

Carbon Co/Four Corners

FORM A - MENTAL HEALTH BUDGET NARRATIVE

3 Year Plan (FY 2024-2026)

Local Authority: Carbon Co/Four Corners

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) Inpatient Services

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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.

FCCBH is in the process of opening up the first rural receiving center in the state of UT. Once that is open, FCCBH will provide 23 hour care for clients that are in crisis. This will open in FY24. FCCBH has started the process and are waiting for the contractors to be able to do the work to remodel our existing building.

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.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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, [Stabilization and Mobile Response](#) and Systems of Care development will all be used to divert the need for hospitalization.

FCCBH will continue to use the tools provided by OSAMH 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.

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.

2) Residential Care

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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.

FCCBH has contracted with some mental health residential facilities in northern Utah. Clients are evaluated to see if they meet medical necessity for residential level of care. If they do, FCCBH has the contracts in place and can look for a bed within those facilities.

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.

For Residential Care provided outside of FCCBH services the client is evaluated and medical necessity is determined for that level of care. Criteria for medical necessity would consist of the client having a persistent mental illness, not able to take care of their mental health needs without assistance of staff, and the client has tried and been unsuccessful living on their own or being able to be stabilized in an acute care facility or an outpatient facility.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please identify your current residential contracts. Please identify any significant service gaps related to residential services for youth you may be experiencing.

FCCBH does not have any in house residential programs within the agency. FCCBH has set up contracts in the last fiscal year. The need has never been there until recently and due to the increased need for these services FCCBH has contracted with providers who were willing to contract.

FCCBH is contracted with Odyssey House for youth mental health residential. FCCBH is also contracted through PCBH for residential services for youth. There are many residential youth programs that are not willing to contract with Medicaid giving a big gap in these services. The ones we are contracted with always have a 2-3 month waiting list. There are many times FCCBH cannot find placement at this level.

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.

3) Outpatient Care
Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding.

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. [FCCBH has 6 therapists, including Directors and therapists that have been trained in DBT as of the last 2 years.](#)

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. [The club houses in the two counties are modeled after Clubhouses but are not accredited 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.

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 24 as long as there is training provided for staff. Those who were previously trained have moved on from FCCBH. FCCBH 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.

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.

Children's Services

Leah Colburn

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. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding. *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. *This will be done through a network provider.*

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.

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. 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 will be working with OSAMH to put into place what an FRF would look like for rural/frontier areas and how they will function when System of Care is getting the majority of referrals.](#)

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. 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 Grand County. This will begin at the end of FY 23 and continue into FY 24. 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.

4) 24-Hour Crisis Care

Adult Services

Nichole Cunha

Please outline plans for the next three years for 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 currently provided in your area, 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 DHHS systems of care, law enforcement and first responders, for the provision of [crisis](#) services. Include any planned changes in programming or funding.

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.

Carbon County and Emery County have put a pilot project together for the MCOT team. We have hired two therapists who will do all of the MCOT work in Carbon and Emery Counties. Each of the therapists will work seven days on and seven days off. The case managers will function as they have been from the inception of MCOT services. This has been running for about 6 months and has been successful thus far. There have been some things FCCBH has had to work through, but have found solutions to the problems. In FY24, FCCBH will consider moving to a system similar to this in Grand County.

A "high-risk list" will be maintained in each county and high-risk cases will be staffed at least weekly, but in many cases several times per week.

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 FY24, FCCBH will be starting a rural Crisis Receiving Center. FCCBH has purchased a building that has been remodeled to move the outpatient clinics into. Once that building has been completed and the clinics move into the new building, FCCBH will be utilizing the clinic building for the receiving center. 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.

In the process of remodeling the receiving center building, we will be remodeling a portion of that building for a future Crisis Stabilization Unit (CSU). When FCCBH acquires funding to run the CSU, the unit will be ready to be utilized.

FCCBH has also implemented Stabilization and Mobile Response (SMR) services to help high need families with wrap-around services.

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 Grand County. This will begin at the end of FY23 and throughout FY24.

