

Carbon Co/Four Corners

FORM B - SUBSTANCE USE DISORDER TREATMENT

BUDGET NARRATIVE

3 Year Plan (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) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

FCCBH provides DUI screening and substance use disorder assessments in all outpatient clinics. Based on the results of the screening assessment, it is determined whether the client will move forward with the DUI course or receive a more intensive assessment. The state mandated DUI course, Prime For Life, is offered by FCCBH throughout the year in all three counties. If further assessment is needed the client will be further assessed by a mental health clinician to determine what further course of treatment is needed. FCCBH also offers outpatient substance use disorder treatment and intensive outpatient treatment at all three main county clinics, if that is the level needed.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

The Prime For Life course is available for both youth and adults. FCCBH will provide this course to youth who are determined to benefit from this level of education. FCCBH also provides other evidence-based programs, such as Matrix when level I, outpatient treatment is indicated. FCCBH also provides a full spectrum of treatment for youth including Intensive Outpatient treatment and contracted services for Inpatient treatment, if necessary.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

FCCBH works closely with JJS and Juvenile Probation, attending monthly Probation/ Agency meetings and quarterly Table of Six meetings to staff cases and get new referrals for youth who are in need of treatment services. FCCBH goes into schools, JJS, youth probation and does crisis services using brief motivational interventions.

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

FCCBH has clinical staff and case managers who are required to outreach clients every 30 days when there has been no contact. FCCBH works closely with schools, JJS, and juvenile probation to make

sure there are services available for any youth struggling with mental illness and/or substance use disorder issues

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

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

Describe activities to reduce overdose.

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

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

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

FCCBH uses the annual customer satisfaction survey, the OQ, the SURE and other state data that is required to determine success of FCCBH programs. The FCCBH Medical Director is able to train staff and the community on the administration of Narcan. FCCBH is continuing to build our prevention programs and making sure the agency's Prevention Director and workers are enhancing prevention services in the three communities.

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

Shanel Long

Describe the activities you propose to undertake over the three year period to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

FCCBH will not provide these services directly. FCCBH will work with clients and their families to find a placement that will work with their insurance provider, financial situation, etc. when this is clinically

indicated. Prior to entering into short term treatment, FCCBH will provide clients with a full substance use disorder and mental health assessment, in accordance with the ASAM dimensions, including the MAST, SASSI or other instruments. Due to funding barriers, unfunded clients who may benefit from detoxification services will be linked up to their primary care provider and or the local FQHC for DETOX recommendations and treatment. FCCBH also works with the integrated medical clinic, Eastern Utah Women's Health to refer clients who may be eligible for outpatient detoxification protocols. If the client is at immediate health risk due to detoxification from a substance, they will be referred to the closest emergency department for evaluation. FCCBH has a close working relationship with the Castleview Hospital detox unit and Moab Regional Hospital to ensure detox protocol and help those clients coming out of Detox.

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

FCCBH will refer for social detox services when clinically appropriate and cover the cost of FCCBH Medicaid clients when provided by a contracted provider. FCCBH does not provide inpatient detox services at our facility. Individuals seeking detoxification from substances are referred to hospitals as indicated by their insurance. Individuals utilizing detoxification services pay for that through private insurance benefits. Individuals on Medicaid may utilize this service through their primary healthcare Medicaid benefit. Due to funding barriers, unfunded clients who may benefit from detoxification services will be linked to their primary care provider and or the local FQHC for DETOX recommendations and treatment. If the client is at immediate health risk due to detoxification from a substance, they will be referred to the closest emergency department for evaluation. Castleview Hospital has recently opened up a Detox Unit. Moab Regional Hospital also works with clients in need of detox services.

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

Shanel Long

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

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

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

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

Treatment will be trauma-informed. Gender specific services will be offered, and services available to accommodate women with dependent children.

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

Describe the activities you propose to undertake over the three year period and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

FCCBH currently has a fully functioning Opioid Treatment Program (OTP) in Carbon County that serves Carbon and Emery Counties called Operation Recovery (OR). OR was serving up to 140 clients last year. OR is currently serving 161 clients. FCCBH plans to continue providing Medication Assisted Treatment at OR and on an outpatient basis in Carbon and Emery Counties. A full spectrum of services are provided to individuals participating in MAT programming including medication management, peer support, case management, individual and group therapy, and much more. Individuals interested in receiving MAT services are never turned away due to lack of funding. FCCBH has a Medicaid eligibility specialist in-house that can assist clients with enrolling in Medicaid. Those that don't qualify will be supported with grant funding to ensure their ability to participate in the program.

