

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 110,233	\$ 1,100,866	\$ 107,804	\$ 236,207	\$ 28,202	\$ 2,840,932	\$ 59,610	\$ 4,621		\$ 135,000	\$ 20,000	\$ 41,000	\$ 4,684,475

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)						325,000							\$ 325,000	41	\$ 7,927
Residential Care (171 & 173)							40,000				16,000	6,000	\$ 62,000	24	\$ 2,583
Outpatient Care (22-24 and 30-50)		474,366	66,964	91,646	15,390	1,144,182	19,610			104,062	4,000	28,200	\$ 1,948,420	1,169	\$ 1,667
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		10,968	2,000	7,950	124	26,000							\$ 47,042	175	\$ 269
Psychotropic Medication Management (61 & 62)		211,452	15,678	41,003	3,200	490,750				30,938			\$ 793,021	410	\$ 1,934
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		334,789	22,662	40,060	9,352	835,000				-			\$ 1,241,863	234	\$ 5,307
Case Management (120 & 130)		11,900	500	4,452	136								\$ 16,988	100	\$ 170
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)				24,050									\$ 24,050	44	\$ 547
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	110,233	20,000		22,046	4,000	20,000		4,621					\$ 180,900	95	\$ 1,904
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information												4,000	\$ 4,000		
Services to persons incarcerated in a county jail or other county correctional facility				1,000								2,800	\$ 3,800	20	\$ 190
Adult Outplacement (USH Liaison)		37,391											\$ 37,391	6	\$ 6,232
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2015 Mental Health Expenditures Budget	\$ 110,233	\$ 1,100,866	\$ 107,804	\$ 232,207	\$ 32,202	\$ 2,840,932	\$ 59,610	\$ 4,621	\$ -	\$ 135,000	\$ 20,000	\$ 41,000	\$ 4,684,475		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	42,952	792,199	67,524	153,150	21,767	1,706,150	47,292	-	-	95,850	18,680	37,210	\$ 2,982,774	685	\$ 4,354
YOUTH/CHILDREN	67,281	308,667	40,280	79,057	10,435	1,134,782	12,318	4,621		39,150	1,320	3,790	\$ 1,701,701	484	\$ 3,516
Total FY2015 Mental Health Expenditures	\$ 110,233	\$ 1,100,866	\$ 107,804	\$ 232,207	\$ 32,202	\$ 2,840,932	\$ 59,610	\$ 4,621	\$ -	\$ 135,000	\$ 20,000	\$ 41,000	\$ 4,684,475	1,169	\$ 4,007

Local Authority

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 110,233	\$ 20,000	\$ 22,046	\$ 4,000	\$ 20,000				\$ 176,279

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	95,696	14,200	19,139	2,840	20,000		4,621	\$ 156,496	95	\$ 1,647	
FRF-ADMIN	14,537	5,800	2,907	1,160				\$ 24,404			
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2015 Mental Health Expenditures Budget	\$ 110,233	\$ 20,000	\$ 22,046	\$ 4,000	\$ 20,000	\$ -	\$ -	\$ 4,621	\$ 180,900	95	\$ 1,904

