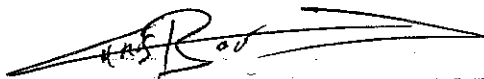


FY 2012 AREA PLAN
FOUR CORNERS COMMUNITY BEHAVIORAL HEALTH, INC.

The FY2012 Substance Abuse and Mental Health Annual Area Plan was adopted by the Grand County Council at a regular meeting of the Council on June 21, 2011.

OFFICIAL SIGNATURES:



Councilperson: Chris Baird

6/21/11

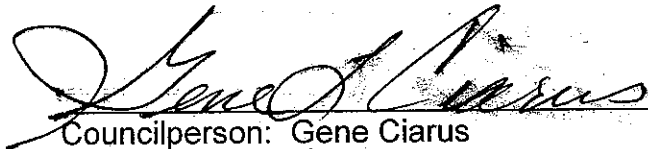
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Councilperson: Ken Ballantyne

6/21/11

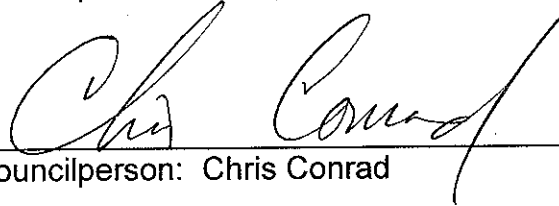
Date



Councilperson: Gene Ciarus

6/21/11

Date



Councilperson: Chris Conrad

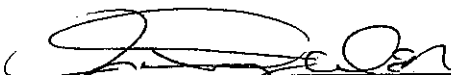
6/21/11

Date

Councilperson: Audrey Graham

6/21/11

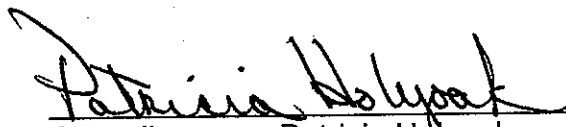
Date



Councilperson: Jim Nyland

6/21/11

Date



Councilperson: Patricia Holyoak

6/21/11

Date

Form A – Mental Health Budget Narrative

1a) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Inpatient

Services:

Acute in-patient care is provided by contracts with ARTC, Utah Valley Regional Medical Center, University Neuropsychiatric Institute, LDS, McKay Dee, and Salt Lake Regional hospitals. Long term in-patient care is provided by the Utah State Hospital.

Case management and/or COTT services are used to divert the need for hospitalization. The Friendship Center has one bed that can be used for hospital diversion efforts, as well.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

The shuttle service, used to transport clients from the hospital is no longer in service. FCCBH staff are now traveling, sometimes 6 to 8 hours, to get clients back in the community once they are discharged.

Form A – Mental Health Budget Narrative

1b) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Inpatient

Services:

Acute in-patient care is provided at Primary Children's Hospital and University Neuropsychiatric Institute. Long term care is provided at the Utah State Hospital.

Case management and intensive services are used to divert the need for hospitalization.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1c) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Residential Care

Services:

FCCBH has two supported living facilities, the Willows in Grand Co. and the Friendship Center in Carbon Co., for SPMI adult clients with varying needs for supervised living and case management. The Willows has eight beds and the Friendship Center has ten beds. Residential staff provides 24 hour coverage. The residents participate in the psychosocial program at the clubhouses in the respective county. Clients are supported in the development of independent living skills and transitional living. Both facilities are used for hospital diversion, to both avoid hospitalization initially by providing secure and supported living, and to allow for the earliest possible discharge of a client who is in the hospital and no longer needs in-patient level of care but cannot yet be discharged to independent living.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1d) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Residential Care

Services:

FCCBH does not currently operate a children's only residential facility. Individuals requiring these services are referred to providers along the Wasatch Front.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No changes.

Form A – Mental Health Budget Narrative

1e) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Outpatient Care

Services:

FCCBH has clinics in Price, Castle Dale and Moab, and provides itinerant services in the East Carbon, Helper and Green River Federally Qualified Health Centers. Assessment, psychological testing, individual, family and group therapy services are provided at all FCCBH clinics. Assessment, individual and family therapy are also provided at the FQHCs. Group therapies are provided for adults with depression, history of childhood sexual abuse, Borderline Personality Disorder, codependency issues and parenting education needs. Brief Solution Focused, CBT and DBT models are used. Our model of service delivery uses the licensed mental health therapist as the prescriber, as well as provider of services. We have moved to a more managed care approach to providing services. We have an assessment specialist in each clinic that completes the client assessment and recommends the type, frequency and duration of services medically necessary for each client. These services include case management, behavior modification (individual and group), clubhouse services, medication management and individual and/or group therapy. A recovery plan is developed using the person-centered method, containing measurable goals and objectives. The plan is staffed with the Recovery Team. Once the duration of services is near completion, the Recovery Team reassesses the client's progress on the goals and objectives, reassesses additional or continued needs, and a plan for continuation of services, including type, frequency and duration is reestablished. Individuals dually diagnosed with mental health and substance abuse disorders are provided integrated treatment.

Smoking cessation classes are offered, sometimes in coordination with the local health department.

'Wellness' is a standard objective on the SPMI client's recovery plan. Being sensitive to their readiness, the objectives include increasing awareness and participating in activities.

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

Expected Increases/Decreases:

We expect a decrease in these services, from 1526 in FY2011 to 1418 in FY2012 due to funding reductions and the model of care described above which reduces services to those medically necessary.

Significant Programmatic Changes:

Last year we implemented a managed care model for our services, to facilitate maintaining our current number of clients with reduced funding and staff. In this model, the client receives an assessment from a mental health therapist who is our centralized assessment specialist. Based on the medical necessity, the client is prescribed services with the type, duration and frequency defined. The recovery team approves the initial recommendation of the prescribed services. Towards the end of the initial prescribed services, the client is staffed with the recovery team, and based upon progress of recovery plan goals and current needs, medically necessary services are again prescribed with the type, duration and frequency being defined. The process repeats while the client is in services.

We found many clients participating in individual therapy are receiving services that are actually behavior management or case management. We also found the amount of insight-oriented psychotherapy services provided for a client sometimes exceeded medical necessity. The new model carefully determines what is medically necessary and provides the appropriate level service and most cost effective service.