Describe your current and planned 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 and key performance indicators are available if needed, please describe any areas for help that are required.

FCCBH currently uses the State monthly DATA to look at and change any programmatic changes that need to take place to improve our DATA. FCCBH has moved to a pilot program in Carbon County with our MCOT team. FCCBH looks at the DATA to make sure things are going well or look at any changes that need to be made. FCCBH meets monthly with the U of U in regards to 988 calls and MCOT deployments in each of our Counties. On a Monthly basis Jimmy Jewkes our Data manager goes through all of the billings made in each county and has each center make the necessary corrections to the billing to make sure we are billing our services correctly in each county.

Children's Services

Nichole Cunha

Please outline plans for the next three years for 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 currently provided in your area, 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 Crisis Outreach Teams, facility-based stabilization/receiving centers and In-Home Stabilization Services). Including if you provide SMR/Youth MCOT and Stabilization services, if you are not an SMR/Youth MCOT and Stabilization 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 for services to include the Utah Crisis Line, JJYS and other DHHS systems of care, law enforcement and first responders, schools, and hospitals for the provision of crisis services to at-risk youth, children, and their families. Include any planned changes in programming or funding.

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 HMHI. 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.

FCCBH meets monthly with JJS and DCFS to staff clients and services needed for the client and their families. FCCBH works closely with these entities. FCCBH is providing services in all three counties in the schools each County has asked us to be in. FCCBH is receiving referrals from all three entities for SMR services.

Describe your current and planned 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 and key performance indicators are available if needed, please describe any areas for help that are required.

FCCBH uses the annual customer satisfaction survey, the OQ, the Sure and other state data that is required to determine success of FCCBH programs.

5) Psychotropic Medication Management

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. *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. *In FY24, FCCBH will hire two additional, part-time contracted providers; one who will see youth and the other who will see adults.*

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 [and in FY24 Beechtree Diagnostics in Grand County](#). 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/RN 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 FY24.](#)

FCCBH has added 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.

[In FY24, FCCBH will be starting a rural Receiving Center. FCCBH has purchased a building that has been remodeled to move the outpatient clinics into. Once that building has been completed, and the Price outpatient clinic staff move into the new building, FCCBH will be utilizing that existing building for the Crisis Receiving Center. The receiving center will be another resource the MCOT's, and other community partners, can utilize in diverting hospitalizations and engaging client 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.](#)

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or

through a contracted provider. Include any planned changes in programming or funding. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.*

The process for children is the same as with adults. The only difference is there will not be a receiving center for youth or children.

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. *In FY24, FCCBH will have two additional, part-time contracted providers; one who will see youth and children and the other that will see adults.*

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 *and in FY24, Beechtree Diagnostics in Grand County.* 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/RN 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 FY24.](#)

FCCBH has added 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.

6) Psychoeducation Services & Psychosocial Rehabilitation

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

FCCBH will directly provide psychosocial rehabilitation and psycho-education services using the Clubhouse like Model ([not an accredited program](#)) 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 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. [FCCBH also completes the annual MHSIP surveys to gauge the satisfaction of the clients with FCCBH clubhouse like services.](#)

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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 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.

7) Case Management

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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?

FCCBH uses the annual customer satisfaction survey, the OQ, the SURE and other state data that is required to determine success of FCCBH programs. FCCBH uses the DLA 20 to determine if a client is eligible for case management services.

Children's Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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 or SMR whichever is most appropriate. .

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 managers 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.

8) Community Supports (housing services)

Adult Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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.

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](mailto:pgcaldwell@utah.gov)

Residential housing is utilized for individuals living with serious mental illness (SPMI/SMI). Supported living is for individuals who have tried to live on their own and have not been able to due to their mental illness. They need assistance to meet some of their basic needs. FCCBH provides supported living due to this population not being served in any other way in our community. FCCBH provides Clubhouse-like services for all of our supported living, treatment services, and medication management services. An assessment is provided for all that are wanting to live in FCCBH supported living. In the assessment it is determined if the client fits all criteria for living in supported living.

