members persuade key leaders, community members, law enforcement and school administration to get involved with coalition efforts in their community.	Introduce community to the GREAT Coalition efforts through campaigns, programs and partnerships.	Ensure sustainable coalition efforts that address problem behavior and risk factors identified in the SHARP Data
Measures & Sources	Coalition Monthly Meeting Attendance SHARP Data	Community Readiness Survey Coalition Monthly Meeting Attendance	The formulation of a diverse key leader board Community buy-in	The formulation of a diverse key leader board Training on how to create an action plan	Coalition Monthly Meeting Attendance Event Records	Coalition Monthly Meeting Attendance SHARP Data

Program Name	Cost of Program	Identify OSUMH approved Evidence Based Clearinghouse
--------------	-----------------	--

Green River High School - WhyTry		Block Grant Funds: \$44,184 State General Funds: Discretionary Funds: \$7,617				
		Total: \$51,801				
Agency/Coalition			Tier Level:			
Emery School District						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective		Short	Long
Logic	Reduce 30-Day Use of Alcohol (All Grades)	Low Commitment to School	<p>This program is taught at Green River High School in Emery School District. All students have the option to enroll in this course (universal) yet, students exhibiting need behavior are referred into class (selective).</p> <p>Students are referred to WhyTry by administrators, counselors, social workers, and teachers who can determine if a student is at-risk due to academic failure, truancy, ATOD use, or behavior and family circumstances.</p>	WhyTry curriculum will be taught as 60 minute classes Monday-Friday of the school year which includes coursework, hands-on activities, music and therapy. Each course will be taught for a total of 2 quarters then a new group of students will begin.	Low Commitment to School in All Grades will decrease from: Baseline 2021: 50.1% to: Goal 2023: > 47%	Decrease all grades 30-day alcohol use from: Baseline 2021: 7.4% to: Goal 2025: 5%
Measures & Sources	2021 SHARP	2021 SHARP Why Try Pre-Tests	School records indication at-risk students based on attendance, grades and behavior offenses	Program attendance records	SHARP 2021-2023 WhyTry Post-Tests	SHARP 2021-2025

Program Name			Cost of Program		Identify OSUMH approved Evidence Based Clearinghouse		
Prime for Life			Block Grant Funds: State General Funds: Discretionary Funds:				
			Total:				
Agency/Coalition			Tier Level:				
Four Corners Community Behavioral Health							
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Indicated			Short	Long
Logic	Reduce						
Measures & Sources							

FY2023 Mental Health Revenue	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2023 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid							
JRU/JRC	\$24,737	\$63,609			\$17,669								\$106,015
Local Treatment Services	\$1,440,919	\$1,185,220	\$18,894		\$314,068	\$4,923,262	\$38,944		\$21,428		\$87,500	\$1,111,826	\$9,142,061
FY2023 Mental Health Revenue by Source	\$1,465,656	\$1,248,829	\$18,894	\$0	\$331,737	\$4,923,262	\$38,944	\$0	\$21,428	\$0	\$87,500	\$1,111,826	\$9,248,076

FY2023 Mental Health Expenditures Budget	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2023 Expenditures Budget	Total Clients Served	TOTAL FY2023 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid									
Inpatient Care (170)	\$81,452	\$69,403			\$37,563	\$557,471	\$0				\$0	\$0	\$745,889	41	\$18,192.41
Residential Care (171 & 173)	\$91,294	\$77,788			\$42,102	\$624,828	\$0				\$0	\$0	\$836,012	27	\$30,963.42
Outpatient Care (22-24 and 30-50)	\$152,406	\$129,859	\$18,894		\$72,473	\$1,130,766	\$6,711		\$21,428		\$32,080	\$152,660	\$1,717,278	1,405	\$1,222.26
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$804,750	\$685,697	\$0		\$54,380	\$807,032	\$0				\$0	\$702,255	\$3,054,113	595	\$5,132.96
Psychotropic Medication Management (61 & 62)	\$54,730	\$46,634			\$26,026	\$386,243	\$4,727				\$11,518	\$54,822	\$584,700	481	\$1,215.59
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$81,309	\$69,281			\$38,665	\$573,822	\$7,022				\$17,115	\$81,446	\$868,660	121	\$7,179.01
Case Management (120 & 130)	\$159,504	\$135,908			\$47,564	\$705,886	\$8,639				\$21,050	\$3,487	\$1,082,037	705	\$1,534.80
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	\$3,169	\$2,701			\$1,507	\$22,367	\$274				\$667	\$93,022	\$123,707	57	\$2,170.30
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$15,676	\$13,356			\$7,454	\$55,430					\$3,299	\$15,702	\$110,917	81	\$1,369.34
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	\$4,900	\$4,175			\$2,330	\$34,579	\$423				\$1,029	\$4,908	\$52,343		
Services to persons incarcerated in a county jail or other county correctional facility	\$12,945	\$11,030			\$0	\$0	\$0				\$0	\$0	\$23,975	78	\$307.37
Adult Outplacement (USH Liaison)	\$3,519	\$2,999			\$1,674	\$24,838	\$304				\$743	\$3,525	\$37,602	129	\$291.49
Other Non-mandated MH Services	\$0	\$0			\$0	\$0	\$0				\$0	\$0	\$0	0	#DIV/0!
FY2023 Mental Health Expenditures Budget	\$1,465,656	\$1,248,829	\$18,894	\$0	\$331,738	\$4,923,262	\$28,100	\$0	\$21,428	\$0	\$87,500	\$1,111,826	\$9,237,233		