FCCBH is billing insurances to include Medicaid and Medicare and some private insurance. FCCBH has a sliding fee scale for those who do not have insurance. Once again, FCCBH will never turn clients away. FCCBH will help those clients get signed up for insurance if possible.

In addition to formalized treatment, FCCBH provides education to clients and their families around Medication Assisted Treatment options. FCCBH also provides Naloxone education and training, as well as assistance in accessing the medication, to clients, families, friends, and significant others.

For the Grand County area, FCCBH has partnered with Moab Regional Hospital and their addiction specialist, Dr. Cook, to support individuals with SUD who would benefit from medication assisted treatment. Dr. Cook has been incredibly involved and supportive in the development of an enhanced MAT program for Grand County Residents. MRH did receive some funding and will be providing a mobile methadone clinic.

FCCBH has offered to partner with local law enforcement and first responders in all three counties to distribute Naloxone kits to all law enforcement officers and first responders. This is an important effort in reducing overdose deaths, by providing kits to those first responders on the scene of an overdose.

FCCBH plans to continue providing services through OR for the next three years and increasing the number of clients served as often as FCCBH can.

FCCBH and OR staff will ensure the GPRA gets completed prior to any recovery support money being provided to qualifying clients. The OR and FCCBH case managers will be responsible to make sure the clients receive an appointment to complete the initial, 6 month and discharge GPRA paperwork. It will be required for the case manager to complete the discharge GPRA. There is a report available to the FCCBH Program Directors to ensure compliance with GPRA date expectations.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

FCCBH uses the annual customer satisfaction survey, the OQ, the SURE and other state data that is required to determine the success of its programs. FCCBH will continue to enhance outpatient services and continue establishing good relationships with contracted residential facilities to ensure quality treatment is being provided. FCCBH will continue to seek out other residential facilities to contract with.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

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

For the Grand County area, FCCBH has partnered with Moab Regional Hospital and their addiction specialist, Dr. Cook, to support individuals with SUD who would benefit from medication assisted treatment. Dr. Cook has been incredibly involved and supportive in the development of an enhanced MAT program for Grand County Residents. FCCBH hopes to find a way to bring mobile Methadone treatment in the future to the Grand County area, for those individuals that would best benefit from that type of medication. FCCBH will be contracting with Moab Regional's methadone clinic to provide MAT services for clients with medicaid. They have received funding through SAMHSA to set up their clinic and FCCBH will contract directly with them to provide Methadone dosing services to FCCBH clients and those who have Medicaid. FCCBH will continue to provide the SUD and Mental health treatment services for those clients receiving MAT through Moab Regional.

FCCBH and OR staff will ensure the GPRA gets completed prior to any recovery support money being provided to qualifying clients. The OR and FCCBH case managers will be responsible to make sure the clients receive an appointment to complete the initial, 6 month and discharge GPRA paperwork. It will be required for the case manager to complete the discharge GPRA. There is a report available to the FCCBH Program Directors to ensure compliance with GPRA date expectations.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

FCCBH uses the annual customer satisfaction survey, the OQ, the SURE and other state data that is required to determine success of FCCBH programs. OR continues to increase numbers of clients served and plan on continuing to serve those in the community who need these services. FCCBH will continue to contract with Moab Regional Hospital (MRH) in Grand County to help and assist with making sure that program grows as well.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