Form A – Mental Health Budget Narrative

1f) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Outpatient Care

Services:

Each clinic provides evaluations including 30-day evaluations for DCFS children, limited psychological testing and individual, family and group therapy. Day programs are offered during winter and summer school breaks. Services provided use the Trauma Focused CBT model and include emotion management and life skills development. Group therapy is offered as school based programs in all the elementary and junior high schools in Carbon County. Group therapy services in Emery and Grand County are offered only in the clinics. Adolescent to Adult Transition groups are available for youth transitioning from youth programs to adult services, including coordination of treatment and/or service. Wrap-around services are provided to youth served by two or more systems. A Family Resource Facilitator is used in Carbon Co. for development of family team meetings and service identification skills. Clients dually diagnosed with substance abuse disorders are provided integrated treatment. FCCBH provides critical incident debriefing response to the schools after crisis events.

Expected Increases/Decreases:

We expect a decrease in these services, from 1279 in FY2011 to 1010 in FY2012.

Significant Programmatic Changes:

A system of care model of intervention is being provided to prevent child abuse in Grand County. This system of care is built through interagency collaboration and under the oversight of the Grand County Local Interagency Council (LIC). The Grand County LIC provides the governance for the Grand County System of Care for Child Abuse Prevention. A monthly budget and service report has been made to Grand County LIC by the Program Director. The referrals to and review of services of this program occur through LIC representatives of 7 LIC core youth serving agencies: DCFS, DWS, DJJS, GCSD, FCCBH, SEUHD, Seventh District Juvenile Court, as well as other non-core agency and family representatives. The children and youth served under this project are those not eligible for Medicaid and identifiable as disabled and/or "at-risk" by the criteria of at least two LIC agencies. Once the referral is made, the wrap-around process is used to implement the System of Care on the child and family. The Wraparound Process has a set of steps for determination of what services are needed and how they are delivered.

We are implementing a therapeutic parenting group for parents who are involved with JJS or DCFS and those who have children who are at a high risk for an out of home placement. It is in conjunction with substance abuse services as a pull out part of IOP program.

We are adjusting to changes in other state agencies and in Carbon County we have combined the Local Interagency Counsel with the Interagency Coordinating Committee in order to have more participation.

Form A – Mental Health Budget Narrative

1g) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult 24-Hour Crisis Care

Services:

Case Managers may be used to access resources and informal supports as part of the wrap-around plan. Mental health crisis services are available 24 hours per day, seven days per week in all three counties. Therapists in each office provide the crisis services during business hours, both at the clinic and off-site. After hour crisis services are provided by an on-call therapist in each county. A “high-risk list” is maintained in each county and high-risk cases are staffed at least weekly. The on-call therapists are required to respond within 20 minutes to any call. Outreach crisis intervention (coming to the site to evaluate an individual or provide assistance to law enforcement) is available in all three counties. FCCBH meets regularly with the area first responders to ensure responses and services are meeting their needs.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

CIT: FCCBH has several staff members involved in the team providing CIT to local law enforcement. Carbon and Emery counties have their local law enforcement participating in CIT. Carbon county is especially active in the program.

Form A – Mental Health Budget Narrative

1h) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth 24-Hour Crisis Care

Services:

Case Managers may be used to access resources and informal supports as part of the wrap-around plan, to resolve and/or divert crisis situations. Mental health crisis services are available 24 hours per day, seven days per week in all three counties. Therapists in each office provide the crisis services during business hours, both at the clinic and off-site. After hour crisis services are provided by an on-call therapist in each county. A “high-risk list” is maintained in each county and high-risk cases are staffed at least weekly. The on-call therapists are required to respond within 20 minutes to any call. Outreach crisis intervention (coming to the site to evaluate an individual or provide assistance to law enforcement) is available in all three counties.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

Form A – Mental Health Budget Narrative

1i) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Psychotropic Medication Management

Services:

FCCBH has two contracted psychiatrists, one Physician Assistant, one APRN and three RNs provide psychiatric evaluations and medication management for adults. One psychiatrist provides services for adults at the Price and Castle Dale clinics, and a one provides services at all 3 clinics. We have partnered with the University of Utah School of Medicine as a placement for resident training. These residents may be adult or child psychiatry. Two RNs provide services for the Price clinic and the Price/Castle Dale COTT. One RN provides services for the Moab clinic and two are available for COTT services. Telehealth is used to provide medication management between clinics, and from one of the psychiatrist's home in Park City. Psychiatrists order a panel of blood tests for clients on atypical antipsychotic medications, diabetes screening following the AMA guidelines, and a CPK test for clients who are on a mood stabilizer medication. Laboratory test results are forwarded to the client's primary care provider. FCCBH has established an electronic link with the local hospital laboratory which allows the lab results to be entered directly into our electronic client record. Client vital signs and weights are taken and recorded at each visit. If a client presents with high blood pressure or other health concerns, we refer them to their primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral is made to the local FQHC. Case managers or other staff will take a client to their medical appointment if the client has no other means to get to the appointment.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

Reduction of one psychiatrist and an addition of the Physician Assistant and the APRN.

FCCBH will be developing and implementing an Open Access model of care for adult medication management. We will start with set periods of time at the beginning of the implementation phase where the prescribers do not set appointment and are available for clients who call or come into the office during that time frame. It is our goal that over time we will have the Open-Access model used for the majority of the time prescribers are available. In this model, clients may see their own prescriber, or another, on the day they call for any problem, whether urgent, routine or preventive. Open Access eliminates the distinction between urgent and routine of the day's work. The intent is to provide the services when the need occurs, reducing waiting time to see a prescriber thereby improving the quality of care, and to reduce the rate of no-shows for medication management appointments.