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

FY2015 Form A (1) - Proposed Cost and Clients Served by Population

Central Utah Counseling Center
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2015 Expected Cost/Client Served
Inpatient Care Budget			
\$ 195,000	ADULT	25	\$ 7,800
\$ 130,000	CHILD/YOUTH	16	\$ 8,125
Residential Care Budget			
\$ 58,000	ADULT	23	\$ 2,522
\$ 4,000	CHILD/YOUTH	1	\$ 4,000
Outpatient Care Budget			
\$ 1,144,571	ADULT	679	\$ 1,686
\$ 808,718	CHILD/YOUTH	490	\$ 1,650
24-Hour Crisis Care Budget			
\$ 31,330	ADULT	135	\$ 232
\$ 15,712	CHILD/YOUTH	40	\$ 393
Psychotropic Medication Management Budget			
\$ 607,388	ADULT	311	\$ 1,953
\$ 197,100	CHILD/YOUTH	99	\$ 1,991
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 849,959	ADULT	100	\$ 8,500
\$ 405,904	CHILD/YOUTH	134	\$ 3,029
Case Management Budget			
\$ 13,990	ADULT	70	\$ 200
\$ 2,998	CHILD/YOUTH	30	\$ 100
Community Supports Budget (including Respite)			
\$ 1,145	ADULT (Housing)	2	\$ 573
\$ 22,905	CHILD/YOUTH (Respite)	42	\$ 545
Peer Support Services Budget			
\$ 51,596	ADULT	30	\$ 1,720
\$ 104,683	CHILD/YOUTH (includes FRF)	65	\$ 1,611
Consultation & Education Services Budget			
\$ 2,000	ADULT		
\$ 2,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 3,800	ADULT Jail Services	20	\$ 190
Outplacement Budget			
\$ 37,391	ADULT	6	\$ 6,232
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 2,996,170	Total Adult
\$ 1,694,020	Total Children/Youth

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

Unfunded (\$2.7 million)			
\$ 99,942	ADULT	99	\$ 1,010
\$ 8,110	CHILD/YOUTH	11	\$ 737
Unfunded (all other)			
\$ 101,000	ADULT	86	\$ 1,174
\$ 38,000	CHILD/YOUTH	22	\$ 1,727

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	51,448

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	49,648	40	1,241.20
FRF-ADMIN	1,800		
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 51,448	40	1,286.20

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	1,350
Fringe Benefits	450
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 1,800

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	2,572
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	1,800
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	1,800
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 235,283	\$ 83,315	\$ 83,720	\$ -	\$ 191,685	\$ 195,603	\$ 102,562	\$ 45,000	\$ 17,000	\$ 163,592	\$ 1,117,760

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Services													
Pre-treatment Services													
Screening and Assessment Only											\$ -		#DIV/0!
Detoxification (24 Hour Care)													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
Rehabilitation/Residential													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	3,600		720			1,200	4,000				\$ 9,520	5	\$ 1,904
Long Term (Over 30 days: ASAM III.1 or III.3)	8,000		1,600			1,000					\$ 10,600	2	\$ 5,300
Rehabilitation/Ambulatory													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	223,683	61,300	74,502		159,265	193,403	98,562	39,500	11,000	163,592	\$ 1,024,807	440	\$ 2,329
Intensive Outpatient (ASAM II.5 or II.1)		22,015	1,898		32,420			5,500	6,000		\$ 67,833	15	\$ 4,522
Detoxification (Outpatient: ASAM I-D or II-D)			5,000								\$ 5,000	2	\$ 2,500
Recovery Support and Other Services													
Recovery Support (includes housing, peer support, case management and other non-treatment services)											\$ -		#DIV/0!
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 235,283	\$ 83,315	\$ 83,720	\$ -	\$ 191,685	\$ 195,603	\$ 102,562	\$ 45,000	\$ 17,000	\$ 163,592	\$ 1,117,760		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)		\$ 12,970	\$ 2,594		\$ 30,000	\$ -	\$ 102,562				\$ 148,126	65	\$ 2,279
Women (18+)	\$ 50,238	\$ 33,912	\$ 16,830		\$ 78,400	\$ 70,132	\$ -	\$ 20,000	\$ 7,700	\$ 50,478	\$ 327,690	130	\$ 2,521
Men (18+)	\$ 138,253	\$ 9,974	\$ 49,646		\$ 23,380	\$ 90,554		\$ 16,704	\$ 7,770	\$ 113,114	\$ 449,395	165	\$ 2,724
Youth (0 - 17)	\$ 46,792	\$ 26,459	\$ 14,650		\$ 59,905	\$ 34,917		\$ 8,296	\$ 1,530		\$ 192,549	100	\$ 1,925
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 235,283	\$ 83,315	\$ 83,720	\$ -	\$ 191,685	\$ 195,603	\$ 102,562	\$ 45,000	\$ 17,000	\$ 163,592	\$ 1,117,760	460	\$ 2,430

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court	50000	2944	32000		10000					156392	\$ 251,336	52	\$ 4,833
FY2015 DORA			0								\$ -		#DIV/0!