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

SUD services will be offered to community members with admission priority given to: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others in need of SUD treatment. FCCBH will provide outpatient, non-residential services directly in FCCBH outpatient clinics. All individuals requesting services will be referred to the local health department to be screened for HIV-AIDS, Hep C, and TB. Prior to entering treatment, clients will receive a complete SUD and MH assessment. At the time of assessment, the client may be asked to complete one or more screening/assessment tools, including (but not limited to) the SASSI, DUSI-R, ACE, LS/RNR. Level of care (and progression of care) will be determined and provided in accordance with the ASAM placement criteria. All personal recovery plans will be developed according to collaborative person-centered planning, and will be reviewed and modified according to the individual level of care required. Recovery teams will regularly review client progress and status in treatment and jointly recommend the appropriate movement through the levels of care. The FCCBH adult substance use disorder services will use multifaceted level I and II programming approaches ranging from 0.5 hours to up to 9 hours per week. Treatment programs and recommendations are individualized for each client, accommodating specific recovery needs and medical necessity. Initial treatment recommendations are derived from the initial assessment, though treatment recommendations may be modified, adjusted, or added to at any point in the client's program to fit individual needs. Program options address (but are not limited to) individual therapy (addressing substance use and co-occurring mental health disorders, marriage/family therapy, parenting skills, codependency concerns, trauma-focused treatment, and other recommended psycho-educational courses. Case management and recovery coaching will be offered to assist clients with stabilization, accessing basic resources and with setting and maintaining future life goals. All programs include evidence-based models for treatment such as MI, MRT, Matrix and many others. Trauma-informed, gender-specific treatments are available to all clients and are incorporated in all Level I and Level II programming. All educational and program materials will be based upon evidence-based treatment programming. Interim services (limited treatment) will also be made available. Screening of physical healthcare needs will also be completed as part of the client assessment. Referrals for primary health care needs will either be referred out, provided by the in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. FCCBH will be offering hybrid treatment options for groups and all other appointments. Clients will have the option to do treatment over telehealth or in person. Clients will be required to have a working camera and microphone for all Substance use groups and all individuals.

FCCBH will continue to provide Level I treatment for the next three years, as has been provided for many years. FCCBH will continue to monitor and implement programming that meets the needs of the individual clients in each area. FCCBH will continue to enhance programming as treatment needs progress.

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

Shanel Long

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

Priority for treatment will be in the following order: pregnant IV drug users; pregnant drug /alcohol users; IV drug users; others. FCCBH will provide these services directly. Upon entering treatment, FCCBH will provide clients with a full substance use disorder and mental health assessment. At the time of assessment, the client may be asked to complete one or more screening/assessment tools, including (but not limited to) the SASSI, DUSI-R, ACE, LS/RNR. Level of care (and progression of care) will be determined and provided in accordance with the ASAM placement criteria. All recovery plans will be developed according to collaborative Person-Centered Planning, and will be reviewed and modified

according to the individual level of care requirement. Also, during the assessment, each client's readiness to engage in treatment is assessed and preliminary or interim services (i.e., limited treatment, with a heavy emphasis on case management and recovery coaching) is provided to those in that stage of recovery. Interim/limited treatment services will also be made available. FCCBH will provide the full continuum of individualized treatment with clients being placed in the appropriate level of care and adjusted to meet each individual's ongoing clinical need. Recovery teams will regularly review client progress and status in treatment, and jointly recommend the appropriate movement through the levels of care. Clients may be sorted upon the basis of risk and need, grouping with other clients with similar needs. A variety of evidence-based classes and therapeutic groups will be made available, based on the client's needs, deficits or level of motivation. These will include the Stages of Change group (based on the Motivational Interviewing Model) for the more resistant client and/or the Interim Group, to aid in increased cognitive functioning and basic life reconstruction. A Recovery Coach will aid clients in staying on course, meeting their basic needs and access to resources. All educational and program materials will be evidence/research based. The outpatient program will include a women-specific treatment component. FCCBH will provide transportation to services for pregnant women, or women with children, when needed. When medically necessary, clients will be referred to a psychiatrist for medication evaluation and management. Dual-diagnosis clients may be referred to a mental health therapist for more concentrated attention to a non-substance use disorder. Screening of physical healthcare needs will also be completed as part of the client assessment. Referral for primary health care needs will either be referred out, provided by the in-house integrated health care provider, or the nearest FQHC. In addition, FCCBH will educate clients about Medication Assisted Treatment (MAT) options when clinically indicated and the client is amenable. When MAT is included as part of a recovery program, MAT will be indicated in the client treatment plan, whether the services are provided internally or referred to another appropriate facility/provider. Also, Naloxone education and training will be provided to individuals, families and others who may benefit from receiving the medication. Assistance with obtaining the medication will also be provided. Program services will include: individual, couples, family and group therapy; individual and group therapeutic behavioral services; psycho-education classes; case management services as needed; and urinalysis. There is a strong family support component built into our programming, provided to the clients at a specific point in their treatment for maximum effectiveness. FCCBH will be offering hybrid treatment options for groups and all other appointments. Clients will have the option to do treatment over telehealth or in person. Clients will be required to have a working camera and microphone for all Substance use groups and all individuals.