Form A – Mental Health Budget Narrative

1j) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Psychotropic Medication Management

Services:

Two psychiatrists, the Physician Assistant and the APRN provide services for children/youth in Price and Castle Dale. In Moab a board certified child psychiatrist provides services to children and youth with another psychiatrist also providing services to older teens. When certain meds have been prescribed, lab tests are completed to monitor medication levels. Lab test results are forwarded to the client's primary care provider. Client vital signs and weights are taken and recorded at each visit. If a client presents with health concerns, we refer them to their primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral is made to the local FQHC.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

Reduction of one board certified child psychiatrist who provided services to Carbon and Emery County clients, and the inclusion of the Physician Assistant and the APRN who are providing child/youth medication management services.

FCCBH will be developing and implementing an Open Access model of care for child/youth medication management. We will start with set periods of time at the beginning of the implementation phase where the prescribers do not set appointment and are available for clients who call or come into the office during that time frame. It is our goal that over time we will have the Open-Access model used for the majority of the time prescribers are available. In this model, clients may see their own prescriber, or another, on the day they call for any problem, whether urgent, routine or preventive. Open Access eliminates the distinction between urgent and routine of the day's work. The intent is to provide the services when the need occurs, reducing waiting time to see a prescriber thereby improving the quality of care, and to reduce the rate of no-shows for medication management appointments.

Form A – Mental Health Budget Narrative

1k) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Psychosocial Rehabilitation

Services:

FCCBH has a Clubhouse program in Price and in Moab. Psychosocial units include member services and kitchen services. Program members are assisted with independent living skills, applying for entitlements and skills training for successful day to day living. Social skills development is integrated throughout all units and services. Programs also include members working on clerical work, preparation of the monthly newsletter and weekly internal news, outreach, advocacy, new member orientation and increasing computer proficiency. Staff members help club members maintain entitlements and assist with independent living skills. Social skills development is integrated throughout all units and services. Wellness strategies have been implemented to promote health and wellness education and foster healthy lifestyles. Each clubhouse has exercise equipment, vending machines with only healthy snacks, with weekly wellness activities and various contests. Wellness education is provided by Clubhouse staff and outside consultants. Members are encouraged to participate, and receive incentives to do so. Wellness is a standard objective on the SPMI client's recovery plan. Being sensitive to their readiness, the objectives may be increasing awareness or participating in activities.

Regular smoking cessation classes are offered throughout the year.

Expected Increases/Decreases:

We expect a decrease in these services from 334 in FY2011 to 277 in FY2012.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

11) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Psychosocial Rehabilitation

Services:

Youth psycho-social rehabilitation is provided for the youth of Carbon and Emery Counties, by a licensed SSW, supervised by a psychologist, as youth skills development which is part of the day program. After assessment, youth are staffed into the program by the multi-disciplinary team. This is a summer and winter break program. The programs are organized around learning modules with specific themes, which includes the following: respect of self and others; making and keeping friends and appropriate social behaviors; apologizing; goal setting; gang and drug prevention; following rules and instructions and team work; knowing your feelings, expressing your feelings, appropriate emotional expression and understanding the feelings of others; facing problems, arranging problems by importance, and talking about problems appropriately; anger management, and dealing with someone else's anger; dealing with fear; tolerating differences; dealing with bullies, and keeping out of fights; listening skills; conversation skills; using self control; being a good sport; responding to failure; resisting peer pressure; self-esteem and self confidence; healthy risk taking; conflict resolution; accepting feedback; and taking personal responsibility and accountability.

These concepts are taught in modules and discussed, practiced and role modeled. Clients complete daily journal entries about their experiences with the concepts, including their thoughts and feelings and their positive and negative experiences with the concept. These learning modules help the client to increase healthy lifestyles and personal and social skills, and to expands their willingness to learn.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1m) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Case Management

Services:

Targeted case management (TCM) services are provided to SPMI adults for whom the service is determined to be medically necessary. TCM services are based on a case management assessment and a service plan, which is completed by a qualified targeted case manager. There must be reasonable indication that the individual will access needed treatment/services only if assisted by a qualified targeted case manager, who in accordance with the individualized recovery plan locates, coordinates and regularly monitors the services.

Through the Community Outreach Treatment Team (COTT), FCCBH provides several in-home services including case management, therapy, individual skills development and medication management via therapists, case managers and nurses. The COTT go to client's homes to provide these services when needed to keep a client stable and to avoid hospitalization. The visits are scheduled according to the individual needs of each client to obtain the goals defined in the client's recovery plan. The COTT is organized to provide assertive community services with a high degree of fidelity to the PACT model.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1n) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Case Management

Services:

Targeted case management (TCM) services are provided to SED children for whom the service is determined to be medically necessary. TCM services are based on a case management assessment and a service plan is completed by a qualified targeted case manager. There must be reasonable indication that the individual will access needed treatment/services only if assisted by a qualified targeted case manager who in accordance with the individualized recovery plan locates, coordinates and regularly monitors the services. Case managers attend, and often facilitate family team meetings. FCCBH will be contracting for a 15 hour per week Family Resource Facilitator, intended to strengthen family involvement and empower them in the recovery process. Wrap around services are part of the recovery planning process, involving community partners and natural supports to assist in achieving the recovery goals. Each clinic has a staff member assigned to participate on the Local Interagency Council (LIC) meetings in support of continued strength in community partner involvement of integrated services for high risk youth.

Expected Increases/Decreases:

We expect an increase in these services, from 107 in FY2011 to 179 in FY2012. The increase in expected services comes from our changing our service delivery system to a managed care approach. Case management needs will be better identified in the assessment process and those medically necessary case management services will be included in the recovery plan and provided by a case manager rather than in an individual therapy session. The increase in case management need identification will result in more case management services, which will result in the need for less costly services to meet the client's needs.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1o) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Community Support (In home, housing, family support, respite services)

Services:

FCCBH helps clients find and stay in suitable housing. The Clubhouse program 'Housing Units' in the Interact and New Heights Clubhouses act as residents councils, and assist in managing the Ridgeview Apartments in Moab, and the Cottonwood 4-plex in Price. Case managers work with individual clients to identify housing needs and options, and assists them in develop budgets to save for housing expenses, access deposit monies, complete necessary paperwork , and actually move belongings when needed. Through our PATH grant we outreach to local shelters to link people with mental illnesses who are homeless or at risk of homelessness to housing resources. FCCBH also works with local nursing homes and hospitals to assist clients with housing needs after discharge.