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue	\$ -		\$ 2,000			\$ 127,785	\$ 18,000				\$ 8,000	\$ 155,785

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct	-					45,000							\$ 45,000	\$ 12,900
Universal Indirect	-		1,200			64,000							\$ 65,200	
Selective Services	-					14,000							\$ 14,000	\$ 3,300
Indicated Services	-		800			4,785	18,000				8,000	-	\$ 31,585	\$ 3,296
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ 127,785	\$ 18,000	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ 155,785	\$ 19,496

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 51,000	\$ 27,113	\$ 12,500	\$ 6,500	\$ 25,672	\$ 5,000	\$ 127,785

Governance and Oversight Narrative

Instructions:

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

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

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

Anyone that lives in the catchment area is eligible for services depending upon severity of mental illness. All services that CUCC offers are available depending upon the severity of need. Services offered are based upon medical necessity.

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

Anyone that lives in the catchment area is eligible for services depending upon availability of substance abuse treatment slots. Priority admission is given to IV drug users, pregnant woman and mothers with dependent children. All services are available depending upon need of the clients as outlined in the SA area plan. CUCC is heavily committed to the drug court programs in the area and as a result drug court screenings and treatment often take precedent.

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

CUCC has a psychologist triaging clients for severity. When clients are deemed in need of mental health or substance abuse services that CUCC offers, an intake appointment is made. If a client lacks funding to pay for services, the primary therapist conducting the initial interview determines the subsidy.

Governance and Oversight Narrative

How is this amount of public subsidy determined?

If a client lacks funding to pay for services, the primary therapist conducting the initial interview determines the subsidy. This is based upon a sliding scale fee that has been attached to the area plan. The subsidy is determined by the client's income.

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

This is communicated at the time of the initial call or through the triage process when the center psychologist calls the client back to determine appropriateness and need of services. This is again discussed at the point of the initial appointment with the center by office managers as well as the primary therapist conducting the initial interview.

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

Yes.

Governance and Oversight Narrative

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

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

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

All current subcontractor files are monitored for completeness. Annually, current insurance and BCI applications are completed in the month of March. Failure to complete these results in the subcontractor being placed in an inactive file until these items are completed.

For each bill submitted for outpatient treatment, a peer review is completed on the chart. There must be a current evaluation and treatment plan in place, including a individual progress note to monitor for completeness in order for payment to be made. This process is monitored by a therapist. The date of the current treatment plan is kept on a spreadsheet to monitor each individual submission for each subcontractor. Failure to have all required documentation or documentation that fails to meet Medicaid standards for billing are denied until the corrections are made.

This process of monitoring greatly exceeds the "annual" monitoring review but CUCC has found that billing accuracy and clinical care has improved as needed or deficient areas are addressed.

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

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

Contractual arrangements for inpatient care and services exist between CUCC and ARTC (Utah State Hospital acute unit), UVRMC (Utah Valley Regional Medical Center), UNI (University Hospital), and Provo Canyon Hospital. Other inpatient psychiatric hospitals in the state are utilized on an emergency basis when there are no beds at contracted locations. Our Director of Crisis Services supervises care in all inpatient hospital locations and attends staff meetings at UVRMC, ARTC, and Provo Canyon regularly, and maintains daily contact by phone with the care givers when an individual has been placed elsewhere. In addition the Director of Crisis Services also attends staffing's and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units are seen as a vital part of treatment services offered by CUCC.

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

It is anticipated that these numbers will decrease slightly over the next year. This is based upon current trends and increased efforts in crisis stabilization throughout CUCC.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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

CUCC has contracts with UNI and arranges for single case agreements through Primary Children's Hospital when UNI is unavailable for child/youth inpatient hospitalizations. Our Director of Crisis Services supervises care in all inpatient hospital locations and attends staff meetings regularly, and maintains daily contact by phone with the care givers where an individual has been placed. In addition the Director of Crisis Services also attends staffing's and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units are seen as a vital part of treatment services offered by CUCC.