FCCBH will continue to provide Level I treatment for the next three years, as has been provided for many years. FCCBH will continue to monitor and implement programming that meets the needs of the individual clients in each area. FCCBH will continue to enhance programming as treatment needs progress.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: <https://sumh.utah.gov/services/recovery-supports/recovery-resources>

Based upon individual need and choice, FCCBH Recovery Coaches will act as strengths-based advocates supporting any positive change, helping individuals to avoid relapse, build community support, or to assist with life goals not related to addiction, such as relationships, work, education, etc. Recovery coaches are available in each county. Recovery coaching is action oriented with an emphasis on improving present life situations and laying the groundwork for future goals. FCCBH

Recovery Coaches will assist clients in accessing recovery support. Recovery supports may include education, child care, vocational assistance, and other non-treatment services that foster health and resilience, increase permanent housing, employment, and education. Other necessary supports include securing public or private health insurance, and reducing barriers to social inclusion. FCCBH also will provide housing support (when funding is available) through deposits for housing and one-time rental payments to help clients obtain and/or keep housing, within appropriations. This is considered helping the individual build "Recovery Capital" during treatment. In addition, FCCBH will promote and support the informal network of recovery support in the tri-county area. Recovery support meetings will be led by peers and offered rent-free in a dedicated space at the FCCBH clinical offices in Grand and Carbon Counties. This will reduce a barrier to those wishing to participate in this recovery activity. Other opportunities to attend recovery support meetings within the community will be supported by FCCBH programming and staff, providing the support meeting follows an organized program (i.e., AA, NA, RR) or other approved recovery support activity as part of their personal recovery program. FCCBH will provide deposits for housing, one-time rental payments, dental, vision, and physical health payments, and other creative supports to reduce barriers to social inclusion through the use of Drug Court Recovery Support funding. Recovery awareness month will be celebrated to promote recovery awareness in all three counties.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

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 will continue to build our outpatient programs as the need arises. FCCBH will continue to train on evidence based modalities to increase positive outcomes.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

FCCBH, in partnership with USARA, supports two SUD peer support positions; one in Grand County and one for Carbon County. This has created an opportunity for the FCCBH region to have peer support positions dedicated to the local regions. These peer support employees work with non-client community members in recovery as well as active FCCBH clients. Services are provided to all individuals free of charge and financial assistance is provided in various areas of need such as housing, vehicle repair, access to education, medical needs, and other areas promoting the building of Recovery Capital.

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

FCCBH identifies all clients in need of peer support services. FCCBH will refer clients to the local USARA providers, giving the client the option to choose if they are interested in Peer support services. FCCBH will assess all clients for appropriateness of receiving peer support services. FCCBH will use score card data, therapist observation, and client retention and engagement to measure its effectiveness in treatment services.

10) Quality & Access Improvements

Shanel Long

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

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

In FY 24, FCCBH will continue efforts around the following:

1. Open Access -- FCCBH has been offering same day/next day intake services, for all clients, through the open access system in each of the three clinics.
2. Reducing intake requirements: FCCBH continues to work at minimizing the amount of paperwork completed at intake and the duplication of information gathered. Intake packets will be accessible from home on the website so clients can complete required documentation prior to their first appointment.
3. FCCBH has just completed building a new website to ease user accessibility, increase access and links to resources and improve overall appearance.
4. FCCBH has a social media Facebook page, which is well managed by administrative staff, and provides additional information for clients related to mental health and substance use disorder. Positive messages, notifications about wellness events, and other wellness information pieces are updated frequently on this page.
5. FCCBH provides access to a MH and SUD therapist in the FQHC in Green River, Utah, which is one of the most underserved areas in the region.
6. The Interim Treatment and Recovery Coaching programs have been created to offer access to services to those individuals who would otherwise be denied admission to treatment (because of ASAM PC criterion showing pre-contemplative stage of change). This program allows the individual to access services intended to enhance their motivation for Level I or Level II programming. Also, limited treatment as a level of care has allowed clients to continue enrollment in low-level programming after they have finished a more intensive level of care. This allows clients to “step-down” from treatment, by providing them much needed ongoing support into their long-term recovery program.
7. FCCBH has implemented a more efficient, text-based reminder system for all appointments. This has aided in decreasing no-shows and allows a conversation to develop prior to the appointment time if the client needs to cancel or reschedule.
8. Operation Recovery- The Program Director and the Doctor at Operation Recovery have developed an open access program to assist clients with improved access to Medicaid Assisted Treatment when client readiness presents. Clients may be seen the same day or next day. But never longer than two days to see a doctor.