Expected Increases/Decreases:

We expect an increase in these services, from 6 in FY2011 to 9 in FY2012, due to an ability to better utilize our available housing units to serve the additional individuals. Sometimes clients deemed more appropriate for supported living services rather than independent living, and with the new supported living facility in Price, we are able to accommodate those needs. As individuals in the supported living become capable of independent living, we transition them into the Ridgeview or Cottonwood. This flexibility in the housing range of services allows us to service more individuals.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1p) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Community Support (In home, housing, family support, respite services)

Services:

Youth needing this service will be identified by the youth's wraparound team. Where a wrap around team does not exist for the youth and family, the FCCBH MHT prescriber will inquire at time of Personal Recovery Plan (PRP) update of the parents, "Do you need some time away for yourselves?" Or, "Do you need a hiatus that FCCBH could arrange for you?" If the parents agree that sometime away would be helpful, the therapist will place an appropriate objective into the PRP with "respite" as the intervention. This intervention will be strengths focused with appropriate strengths identified that will be enhanced by providing this intervention.

If a case manager exists for family & youth, the therapist will ask the case manager to recruit a respite worker for this specific family. If a case manager does not exist for this family, the therapist will inquire from the family if friends or neighbors may be able to provide the respite service and be reimbursed by FCCBH. If the friends and family avenue is exhausted without an available respite provider with whom FCCBH might contract, the respite worker recruitment issue will be brought by the TCM or MHT to the Local Interagency Council (LIC) if the youth has the involvement of more than one agency and the parent signs the appropriate ROI.

FCCBH will facilitate the recruitment of respite providers by paying to have the Background Criminal Investigation (BCI) done for the potential provider recruited by FCCBH staff.

The children's case manager or family resource facilitator or therapist makes application in writing to the clinic supervisor who authorizes payment to the respite provider.

FCCBH will train respite providers who have passed the BCI in remedial ways of managing a child with SED. Clinic supervisor will authorize payment to respite provider for any training or paperwork time that the provider will incur after the provider has passed the BCI. The respite provider must be approved by the child's parent prior to beginning service for the family.

Our ability to provide this service will increase as it has now become an expected part of the recovery plan (PRP).

Expected Increases/Decreases:

We expect an increase in these services in FY2012.

Significant Programmatic Changes:

The inclusion of respite services in the recovery plan, and the staff being trained to address this issue at the onset of services, will allow the respite needs to be realized and provided. The respite needs of the parent/guardian will be reviewed at regular intervals in the recovery process, and provided when necessary.

Form A – Mental Health Budget Narrative

1q) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Consultation & Education Services

Services:

FCCBH provides case consultation to other agencies which provide services to the mentally ill. FCCBH physicians routinely provide consultation to community physicians who are managing mentally ill patients. FCCBH provides community education on topics including various issues regarding mental illness, anger management, depression, anxiety, psychosis, domestic violence, attention-deficit hyperactivity disorder, suicide prevention, self-injury behavior, and system of care model to community, family and professional groups. FCCBH provides various educational training to law enforcement, Department of Corrections, nursing homes, emergency medical responders, hospitals, physicians, and court staff.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1r) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Consultation & Education Services

Services:

FCCBH provides community education on topics including various issues regarding mental illness, anger management, depression, attention-deficit hyperactivity disorder, suicide prevention, self-injury behavior, and system of care model to the Local Interagency Council, students, families, teachers, DCFS, DJJS, and juvenile court staff. FCCBH provides education to the high schools, junior highs, elementary in all three counties.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1s) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Services to Incarcerated Persons

Services:

In all three counties jail outreach and intervention services are provided for all county inmates who need these services. FCCBH provides emergency evaluations of inmates in crisis, with a referral to jail contracted physicians for medication evaluation and management when medically necessary. FCCBH links inmates to outpatient services on release from jail. Weekly mental health and/or substance abuse groups are held weekly in each county jail. Open clients that are serving jail time are visited while in jail by a member of the recovery team. Emergency on-call workers receive calls from the county jails regularly for help and consultation with inmate problems related to mental illness and behavioral issues. FCCBH provides assistance to jail staff as called upon to do so.

Expected Increases/Decreases:

We expect an increase in these services, from 14 in FY2011 to 49 in FY2012. In FY2011 we under-projected with our figure of serving 14 individuals. Our actual number served in FY2012 will be 49.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1t) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Adult Outplacement

Services:

Outplacement services are provided to SPMI clients to either divert hospitalization, or to facilitate discharge from in-patient services. The Managed Care Coordinator is made aware of the needs of the client, either from an FCCBH program director, or from hospital staff. Outplacement services include, but are not limited to: the full continuum of services; providing healthcare or medical assistance in the home; arranging and paying for placement in alternative environments/facilities, or to augment the care requirements in the alternative environment; minor modifications to the client's residence enabling them to live at home; temporary housing assistance while the client is stabilized on medication; travel arrangement and expense for client to live or temporarily stay with family members or support person; and other functions.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1u) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Children/Youth Outplacement

Services:

Out-patient services and referrals are available, as well as various accommodations as needed. We provide residential services for hospital diversion or discharge planning. We provide for a client's individualized needs to assist in the child/youth to be stable and remain in the community, which may include contracting with community partners for the specifically needed services. We have provided wages for supported employment for teens, to provide day-to-day structure and personal motivation and achievement. If medical needs are required we contract with the appropriate entity to provide the in-home services.

Expected Increases/Decreases

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1v) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Unfunded Adult Clients

Services:

Approximately 80% of the “Unfunded/Non-Medicaid” funding, which FCCBH refers to as “Wellness Funding”, is used for adult clients (the other approximate 20% is for child/youth clients). The adult client receives an assessment, up to three individual sessions and inclusion into a time limited therapy group using the DBT model. Individual sessions use the Brief Solution Focus model. Occasionally, medication management is provided. Most often, medication management services are accessed as the client is referred to their local FQHC. Medical needs are referred out to the local FQHC.