FY2023 Mental Health Expenditures Budget	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2023 Expenditures Budget	Total FY2023 Clients Served	TOTAL FY2023 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid									
ADULT	\$1,243,173	\$1,055,166	\$15,964		\$280,293	\$4,182,987	\$28,100		\$18,105		\$73,931	\$939,409	\$7,837,128	1,090	\$7,190.03
YOUTH/CHILDREN	\$222,483	\$193,663	\$2,930		\$51,445	\$740,275			\$3,323		\$13,569	\$172,417	\$1,400,105	410	\$3,414.89
Total FY2023 Mental Health Expenditures	\$1,465,656	\$1,248,829	\$18,894	\$0	\$331,738	\$4,923,262	\$28,100	\$0	\$21,428	\$0	\$87,500	\$1,111,826	\$9,237,233	1,500	\$6,158.16

FY23 Proposed Cost & Clients Served by Population

Form A1

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets	Clients Served	FY2023 Expected Cost/Client Served
Inpatient Care Budget		
\$544,499 ADULT	44	12375
\$201,390 CHILD/YOUTH	9	22377
Residential Care Budget		
\$836,012 ADULT	27	\$30,963
\$0 CHILD/YOUTH	0	#DIV/0!
Outpatient Care Budget		
\$1,204,228 ADULT	980	1229
\$513,050 CHILD/YOUTH	425	1207
24-Hour Crisis Care Budget		
\$2,531,415 ADULT	449	5638
\$522,698 CHILD/YOUTH	130	4021
Psychotropic Medication Management Budget		
\$528,392 ADULT	436	1212
\$56,308 CHILD/YOUTH	74	761
Psychoeducation and Psychosocial Rehabilitation Budget		
\$867,655 ADULT	111	7817
\$1,005 CHILD/YOUTH	10	101
Case Management Budget		
\$1,031,311 ADULT	607	1699
\$50,726 CHILD/YOUTH	130	390
Community Supports Budget (including Respite)		
\$94,951 ADULT (Housing)	30	3165
\$28,756 CHILD/YOUTH (Respite)	22	1307
Peer Support Services Budget		
\$110,917 ADULT	65	1706
\$0 CHILD/YOUTH (includes FRF)	0	#DIV/0!
Consultation & Education Services Budget		
\$26,171 ADULT		
\$26,172 CHILD/YOUTH		
Services to Incarcerated Persons Budget		
\$23,975 ADULT Jail Services	78	307
Outplacement Budget		
\$37,602 ADULT	129	291
Other Non-mandated Services Budget		
ADULT		#DIV/0!
CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$7,837,128 Total Adult	
\$1,400,105 Total Children/Youth	

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

Unfunded (\$2.7 million)		
\$15,964 ADULT	25	639
\$2,930 CHILD/YOUTH	3	977
Unfunded (all other)		
\$60,000 ADULT	135	444
\$10,000 CHILD/YOUTH	10	1000

FY23 Mental Health Early Intervention Plan & Budget

Local Authority: **Four Corners/Carbon**

Form A2

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2023 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2023 Mental Health Revenue									
FY2023 Mental Health Revenue by Source	\$58,108								\$58,108

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2023 Expenditures Budget	Total Clients Served	TOTAL FY2023 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2023 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		#DIV/0!
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL	\$58,108								\$58,108		#DIV/0!
School Based Behavioral Health-ADMIN									\$0		
FY2023 Mental Health Expenditures Budget	\$58,108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,108	0	#DIV/0!

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

FY23 Substance Use Disorder Treatment Area Plan Budget

Local Authority: **Four Corners/Carbon**

Form B

FY2023 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2023 Revenue
Drug Court	\$110,418	\$61,115		\$19,631	\$421,971	\$48,764		\$61,928				\$723,827
JRI	\$0											\$0
Local Treatment Services	\$146,082	\$80,853		\$53,581	\$1,023,420	\$201,597	\$34,701	\$51,286		\$269,717	\$340,829	\$2,202,066
Total FY2022 Substance Use Disorder Treatment Revenue	\$256,500	\$141,968	\$0	\$73,212	\$1,445,391	\$250,361	\$34,701	\$113,214	\$0	\$269,717	\$340,829	\$2,925,893