Quality Improvements

1. FCCBH has expanded the integrated care facility to allow room for more treating primary care medical providers.
2. Currently able to provide Office-based Opioid treatment within each of the clinics, through enhanced MAT training for all FCCBH prescribers.
3. Continued enhancement of ongoing trauma-informed approach to staff supervision, clinical programming, facility management and client care. FCCBH has developed a Trauma-Informed Care policy and continues the process of developing the specific procedures related to trauma screening, assessment and service planning. The majority of FCCBH Program Directors, including the Clinical Director have been trained in CE-CERT.
4. Continued improvements in technology-based supervision, thereby increasing oversight around use of EBT and the ability to provide specialized clinical supervision to staff throughout the agency.
5. The new outpatient services building in Carbon County is designated specifically to promote trauma informed access. There is a split entry allowing for separation of Children, Youth and Families and the adult population.

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).

FCCBH is contracted with an interpreter to provide translation for clients when needed. FCCBH also has one therapist on staff that does speak Spanish. FCCBH will have a Health Disparity Officer hired for FY24. This employee will help us implement and change any cultural responsiveness FCCBH needs to look at, implement and change. FCCBH will look at all cultural responsiveness agency wide. .

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.

There should be no impact on clients or services we offer due to the end of the Public Health Emergency and the funds that came from that. FCCBH has started contracting with outside providers to help give our clients choice in treatment and more access to services we may not provide

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

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

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

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

Also, FCCBH actively participates in Mental Health Awareness Month in May and National Recovery Month in September by hosting activities and education opportunities in each of the three communities. FCCBH has been training all of the community partners on crisis and what the LMHAs are required to do and what that looks like for the different agencies. FCCBH has developed relationships with all community partners in the three counties in order to have an open discussion with them about their concerns with FCCBH.

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

FCCBH takes a very active part in the specialty courts in the three counties. FCCBH do the majority of the treatment for those who are involved in the drug courts. In this process FCCBH have worked very closely with all of the judges in the three counties and have developed close working relationships with all of them. Each county is holding Drug court steering committee meetings quarterly. FCCBH is making sure that each team member is trained for the required 8 hours annually. If the state is not putting on

the training then FCCBH provides training within the counties and with the drug court team members. In FY24 FCCBH will be involved in a Community Engagement Multidisciplinary Team. This will better coordinate services with FCCBH and UHP.

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

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

FCCBH is committed to consistently improving treatment outcomes through the use of evidence-based practice (EBP). In FY24 FCCBH will set up a new MI program where one of our staff will become a trainer to train our staff. FCCBH had a system in place but with staff turnover we are having to retrain our staff and get new coders. All FCCBH staff will be trained in this model, including support staff and administrative staff. Once FCCBH employees are trained FCCBH employees will be required, each quarter, to submit one taped intervention with a client for coding by the FCCBH internal MI Coding team. Feedback from that coding will then be provided to the staff member by the coder to help improve the use of MI skills while meeting with clients.

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

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

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

FCCBH has developed a library of live recorded training for staff on topics that are required annually or every six months. This is a more efficient way for the staff to get the necessary training they are required to have.

FCCBH will be hiring a Health Equity Officer in FY24.

FCCBH continues to provide training opportunities for staff.

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

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

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

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

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

FCCBH Utilizes TEDS Data and the SURE questionnaire to identify Quality and impact. FCCBH reviews these services on a regular basis in Directors meeting.

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

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

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female inmates in all three counties. Mental health/substance use disorder treatment groups will be held weekly in each county jails **for the male and female inmates**. FCCBH clinical staff members will provide emergency substance use disorder and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. FCCBH will continue with coordination efforts with the local courts and jails in all three counties. FCCBH will continue coordination with community partners, courts, jail staff and other communications that were improved as a result of this program.

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

the officers when needed.

Describe any significant programmatic changes from the previous year.