Not all unfunded clients are able to benefit from the above funding source as we are limited to a maximum of 66 adult clients. Unfunded clients may receive any of the FCCBH adult services. FCCBH does not deny services based on inability to pay.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1w) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Unfunded Children/Youth Clients

Services:

Approximately 20% of the “Unfunded/Non-Medicaid” funding, which FCCBH refers to as “Wellness Funding”, is used for adult clients (the other approximate 80% is for adult clients). School age children receive an assessment and individual and group services in the clinics, (and in the school based programs in Carbon County), including the summer and winter break Children’s Program.

Not all unfunded clients are able to benefit from the above funding source as we are limited to a maximum of 17 child/youth clients. Unfunded clients may receive any of the FCCBH child/youth services. FCCBH does not deny services based on inability to pay.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

1x) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Other Non-mandated Services

Services:

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

Personal Services for SMPI and SED clients:

Personal Services are recommended and furnished for the primary purpose of assisting in the rehabilitation of clients with SPMI or SED. These services include assistance with instrumental activities of daily living that are necessary for individuals to live successfully and independently in the community and avoid hospitalization. Personal services include assisting the client with varied activities based on the client's rehabilitative needs, such as: picking up prescriptions, banking and paying bills, maintaining the living environment including cleaning and shopping and the transportation related to these activities, and representative payee activities when the mental health center has been legally designated as the client's representative payee. These services assist clients to achieve their goals for remedial and/or rehabilitative adequacy necessary to restore them to their best possible functioning level.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form A – Mental Health Budget Narrative

2. CLIENT EMPLOYMENT

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

They are:

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

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

- Competitive employment in the community
- Collaborative efforts involving other community partners
- Employment of consumers as staff
- Peer Specialists/Family Resource Facilitators
- Supported Employment to fidelity

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

Collaborative efforts involving other community partners: TE or Temporary Employment opportunities are developed through staff assignments in the work ordered clubhouse day. These opportunities allow consumers to step into the world of work on temporary, supported basis so as to manage stress and personal expectations realistically. Community partners have been willing to offer "Group TE" opportunities on a given day each week where clubhouse members can work a few or several hours to earn money and structure their day. An annual "Employer of the Year" dinner is held in the clubhouse each year to honor competitive, supported and temporary employers who have contributed to assisting clubhouse member's return to a meaningful occupation. The Clubhouse staff also make presentations to community groups, such as the Rotary Club, to educate and promote employment opportunities for members. FCCBH facilitates consumer attendance at the various classes offered by DWS to enhance employment skills.

Employment of consumers as staff: FCCBH makes every effort to employ consumers when appropriate. Currently, there are 2 residential aids working PRN in the supported housing programs. A former clubhouse member also works as a residential aid and another as a secretary.

Peer Specialists/Family Resource Facilitators: FCCBH does not have a peer specialist position. In the coming FY, FCCBH plans to develop the policy, procedure and job description appropriate to this position. This has been an area FCCBH has been very interested in promoting. The position would need to be outside the clubhouse setting as it is not in line with the Clubhouse Standards for members to be paid for work.

Supported Employment to fidelity: FCCBH is affiliated with the Utah Clubhouse Network and works to maintain fidelity to the clubhouse model. In the coming year we plan to expand the temporary and supported employment opportunities offered at the New Heights clubhouse in Price. The clubhouse model emphasizes employment and meaningful work as a major vehicle of recovery from SPMI.

Form A – Mental Health Budget Narrative

3. **QUALITY AND ACCESS IMPROVEMENTS**

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

FCCBH has 7 improvement projects for FY2012. **(1)** We have implemented a performance improvement project to increase the amount of concurrent documentation of mental health therapy appointments. This improvement project is intended to increase consumer input into the clinical record and participation in maintenance of that record. This performance improvement project has been shown by previous studies to improve accuracy in documentation as well as timeliness of that documentation. The FCCBH Quality Assessment and Performance Improvement Committee reviews reports on current documentation to identify champions of the practice and incentives for broadening compliance. In the coming fiscal year we plan to increase concurrent documentation of individual psychotherapy to 75% agency-wide. **(2)** FCCBH plans to roll out a safety/crisis planning electronic document and train to a best-practice procedure for evaluating the need for a safety/crisis plan and complete a safety/crisis plan that involves family and informal supports. The safety/crisis plan format will include strategies for recognizing triggers and preventing escalation of behaviors. **(3)** Our efforts to implement wellness education into our service package for SPMI consumers will be expanded with RN staff educating in diabetes and hypertension management. **(4)** We will make strides toward the implementation of our tobacco-free campus in 2013. These will include consumer focus groups and drafting of an organizational policy regarding tobacco use on campus. This is in keeping with our position as a health promoting community organization. **(5)** The training focus for the coming fiscal year for MHT staff, as decided by the QAPI and approved by the Executive Committee will be construction of a person-centered, strength-based diagnostic formulation in the assessment. The intention is to help clinicians link the assessment with the personal recovery plan and include criteria for discharge and level of care change. **(6)** FCCBH, will follow-up on our planned June 2011 training of Carbon County law enforcement in the Critical Incident Team (CIT) process throughout the coming fiscal year. **(7)** FCCBH will be implementing an Open-Access model of care for adult and child/youth medication management services, with the goal to improve access to care. The details of this project are explained in the Adult Medication Management section.

Form B – Substance Abuse Treatment Budget Narrative

1) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Hospital Inpatient

Services:

FCCBH does not provide this service directly. Individuals requiring this level of care due to risk of medical withdrawal are referred to appropriate medical facilities including Highland Ridge Utah Valley Regional Medical Center, and LDS Hospital.

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

No significant changes:

Form B – Substance Abuse Treatment Budget Narrative

2) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Freestanding Residential

Service:

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

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

3) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Hospital Inpatient (Rehabilitation)

Services:

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

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

4) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Short Term (up to 30 days)

Services:

FCCBH does not provide these services directly. FCCBH provides clients with a full substance abuse assessment, which includes a mental health evaluation, in accordance with the ASAM dimensions, including the electronic ASI, the MAST, SASSI or other instruments. FCCBH contracts with, and refers clients to the following agencies for this service: House of Hope (in Provo, SLC and Ogden facilities); Summit Lodge and First Step House. Programs with these providers cover the basic components of treatment. Clients receive substance abuse assessments and mental health evaluation from FCCBH before referral. Clients will be assigned a therapist/counselor and case manager upon intake. Clients receive an integrated array of services including assessment; crisis interventions; recovery planning and reviewing; relapse prevention; individual, group and family therapy; counseling and therapeutic behavior services; psycho-education classes; personal skills development; social skills training; clothing assistance and transportation services; inclusion in community self help (AA 12 step) groups; supervised community time; and discharge planning. Gender specific services are offered and if a woman with a child, or children, is referred to a House of House program the child/children are allowed to attend treatment with the mother, and DCFS involvement is included. Clients are given drug/alcohol use tests.