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

It is anticipated that numbers will increase. CUCC has seen a growing number of individuals needing this level of care. Many of these individuals who have been hospitalized in FY2014 were unknown to the Center at the time of admission. Many of these individuals are coming from Residential treatment facilities (JJS, DCFS and private residential facilities) that are located in the area.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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

CUCC maintains two adult residential support units. One is located in Mt. Pleasant and is called the ATF (Acute Treatment Facility) which can house 12 individuals, while the other is located in Nephi and is called the THU (Transitional Housing Unit) which can house 10. The ATF also has an additional acute observation unit known as the RSM (Residential Support Mount Pleasant) with 4 beds which can be used at times of crisis to help an individual stabilize a psychiatric emergency while avoiding an inpatient hospitalization. It can also be utilized to bring individuals out of the inpatient setting as a step down unit closer to their homes and communities. All persons have a full array of services available including; medication management; observation of medications; group therapy; case management; individual therapy; individual and group skills development; vocational assistance; and other needed community services such as food bank, SSI and Medicaid application assistance, etc. Additionally, there is a nurse that is available that monitors resident's physical health and medication compliance and response. Also there is a masters level clinician living at the ATF that can provide for clinical needs at either day or night. CUCC provides this service directly.

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

It is anticipated that these numbers will remain the same.

Describe any significant programmatic changes from the previous year.

CUCC recently changed the job duties of one of its Case Managers to oversee residential services. With this change the supervisor will provide greater oversight of the residential unit in Mt. Pleasant and be able to provide greater case management for the clients there.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

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

CUCC rarely utilizes residential facilities for child/youth. CUCC maintains that the best place for a child/youth is in their home and community. However, when the occasion has presented itself, we have established for children or youth requiring residential services to receive residential treatment through an arrangement with urban mental health centers and their youth and children facilities. CUCC has also used Primary Hospital's residential program in the past and it remains an option in the future. CUCC has also established a relationship with DCFS and we have in the past utilized a residential housing situation with a foster family for one youth in this setting. Our Center provided all therapeutic support and the team met monthly with the family, DCFS, schools and Center staff to coordinate services and do appropriate planning and evaluation. In another recent arrangement with DCFS, CUCC was able to arrange for residential services for a client who needed this level of care. Monthly staffing's continue to take place to help coordinate services and arrange for transition planning.

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

We anticipate that there will be little variation from the amount of this service for this coming year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

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

CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, transportation services for Medicaid and non-Medicaid clients, and other services as required. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client self-responsibility; Help client's to establish a meaningful role in life; Use the Wellness model in all aspects of treatment. Non-Medicaid SPMI/SMI clients are considered a priority for receiving services. Funding from the state will be channeled into providing services for this group. We continue to utilize Telehealth and it has proven beneficial for clients. CUCC provides these services directly in most instances, but have subcontracts with private providers for some clients who have requested alternative treatment providers.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly and through subcontract.

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

CUCC anticipates a slight decrease in these levels of service. This is a result of serving additional youth due to early intervention. With limited staff time, and the expectation of increased services to youth, time must be allotted accordingly. Additional staff will be hired if funding allows to off-set this challenge.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

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

CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, transportation services for Medicaid and non-Medicaid clients, Family Resource Facilitation and other services as required. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client self-responsibility; Help client's to establish a meaningful role in life; Use the Wellness model in all aspects of treatment. Non-Medicaid SED clients are considered a priority for receiving services. Funding from the state will be channeled into providing services for this group. We continue to utilize Telehealth and it has proven beneficial for clients. CUCC provides these services directly in most instances, but have subcontracts with private providers for some clients who have requested alternative treatment providers.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly and through subcontract.