None

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

FCCBH is going into the jails in Carbon and Emery county and administering MAT to the inmates. In Grand County Dr. Cook from Moab Regional Hospital goes in and administers MAT. This is working well and is something FCCBH and MRH plans on continuing to do as the need arises.

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

Not at this time.

12) Integrated Care

Shanel Long

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

In the coming fiscal year FCCBH will continue to provide a co-located LMHT to the Green River Medical Center (an FQHC). FCCBH works closely with an APRN in the Price community (Danielle Pendergrass). This location was expanded significantly last year, so as to allow for a greater number of medical providers to practice, thereby improving accessibility to this resource by FCCBH clients. FCCBH also refers a lot of people to Carbon Medical Services for the Medical aspects of their recovery. FCCBH makes sure that releases are signed for every client's PCP so FCCBH can closely follow up on any medical concerns the clients may have.

FCCBH has reapplied for the DOH Primary Care Grant, and if awarded will be able to provide access to many primary physical healthcare needs for those under 200% of the FPL, for low or no cost. This will increase access and remove funding barriers for individuals in need. Within the Primary Care Grant for FY24 FCCBH has written in the grant that FCCBH will provide funding for everyone unfunded or underfunded to get lab work completed. The labs will be drawn at our facility and FCCBH will pay for the labs to be completed for those who qualify for the grant money. Those who do not qualify FCCBH will assist in trying to find programs they can get on to possibly receive the treatment for free. The grant will also be used to help clients get eye screenings.

FCCBH will continue to work closely with Danielle Pendergrass who will also be partnering with FCCBH to provide medication evaluations for preventive care medication for those who are at risk of contracting HIV and preventive health visits. FCCBH will provide case management services to get all clients on medicaid or look for other funding sources to help the clients meet their medical and mental health/substance abuse needs.

FCCBH has nurses working in all of the clinics to help link clients to meet all of their medical needs as well as their mental health and substance abuse needs.

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

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

FCCBH works with Primary Care providers on a regular basis to coordinate care.

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

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

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

Describe your plan to reduce tobacco and nicotine use in SFY 2024, and how you will maintain a nicotine free environment at direct service agencies and subcontracting agencies. For ongoing

engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

In FY 24 FCCBH will be looking for training that can train our staff, who have not been trained in evidence based treatment for smoking cessation.

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

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

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

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

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

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

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 will continue to use smoking cessation in the SUD program. In FY24 FCCBH will get a trainer trained for the Smoking cessation program. FCCBH is always looking for ways to improve integrated care for our clients.

13) Women's Treatment Services

Rebecca King

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

Women's specific treatment services are provided by FCCBH in each of our clinics. If female clients are

recommended into a higher level of care through the ASAM, they would be referred into a program that best fit their specific needs. Some of those programs are all gender specific, such as House of Hope. FCCBH has contracts with a variety of residential programs. The Odyssey House also has a separate women's program, and a program for children to attend with their mother or father. Thus, women with children would most likely be referred into the House of Hope programs. All SUD treatment programs include group services specifically for women, using the Seeking Safety curriculum and/or Helping Women Recover. FCCBH has also had gender specific treatment for adolescent girls and youth in each clinic. When clinically indicated, clinics are able to provide a DBT group for adolescent girls. [FCCBH currently has several therapists that have completed the DBT training through Behavioral Tech. FCCBH has six staff who have been fully trained.](#)

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

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

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

FCCBH will provide transportation to services for pregnant women, or women with children, when needed. FCCBH staff will assist women facing barriers with stable child care in accessing and linking them to resources. Recovery coaches are used within the SUD program to assess needs and/or barriers women may face when entering treatment. FCCBH offers different options for increasing awareness around common parenting concerns when entering treatment and for learning how to reintegrate into the parenting of children following an addiction. FCCBH also offers a group psychotherapy based program for parents new to recovery, who may not have their children returned to their custody, with the primary goal of readying parents for a formalized parenting class and to help them address the emotional disconnection that often takes place during active addiction. FCCBH also offers many treatment options around trauma recovery for both children and adults, using evidence-based practices such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, EMDR, and Neurofeedback.

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

FCCBH will provide transportation to services for pregnant women, or women with children, when needed. FCCBH staff will assist women facing barriers with stable child care in accessing and linking them to resources. Recovery coaches are used within the SUD program to assess needs and/or

barriers women may face when entering treatment. FCCBH also provided daily transport for women in need of OTP services.