Expected Increases/Decreases:

No expected increase or decrease.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

5) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Long Term (over 30 days)

Services:

FCCBH does not provide these services directly. Clients are provided a full substance abuse assessment, which includes a mental health evaluation, in accordance with the ASAM dimensions, including the electronic ASI, the MAST, SASSI or other instruments. FCCBH contracts with, and refers clients to the following agencies for this service: House of Hope; Serenity House; MATR; Summit Lodge and First Step House. Programs with these providers cover the basic components of treatment. Clients in these programs receive substance abuse assessments and mental health evaluation from FCCBH before referral. Clients will be assigned a therapist/counselor and case manager upon intake. Clients receive an integrated array of services including assessment; crisis interventions; recovery planning and reviewing; relapse prevention; individual, group and family therapy; counseling and therapeutic behavior services; psycho-education classes; personal skills development; social skills training; recreational therapy; GED and vocational training; clothing assistance; transportation services; inclusion in community self help (AA 12 step) groups; supervised community time; and discharge planning. Gender specific services are offered and if a woman with a child, or children, is referred to a House of House program the child/children are allowed to attend treatment with the mother, and DCFS involvement is included. Clients are given drug/alcohol use tests.

Expected Increases/Decreases:

We expect a decrease in these services, from \$14,250 in FY2011 to \$6,920 in FY2012.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

6) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Outpatient (Methadone)

Services:

FCCBH is not licensed to provide this service. Those in need of Methadone maintenance are referred to Project Reality in Salt Lake City for these services.

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

7) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Outpatient (Non-methadone)

Services:

Clients receive a full substance abuse assessment, which includes a mental health evaluation, in accordance with the ASAM dimensions, including the electronic ASI, the MAST, SASSI or other instruments. Client's level of care is determined and provided in accordance with the ASAM placement criteria. All recovery plans are developed according to Person Centered Planning, and are reviewed and modified according to the level of care requirement. FCCBH provides the full continuum of treatment with clients being placed in lower levels of care as they progress through treatment, and in higher levels of care as they digress in treatment. Changes in level of care are made in accordance with the ASAM placement criteria. Recovery teams regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care. Motivational interviewing is used as a primary focus of intervention. All education and program materials are from the evidence-based Matrix program. The program includes a women-specific treatment component. FCCBH provides transportation to services for pregnant women, or women with children, when needed. Clients may be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance abuse disorder, opening them up to the full array of mental health services including the COTT. Clients presenting with medical concerns/conditions may be referred to a primary care physician, or the nearest FQHC. Programs services include: individual, couples, family and group therapy; individual and group therapeutic behavior services; psycho-education classes; case management services as needed, and urine analysis. Interim services are available.

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

FCCBH is in the planning phase of modeling the substance abuse treatment program after the drug court model, to include community supervision, regularly scheduled appearances before the judge and the provision of issuing sanctions and rewards. All clients will receive additional community supervision, either from A.P. &P. agents, drug court trackers or FCCBH case managers. Community supervision includes telephone calls, visits to the home or work site. All clients will appear before their judge at regularly scheduled intervals, with non-drug court clients being placed on court probation for the duration of their time in treatment to accommodate the court appearances. Violations of program rules, positive drug tests, etc will cause the client to be required to appear before their judge. Sanctions and rewards will be given. (For non-adjudicated clients, the court involvement is eliminated, but the community supervision will occur with FCCBH case managers). The program will be quite different in the beginning phase when clients are overwhelmed with compliance issues of getting employment, finding suitable housing, establishing a support group, etc., at a time when their cognitive functions are poor and not at the optimum functioning required for successful treatment participation. The early phase of treatment will focus on interventions in keeping with the pre-contemplative phase of change, typically in a group setting. In this beginning phase, fewer hours will be spent in the therapeutic setting, and significantly more hours of community supervision will occur. During this time the sense of AP&P, courts, and treatment providers working as a team on the client's behalf will be established, with an emphasis on building positive rapport with the client. This beginning phase is expected to be 4 to 6 weeks. After this first phase the client will spend more hours in the therapeutic setting, according to the ASAM placement criteria. All the details of this new model have not been established. The purpose for this new model is to accommodate the same number of clients when budgets reduce; to combine the effectiveness of the team with community supervision, court involvement and treatment; to quickly respond and provide consequence to negative client behavior; to be a more constant and supportive presence in the client's day-to-day life; to implement and pace therapeutic interventions in a manner than is in tune with the biological nature and readiness of addiction recovery; and ultimately to improve the likelihood of successful treatment completion and relapse prevention.

Form B – Substance Abuse Treatment Budget Narrative

8) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Intensive Outpatient

Services:

Clients receive a full substance abuse assessment in accordance with the ASAM dimensions, as indicated above, and a mental health evaluation. Client's level of care is determined and provided in accordance with the ASAM placement criteria. All recovery plans are developed with a focus on the Person Centered Planning approach and are reviewed and modified according to the level of care requirement. Motivational interviewing is used as a primary focus of intervention. All education and interventions are from the evidence-based programs. FCCBH has a women-specific treatment component. FCCBH provides transportation to services for pregnant women, or women with children. Clients may be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance abuse disorder, and open up to them the full array of mental health services including the COTT. Clients presenting with medical concerns or conditions may be referred to a primary care physician, or the nearest Federally Qualified Health Center. Programs services include: individual, couples, family and group therapy; individual and group therapeutic behavior services; education classes; case management services as needed and urine analysis. Priority for treatment is given in this order: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others.