Children's Services (respite services)

Leah Colburn

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

Children/Youth Community **Respite** 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 **respite support** services 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.

All **respite** 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.

9) Peer Support Services

Adult Services

Heather Rydalch

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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 Specialists 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.

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

This process begins by having a therapist determine if a client is eligible for Peer Support Services. Peer Support Services is generally not provided as a stand-alone service, and is used in conjunction with other forms of therapy.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period 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, DJJYS, DSPD, and HFW. Include any planned changes in programming or funding.

Since FY 22 FCCBH has partnered 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. SOC is providing High Fidelity Wraparound Services in all three of our counties.

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 OSUMH 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 Peer Support Specialists.

In FY24, the FCCBH Clinical Director will be working with OSUMH to put together what the role of an FPSS should be in a rural/frontier area. Until this happens, FCCBH will not have an FPSS on staff due to the agreement FCCBH has with the OSAMH to have SOC count as our numbers toward FPSS services. Previously, there have not been enough clientele to meet fidelity intervention between SOC and the FCCBH FPSS.

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 and other court mandated services, FCCBH is referring them to SOC services in our areas. FCCBH will also use the Customer Satisfaction Survey and the OQ to determine the effectiveness.

10) Consultation & Education Services

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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.

In FY24, FCCBH will choose two staff to be trained in Mental Health First Aid. Due to staff turnover FCCBH does not currently have any staff trained in Mental Health First Aid. Once the staff members are trained FCCBH will provide the training to all three counties.

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. OSUMH ended October 1st, 2020. However, FCCBH will continue to actively work educating Carbon and Emery communities with suicide prevention and postvention efforts

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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 Castlevew Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

11) Services to Incarcerated Persons

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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.

12) Outplacement

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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 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.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will

provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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.

13) Unfunded Clients

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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.

14) First Episode Psychosis (FEP) Services

Jessica Makin

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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 that need that level of assessment. All Counties will continue to administer this. In FY24 FCCBH will be looking to train many of FCCBH employees. With staff turnover there are only two staff trained in administering the SIPs.

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

Clients are identified through a mental health assessment and the SIPs assessment. FCCBH does not have a lot of clients identified to this program. This has not been a need for FCCBH. FCCBH will use the customer satisfaction surveys and the OQ to determine effectiveness. FCCBH did not take any funding for FEP.

Describe plans to ensure sustainability of FEP services. This includes: financial sustainability plans(e.g. billing and making changes to CMS to support billing) and sustainable practices to ensure fidelity to the CSC PREP treatment model. Describe process for tracking treatment outcomes. Technical assistance is available through Jessica Makin at jmakin@utah.gov

FCCBH is not using any FEP money.

15) 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. Include any planned changes in programming or funding.

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. FCCBH offers services and engagement possibilities for transition age clients. FCCBH does not have a lot of transitional age clients interested in services but it is not due to lack of engagement on FCCBH part.

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 works 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 support 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.

16) Quality & Access Improvements

Identify process improvement activities over the next three years. Include any planned changes in programming or funding.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

In FY 24 FCCBH will be hiring a health disparity officer. FCCBH has made necessary changes to the intake packets that individuals fill out when they come in for services. FCCBH is contracted with individuals in the community who can provide interpreter services for FCCBH clients. In FY 24 the health disparity officer will be setting up training for the staff to help each employee educated in cultural

practices from different cultures.

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. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

FCCBH will be utilizing other grants and Medicaid dollars when appropriate to maintain all services currently operating within the agency.

Describe how mental health needs and specialized services for people in Nursing Facilities are being met in your area.

FCCBH has nursing home liaisons that are responsible to maintain the relationships FCCBH has with the nursing facilities in the three counties. FCCBH goes into the nursing facilities to provide services to those who need therapy.

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 OSUMH) 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 24 FCCBH will continue to provide and offer hybrid services over telehealth and in person. 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 FY22, FCCBH was given money from the OSUMH to train staff and clinicians in the community on diagnosing children ages 0-5 years old. FCCBH was awarded the money late in the fiscal year but has a training set for June 2023. Many of our staff have already been trained. FCCBH plans to offer other training for the 0-5 population.