FY2023 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2023 Expenditures	Total FY2023 Client Served	Total FY2023 Cost/ Client Served
Screening and Assessment Only	\$13,199	\$7,306		\$3,767	\$74,379	\$12,884	\$1,786	\$0		\$16,218	\$20,494	\$150,033	550	\$273
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$0	\$0		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$12,008	\$6,647		\$3,428	\$67,667	\$11,721	\$1,625	\$0		\$14,755	\$18,645	\$136,495	15	\$9,100
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$83,647	\$46,299		\$23,875	\$471,355	\$81,645	\$11,316	\$113,214		\$57,331	\$72,446	\$961,129	150	\$6,408
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$10,107	\$5,595		\$2,885	\$56,955	\$9,865	\$1,367	\$0		\$12,419	\$15,693	\$114,886	50	\$2,298
Outpatient: Non-Methadone (ASAM I)	\$76,693	\$42,449		\$12,364	\$432,172	\$74,858	\$10,376	\$0		\$98,121	\$123,991	\$871,024	334	\$2,608
Intensive Outpatient (ASAM II.5 or II.1)	\$34,297	\$18,980		\$9,789	\$193,263	\$33,476	\$4,639	\$0		\$42,141	\$53,252	\$389,837	191	\$2,041
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$26,548	\$14,693		\$17,104	\$149,600	\$25,913	\$3,592	\$0		\$28,732	\$36,308	\$302,490	155	\$1,952
FY2023 Substance Use Disorder Treatment Expenditures Budget	\$256,500	\$141,968	\$0	\$73,212	\$1,445,391	\$250,361	\$34,701	\$113,214	\$0	\$269,717	\$340,829	\$2,925,893	1,445	\$2,025

FY2023 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2023 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$75,438	\$41,752		\$21,532	\$425,095	\$73,632	\$29,086	\$104,271		\$44,122	\$55,755	\$870,683
All Other Women (18+)	\$41,507	\$22,974		\$11,848	\$233,897	\$40,514	\$5,615	\$0		\$51,001	\$64,447	\$471,803
Men (18+)	\$135,467	\$74,978		\$38,666	\$763,363	\$132,225	\$0	\$0		\$172,965	\$218,568	\$1,536,232
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$4,088	\$2,264		\$1,167	\$23,036	\$3,990	\$0	\$8,943		\$1,630	\$2,059	\$47,177
Total FY2023 Substance Use Disorder Expenditures Budget by Population Served	\$256,500	\$141,968	\$0	\$73,212	\$1,445,391	\$250,361	\$34,701	\$113,214	\$0	\$269,718	\$340,829	\$2,925,894

FY23 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Four Corners/Carbon

Form B1

FY2023 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2023 Expenditures
Screening and Assessment Only		\$34,805	\$6,142			\$40,947
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)		\$0	\$0			\$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)		\$12,938	\$2,284			\$15,221
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)		\$178,186	\$31,445			\$209,631
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone		\$26,652	\$4,704			\$31,356
Outpatient: Non-Methadone (ASAM I)		\$202,230	\$35,688			\$237,918
Intensive Outpatient (ASAM II.5 or II.1)		\$90,436	\$15,960			\$106,396
Recovery Support (includes housing, peer support, case management and other non-clinical)		\$70,005	\$12,353			\$82,358
FY2023 DORA and Drug Court Expenditures Budget	\$0	\$615,253	\$108,574	\$0	\$0	\$723,827

State Fiscal Year	Projected SOR SFY 2022 Revenue Not Used	State Opioid Response SFY2023 Revenue	Total SFY 2023 SOR Revenue
		SOR 2	
2023		65899	\$65,899.00

SFY2023 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$65,899.00
Salary Expenses	\$39,197.00
Medicaid Navigator	6624
OTP Drivers	32573
Title 3	
Administrative Expenses	\$5,990.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	5990 [1]
Screening & Assessment	\$0.00
Drug Testing	\$0.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon)	\$0.00
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$0.00
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, contracted peer support, contracted)	\$20,712.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2023	\$65,899.00

*Insert a note providing details

*Insert a note describing it

FY23 Substance Abuse Prevention Area Plan & Budget

Local Authority: **Four Corners/Carbon**

Form C

FY2023 Substance Abuse Prevention Revenue	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other State & Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2023 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2023 Substance Abuse Prevention Revenue	\$0					\$102,653	\$22,500	\$6,250			\$160,317	\$291,720

FY2023 Substance Abuse Prevention Expenditures Budget	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2023 Expenditures	TOTAL FY2023 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct											\$5,129		\$5,129	
Universal Indirect						\$102,653	\$22,500	\$6,250			\$148,820		\$280,223	
Selective Services											\$5,129		\$5,129	
Indicated Services											\$1,239		\$1,239	
FY2023 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$102,653	\$22,500	\$6,250	\$0	\$0	\$160,317	0	\$291,720	\$0

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures					\$102,653		\$102,653

Cost Breakdown Category	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2023 Expenditures
Total by Expense Category	90961	54576			74508	33040	38635	\$291,720