Expected Increases/Decreases:

We expect a decrease in these services, from 254 in FY2011 to 229 in FY2012.

Significant Programmatic Changes:

FCCBH is in the planning phase of modeling the substance abuse treatment program after the drug court model, to include community supervision, regularly scheduled appearances before the judge and the provision of issuing sanctions and rewards. All clients will receive additional community supervision, either from A.P. &P. agents, drug court trackers or FCCBH case managers. Community supervision includes telephone calls, visits to the home or work site. All clients will appear before their judge at regularly scheduled intervals, with non-drug court clients being placed on court probation for the duration of their time in treatment to accommodate the court appearances. Violations of program rules, positive drug tests, etc will cause the client to be required to appear before their judge. Sanctions and rewards will be given. (For non-adjudicated clients, the court involvement is eliminated, but the community supervision will occur with FCCBH case managers). The program will be quite different in the beginning phase when clients are overwhelmed with compliance issues of getting employment, finding suitable housing, establishing a support group, etc., at a time when their cognitive functions are poor and not at the optimum functioning required for successful treatment participation. The early phase of treatment will focus on interventions in keeping with the pre-contemplative phase of change, typically in a group setting. In this beginning phase, fewer hours will be spent in the therapeutic setting, and significantly more hours of community supervision will occur. During this time the sense of AP&P, courts, and treatment providers working as a team on the client's behalf will be established, with an emphasis on building positive rapport with the client. This beginning phase is expected to be 4 to 6 weeks. After this first phase the client will spend more hours in the therapeutic setting, according to the ASAM placement criteria. All the details of this new model have not been established. The purpose for this new model is to accommodate the same number of clients when budgets reduce; to combine the effectiveness of the team with community supervision, court involvement and treatment; to quickly respond and provide consequence to negative client behavior; to be a more constant and supportive presence in the client's day-to-day life; to implement and pace therapeutic interventions in a manner than is in tune with the biological nature and readiness of addiction recovery; and ultimately to improve the likelihood of successful treatment completion and relapse prevention.

Form B – Substance Abuse Treatment Budget Narrative

9) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Detoxification (Outpatient)

Services:

FCCBH does not provide this service directly. Individuals requiring these services are referred to providers along the Wasatch Front.

Expected Increases/Decreases:

No expected increases or decreases.

Significant Programmatic Changes:

No significant changes.

Form B – Substance Abuse Treatment Budget Narrative

10) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

Recovery Support Services

Services:

FCCBH has been very involved in support of the informal network of recovery support in our communities. For example, Narcotics Anonymous uses the facilities at the clinic office in Moab for at least three meetings each week. Because our substance abuse treatment consumers attend the 12 step recovery support meeting in the rooms where they are also attending their treatment groups, a smooth transition to 12 step meetings for aftercare is possible. FCCBH proposes, within the next fiscal year, to assure that our facilities in each county are offered for consumer led recovery support groups. FCCBH will refine provider reporting of data regarding the use of recovery support services so that FY 2012 SAT Performance Measures more accurately reflects how recovery support services are interwoven into treatment programming.

We anticipate the programmatic change evidenced in the SAT Performance Measures as more consumers using recovery support groups during and following treatment.

Expected Increases/Decreases:

We expect an increase in the use of recovery support services by our consumers during their treatment episodes in the next fiscal year as evidenced by the SAT Performance Measures. This will not result in an increase in costs to our program.

Significant Programmatic Changes:

FCCBH proposes, within the next fiscal year, to assure that our facilities in each county are offered for consumer led recovery support groups. FCCBH will refine provider reporting of data regarding the use of recovery support services so that FY 2012 SAT Performance Measures more accurately reflects how recovery support services are interwoven into treatment programming. We anticipate the programmatic change evidenced in the SAT Performance Measures as more consumers using recovery support groups during and following treatment.

Form B – Substance Abuse Treatment Budget Narrative

11) Instructions:

- In the box below, describe your Quality and Access Improvements
- Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

FCCBH plans the following quality and access improvements in the coming fiscal year. At the recommendation of the Quality Assessment and Performance Improvement Committee and the directive of the Executive Committee, the training focus for the coming fiscal year for MHT working with substance abusing clients, will be construction of a person-centered, strength-based diagnostic formulation in the assessment. The intention is to help clinicians create a more apparent (1) link of the assessment with the personal recovery plan and include criteria for discharge and level of care change in both the formulation and the personal recovery plan. Additionally, FCCBH intends to deepen our EBP with trauma survivors by bringing Stephanie Covington's TREM as elucidated by Twyla Peterson Wilson to our women's specific treatment groups. Given that each county has a TREM trained provider, our intention for this year is to (2) monitor fidelity to this model by having providers in each county spend time in the women's specific treatment groups of the other counties. (3) The Risk and Needs Triage (RANT) will be implemented at FCCBH as part of the assessment of every drug court referral. (4) Based upon the issues identified in our FY 2011 Recovery Plus assessments, FCCBH will develop a policy and implementation plan to establish tobacco free environments at all of our facilities. (5) FCCBH intends to increase the percentage of substance abuse treatment consumers who are retained in treatment for 60 days or more from 42% to 62% in FY 2012 as reported by the SAT Performance Measures. Additionally, (6) FCCBH will increase the percentage of substance abuse treatment consumers who successfully complete a level treatment episode from 27% to 47% as reported by the SAT Performance Measures.

Form C – Substance Abuse Prevention Budget Narrative

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

Within the FCCBH LSAA area these four communities have been identified as prioritized communities: Price, Moab, Castle Dale, and Green River. Each of these communities has a local community coalition (Price-CCTCC, Moab-MCAC, Green River-CHEER, and Castle Dale-HOPE) that has reviewed SHARP 2009 data, the most recent community assessment, to establish priority focus. This important data element has come forth from SHARP 2009: Lifetime use of alcohol by 10th Graders and 12th Graders is 14% higher than the state average. As a result, our LSAA area has focused upon underage alcohol use for our SAPT funded programs. Our intention is to see this number lowered in SHARP 2011 & 2013 data. Therefore, the prioritized protective factor that appears most often in our program logic models is promotion of opportunities for pro-social involvement. The prioritized risk factor is that an unacceptably high percentage (higher than state average) of students in every grade level surveyed report an intention to use drugs in the future. We plan to increase the youth reported opportunities for pro-social involvement and reduce the number of youth who report intention to use drugs in the SHARP 2011 & 2013.