Describe any significant programmatic changes from the previous year.

None at this time.

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

Rebecca King

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

Please describe the proposed use of the WTX funds

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

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

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

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

FCCBH provides same day/open access services in all three counties for adolescents/youth. All youth assessed for services will be provided a full substance use disorder and mental health assessment. FCCBH will offer the full continuum of outpatient treatment services including early intervention (.5), outpatient (Level 1), and intensive outpatient (Level 2.1, 2.5) . Clients requiring a higher level of care

(Level 3-4) will be referred out to a contracted provider. Clients will be initially placed in the appropriate level of care which will be subsequently adjusted to meet each individual's ongoing clinical need. Changes in the level of care will be made in accordance with the ASAM placement criteria. All personal recovery plans will be developed according to collaborative person-centered planning, and will be reviewed and modified according to the individual level of care requirement. The FCCBH Adolescent Substance Use Disorder program will include a combination of group, individual, and family treatment for youth with SUD and with dual diagnosis. Implementation of the screening tool DUSI-R will be incorporated as part of all initial client assessments, to aid in determining risk and need and to avoid placement of low risk individuals in high risk groups. In addition, FCCBH will offer to educate and train collaborative partners in the use of the DUSI-R Brief Screener for Youth, to aid in determining the appropriateness of referring an individual for services, when appropriate. MRT (for youth) has been implemented in all counties. Other evidence-based programs, including Adolescent Matrix, are also incorporated into Level I and Level II programming. Relapse prevention and program maintenance services are also available to adolescents who have been through some form of prior treatment. Family therapy groups are continually being enhanced as a key component of the adolescent treatment program. In an effort to reduce barriers and provide earlier intervention, FCCBH does not charge for adolescent SUD treatment services. FCCBH has always provided a full spectrum of services to adolescent clients, depending on identified need and medical necessity. Adolescents entering treatment that are endorsing a co-occurring mental health disorder will be provided with a LMHT for individual and family therapy. If needed, clients may also be provided with case management services (specific to youth and families). Multidisciplinary staffing of adolescents participating in both MH and SUD services takes place formally at least once weekly. If adolescents receiving treatment for co-occurring disorders are determined to have medication needs, they will be referred to either one of the in-house providers, the integrated primary care physician, or referred back to their primary care provider for a psychiatric evaluation.

FCCBH will also utilize the local SOC program if there is not a waiting list. FCCBH has also implemented SMR services in Grand, Carbon, and Emery counties.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

The primary referral sources for youth are the Department of Child and Family Services (DCFS), Juvenile Court, Systems of Care and some referrals from youth residential placements such as North East Services and Chrysalis. FCCBH's primary marketing strategy is through meetings and electronic communication with these community partners. FCCBH is an active member of the Table of 6 meetings, which gathers all youth treatment and judicial providers together to discuss ongoing resources in the communities. FCCBH has also worked with schools to administer a screening process 1-2 times per year with high school students to determine early intervention for possible mental health and SUD concerns. These efforts, otherwise known as assertive outreach to youth, will continue with schools in the upcoming school year.

There are several different options for treatment services for youth in our small counties. FCCBH continues to meet with all the different agencies and community partners to continue to offer services to children, youth, and families. FCCBH is meeting with the schools to make sure services are being provided to fit the needs of the students.

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

FCCBH is a supportive and active member of the Table of Six meeting, the LIC and other family and

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

15) Drug Court

Shanel Long

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

High Risk/High Needs Adult Drug Court:

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

FCCBH anticipates serving the same number of participants as FY 23

Family Drug Court:

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

In Carbon County the family drug court has decreased in numbers due to the courts not being involved as much in DCFS services. FCCBH is working with these teams to come up with a plan to make sure we start getting the referrals we need to keep this program up and running. This program is very important in Carbon County. In Grand County the numbers have remained about the same.

There continues to be a high need for drug courts in the region due to the high rate of substance use and opioid use disorder. Directors in the counties will be meeting with judges and other referral sources to address concerns and focus on increasing referrals.