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) and 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 does not currently have anyone assigned as the MMH provider. FCCBH will identify one of our clinical staff to be the MMH provider and will have them trained as soon as possible.

Describe how you are addressing services for transition-age youth (TAY) (age 16-25) in your community. Describe how you are coordinating between child and adult serving programs to ensure continuity of care for TAY. Describe how you are incorporating meaningful feedback from TAY to improve services. Technical assistance is available through Jessica Makin, jmakin@utah.gov, and Theo Schwartz, aschwartz@utah.gov

N/A TAY are able to remain with the same providers through the transition-age years and into adulthood.

Other Quality and Access Improvement Projects (not included above)

FCCBH as stated above a few times are implementing a receiving center for the Carbon Emery and Grand areas based out of Carbon County.

17) 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 24). 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 training, screening and treatment and recovery support (see Office Directives Section E.viii). 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. FCCBH also works closely with an FNP in the Carbon County Community where we can refer our clients and make sure they are following through with those services. FCCBH has added to their initial intake packet a release of information for clients to sign for their PCP if they would like to.

Some of the barriers with this is limited access to the client PCP. Some of the clients will not sign RIO's helping FCCBH to bridge the gap between their physical and behavioral health needs. Lack of resources in all of our areas to help bridge this gap with our clients.

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 intellectual/developmental disabilities. 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.

18) Mental Health Early Intervention (EIM) Funds

Please complete each section as it pertains to MHEI funding utilization.

School Based Behavioral Health: Describe the School-Based Behavioral Health activities or other OSUMH approved activity your agency proposes to undertake with MHEI funding over the three year period. 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. Include any planned changes in programming or funding.

Please email Leah Colburn lacolburn@utah.gov a list of your FY24 school locations.

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 24 in Carbon County. MHEI funding is only used when the student is referred from the schools.

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.

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

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.

- 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

Family Peer Support: Describe the Family Peer Support activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

Mobile Crisis Team: Describe the *Mobile Crisis Team* activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

19) 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 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.

Intervention: 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.

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.

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.

All of FCCBH staff are trained by the University of Utah Caring Connections on how to provide support groups for those families that have lost someone to sudden and unexpected death. This will be a training specializing in family members that have lost someone to overdose, suicide, and COVID 19 deaths. FCCBH is also offering the training to other community providers. 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.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program or the Project AWARE grant, 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 either of these grant programs, 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

20) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice-involved 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 [or identified as being involved with 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 the speciality courts in the three counties.

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, JJYS, 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

21) 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. Include any planned changes in programming or funding. If not applicable, enter NA.

N/A

22) Disaster Preparedness and Response

Nichole Cunha

Outline your plans for the next three years to:
Identify a staff person responsible for disaster preparedness and response coordination. This individual shall coordinate with DHHS staff on disaster preparedness and recovery planning, attending to community disaster preparedness and response coalitions such as Regional Healthcare Coordinating Councils, Local Emergency Preparedness Committees (ESF8), and engage with DHHS in a basic needs assessment of unmet behavioral health disaster needs in their communities.

In addition, please detail plans for community engagement, to include partnership with local counsels and preparedness committees as well as plans for the next three years for staff and leadership on disaster preparedness (to include training on both internal disaster planning and external disaster preparedness and response training). Please detail what areas your agency intends to focus on with training efforts and timeline for completing training.

Hillary Tupaz is responsible for disaster preparedness and response. FCCBH is in the process of writing a procedure with how this will work for the agency. FCCBH recently participated in a mock school shooting and the staff that were involved will be helping write the procedure for the agency.

23) Required attachments

- **List of evidence-based practices provided to fidelity and include the fidelity measures.**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**
- **A list of metrics used by your agency to evaluate client outcomes and quality of care.**
- **A list of partnership groups and community efforts (i.e. 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 including Mental Health Court, Regional Healthcare Coalitions, **Local Homeless Councils, State and Local government agencies**, and other partnership groups relevant in individual communities)**