2. Please use the space below to describe issues related to prevention services capacity within your area.

FCCBH LSAA area is a frontier area of 9600 square miles with a population of 4 persons per square mile (39,000). The 4 prioritized communities are several miles from one another and the coordination of prevention services requires considerable travel. The development and recruitment of part-time employees and volunteer coalitions in each community is necessary to make prevention services sustainable in those communities.

3. Please use the space below to explain the planning process you followed.

In the FCCBH LSAA area, coalitions use consumption and causal factor data collected from multiple sources including: SHARP survey, police reports, hospital/medical records, interviews/focus groups. Sub-committees review data and report to the larger coalition. Decisions about priorities are made through a consensus process as a result of votes cast by coalition members.

Form C – Substance Abuse Prevention Budget Narrative

4. Please use the space below to describe your evaluation process.

The data that was originally collected to identify the prioritized risk and protective factors will be reassessed to determine what changes occurred as a result of our evidence-based programming. For example: “opportunities for pro-social involvement,” which had increased in 10th grade in SHARP 2009 compared to 2007.

5. In the space below, please list any programs you have discontinued from SFY 2010 and describe why it was discontinued.

Life Skills Training (Botvin) in Carbon County will be replaced by Friends of Rachel in-school program a curriculum for grades 3-6 and 7-9. This change was made due to Carbon County Communities That Care Coalition input and that of Carbon County School District. This allows SAPT funded programming to compliment Carbon County School District programming for a sustainable evidence-based program.

Form C – Substance Abuse Prevention Budget Narrative

Instructions

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.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Universal Direct (Enter the total funds to be expended in this category on the budget sheet)

Prevention Dimensions training for elementary school teachers and other PD related events will be organized directly by FCCBH employed prevention specialist in Price.

Prevention Dimensions training for elementary school teachers and other PD related events will be organized directly by FCCBH employed prevention specialist in Moab.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Botvin's Life Skills Training I & II will be provided to all seventh, eighth, ninth, & ten grade students in Grand County Junior and Senior High Schools in Moab. These 12 week courses will be provided directly by a FCCBH employed prevention specialist trained to deliver the curriculum with fidelity.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Friends of Rachel and Rachel's Challenge Programming curriculum will be delivered in Grades 3-6 and 7-9 in Carbon County Schools.

This is a new program this year to use direct SAPT funded prevention specialist time in the school to do instruction and program facilitation thereby creating a coalition promoted opportunity for pro-social involvement for students of Carbon County.

Governing Youth Council in Emery County will coordinated directly by a prevention specialist funded by SAPT

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Town Hall Meeting – Parents Empowered events will be facilitated by a FCCBH prevention specialist in each of three counties.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Form C – Substance Abuse Prevention Budget Narrative

Instructions

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.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Universal Indirect (Enter the total funds to be expended in this category on the budget sheet)

Community Based Process will be facilitated directly by a FCCBH employee in each of three counties again in fiscal year 2012.

There is an expected decrease from the previous year in that some time from this activity will be given over to EASY in both Grand and Carbon Counties.

There are no expected programmatic changes from the previous year.

Form C – Substance Abuse Prevention Budget Narrative

Instructions

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.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Selective Services (Enter the total funds to be expended in this category on the budget sheet)

Synar Compliance Checks are the primary responsibility of the SEUHD in our LSAA area but a FCCBH prevention specialist facilitates the recruitment of youth for the compliance checks and may participate directly in the buys as the need arises.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

EASY Compliance Checks are the primary responsibility of law enforcement in FCCBH LSAA area. However, FY 2012 a FCCBH prevention specialist will obtain reports on this activity in each county and bring this to the coalition agenda and the law enforcement awareness throughout the year.

This program will be increased from the previous fiscal year in that the prevention specialist in Carbon and Grant Counties will have specific time dedicated to this program. Thereby, these counties will join Emery in more vigilant assurance that the program is progressing as intended. Time is being pulled from Community Based Process in Grand and Carbon to support this activity.

Girls in Real Life Situations 7th grade junior high school girls will participate in a 12 week course offered directly by a FCCBH prevention specialist

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Form C – Substance Abuse Prevention Budget Narrative

Instructions

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.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Indicated Services (Enter the total funds to be expended in this category on the budget sheet)

Smoking Cessation In Emery County END curriculum is taught by a FCCBH prevention specialist to 12-18 year old students as they are referred.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Prime For Life curriculum is delivered in each county for a trained provider who is contracted with FCCBH to do so. In Grand County this provider is a FCCBH employee who contracts separately to provide this curriculum. In Emery and Carbon County this provider teaches the curriculum as part of his/her LSAC job duties.

There are no expected increases or decreases from the previous year.

There are no expected programmatic changes from the previous year.

Form C – Substance Abuse Prevention Budget Narrative

Instructions:

- In the box below, describe your Quality and Access Improvements
- Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

The following Quality and Access Improvements are planned for FY 2012;

Training in the Evidence-Based Practice of Life Skills Training (Botvin) was provided to the prevention specialist in Grand County in FY 2011. This provider intends, therefore, to provide the LSTI curriculum to every 7th and 8th grade student in Grand County Junior High School. Also, this trained specialist intends to provide LSTII to every 9th and 10th grade student in Grand County High School. This will increase our service delivery of this Evidence Based Practice.

FCCBH will increase our service capacity for the EASY program by adding time to the prevention specialist in Grand and Carbon Counties to devote to EASY.

In Carbon County, in response to the Price CCTCC coalition and Carbon County School District, FCCBH will partner with CCSD in delivery of the Friends of Rachel and Rachel's Challenge programs in Carbon County Schools. In so doing we will be responding to the community input/need.

Our Community Based Process time in each county will support the development/sustainability of each community coalition in moving through the 5 step process of the Communities That Care model of community prevention development.

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2012 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY

By: _____
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: _____

Title: _____

Date: _____