Mental Health Court: This has been a speciality court in the Carbon County area for the last three years. FCCBH is serving those who are SPMI and/or dual diagnosis. FCCBH receives a referral to complete an assessment and LS- RNR on a client that has been referred to the program. Once the assessment is complete the speciality court team determines if mental health court is a good fit for the client. If it is determined that the mental health court is not a good fit, FCCBH considers other specialty courts to determine if they may be a better fit. In the last three years the MH court has averaged around 8-10 clients but has increased to 16 in the last six months.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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

There are 6 Drug Courts currently in operation in the FCCBH region. Carbon and Grand Counties each have both an Adult High Risk and Family Drug Court and Emery County has an Adult High Risk Drug Court. This is a collaborative effort between the local Courts, Sheriff Department, County Attorney, Adult Probation and Parole, The Department of Child and Family Services and FCCBH. [Carbon County also has a Mental Health Court.](#)

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

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

Motivational Interviewing, Commitment to Change, Moral Reconciliation Therapy, separate men's and women's specific groups treatment, Relationships Empowerment, DBT, Staying Quit, and Matrix A&D education classes. Level I groups include: Matrix A&D education classes, family group, and maintenance group, and Matrix Relapse Prevention.

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

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

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

[FCCBH works closely with USARA for Peer Support Services in Carbon, Emery, and Grand Counties.](#) [FCCBH works closely to make sure clients are given the option to be involved with peer support services if those choose to.](#)

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

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

provider for court individuals.

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

[FCCBH does not currently have a policy or procedure based around MAT and specialty courts. The process above is the procedure for MAT services. All of the courts follow best practice guidelines.](#)

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

FCCBH has contracted with Precision Diagnostics Laboratory for all drug court lab testing services. Precision provides lab collection experts in Carbon and Emery counties [and all samples tested positive, when the client denies use, are confirmed through an LCMS process](#). This has allowed FCCBH and the drug court programs to test for use of many more substances, as well as allow program staff to determine compliance with other prescribed medications that assist in their recovery, such as psychotropic medications. [Currently each client is given one Immuno Assay UA a week and one I cup a week to remain in line with Medicaid guidelines. Clients are also given one LCMS verification a month unless they have a denied positive and that will also be sent for an LCMS verification.](#)

[In Grand County in FY24 the drug court programs will be using Beechtree Diagnostics for lab services for all UA's given to drug court participants. The process will be the same as it is with Precision. Beechtree will provide lab collections experts in Grand County.](#)

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

All adult drug courts have a UA fee that is determined by Precision or [Beechtree](#). Precision has a system set in place for those who cannot afford to pay their fee for the UAs. Each client will have to apply for a hardship fee decrease if they are not able to afford the fee. If the clients have Medicaid, UA testing is a covered service. FCCBH is providing an eligibility specialist that will help all clients apply for Medicaid to help pay for the UA service and other treatment services. [FCCBH Does not charge any drug court fees. If the client has a balance with the UA company we are using for UA's they are still able to graduate the program. That fee affects nothing through FCCBH.](#)

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

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

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

FCCBH will continue to practice the standards that are outlined in the Utah State JRI rule, R523-4, regarding screening, assessment, prevention, treatment, and recovery support services. The focus of FCCBH services will be on effective screening, engagement and retention into evidence-based treatment services and supports. The screening and assessment process, including

use of the LS-RNR and RANT assessment tools, allows for the distinction between high risk and low risk individuals and a treatment service plan to eliminate mixing these populations will be established. For this population, the full continuum of FCCBH services and care may be utilized to stabilize and treat.

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

Treatment -- FCCBH staff involved in the JRI effort will be trained and provide evidence-based treatment interventions including but not limited to: Motivational Interviewing, Commitment to Change, Moral Reconciliation Therapy, separate men's and women's specific groups treatment, Relationships Empowerment, DBT, Staying Quit, Relapse Prevention and Matrix A&D education classes. Level I groups include: Matrix A&D education classes, family group, and maintenance group, and Matrix Relapse Prevention.

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

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

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

The U of U recommended that Four Corners continue to research programs and modalities that are specific to the criminal justice population to incorporate with existing outpatient and intensive outpatient programs. Another area Four Corners may improve over the next year is using data collected on clients through the LSI/RNR and making that information meaningful within the documentation collected over the course of their treatment.

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

In FY 24 FCCBH clinical director will be sitting on and participating in the Criminal Justice Coordinating Counselor.

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

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

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

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

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

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

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

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

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

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

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

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

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

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

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

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

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

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