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

CUCC anticipates a slight increase in these levels of service. This is a result of increased services in early intervention and more individuals seeking services.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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

CUCC maintains a 24 hour crisis and emergency phone service where the goals are to: (1) ensure the physical safety of the client, (2) stabilize client's psychiatric symptoms and situation, (3) provide appropriate care in the least restrictive environment, and (4) assist client and their family in being able to resume their normal lives as quickly as possible. This service is available 24 hours a day, 7 days a week for anyone within the six county area regardless of funding through a toll free number (877-469-2822). A master's level licensed clinician in each of the three geographic teams is designated to be "on-call" for all after-hours emergencies. During work hours each team is responsible for handling all emergencies in their area. Next of kin is informed as quickly as possible in order to begin establishing a support system for the client to aid in recovery. Advance Directives are followed when established as much as is possible given the current status and needs. The assessment of a client begins as soon as the therapist speaks with the client or professional such as an ER Doctor or Police Officer and continues through contact with the client and the staffing of the case with another CUCC clinician when needed. A collaborative plan is determined to provide the quickest return of the individual to their highest level of functioning in the least restrictive environment possible. The answering service is through contract, the actual clinical intervention is through direct service.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

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

CUCC anticipates little change in 24 hour crisis care.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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

CUCC maintains a 24 hour crisis and emergency phone service where the goals are to: (1) ensure the physical safety of the client, (2) stabilize client's psychiatric symptoms and situation, (3) provide appropriate care in the least restrictive environment, and (4) assist client and their family in being able to resume their normal lives as quickly as possible. This service is available 24 hours a day, 7 days a week for anyone within the six county area regardless of funding through a toll free number (877-469-2822). A master's level licensed clinician in each of the geographic teams is designated to be "on-call" for all after-hours emergencies. During work hours each team is responsible for handling all emergencies in their area. Next of kin is informed as quickly as possible in order to begin establishing a support system for the client to aid in recovery. Advance Directives are followed when established as much as is possible given the current status and needs. The assessment of a client begins as soon as the therapist speaks with the client, family, or professional such as an ER Doctor or Police Officer and continues through contact with the client and the staffing of the case with another CUCC clinician when needed. A collaborative plan is determined to provide the quickest return of the individual to their highest level of functioning in the least restrictive environment possible. The answering service is through contract, the actual clinical intervention is through direct service.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

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

CUCC anticipates little change in 24 hour crisis care.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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

CUCC has one full time psychiatrist, and one full time PA prescribing psychotropic medications and medication management for CUCC clients for all teams in the six county area. Additionally, each team has a full time nurse to assist in medication management services. All clients receiving services from CUCC are eligible for medication management. Clients are referred to medical staff by a licensed therapist after a thorough assessment. There are many times when our psychiatrists or PA will consult with local physicians to assist the local physicians with patient care when their patient's are not open client of the center. Coordination of care with the client's primary physician is emphasized. Specific areas of focus by the medical staff include: AIMS testing, wellness, smoking cessation, physical exercise, blood pressure, weight, O2 saturation, decreasing caffeine intake, metabolic syndrome and diabetes screening. They routinely order lab work and review these results with the clients when they are returned to the medical staff. They also discuss medications and their effectiveness in various doses as well as discussing any new medications. The Medical staff attends the local multidisciplinary team staffing's and provides valuable assistance in formulating accurate treatment planning, diagnosis, medication review and explanation, as well as discussing physical health care needs for the clients. All medical staff, including the psychiatrists and PA, are accessible to the clinicians and clients. The nurses on the team work and provide in-home services when indicated. These clients are not able to come into the office regularly and require medication management as well as having their vital signs monitored and coordination with any primary care physicians. Telehealth has brought some changes but a nurse still visits with the client to check vitals and other physical health concerns prior to the medication management appointment with the physician. The nurse then informs the Doctor of the client's status at which point the client then visits with the Doctor. Medication Management is provided directly through CUCC.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided directly.

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

CUCC anticipates little variation in number of services provided in Medication Management.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

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

CUCC has one full time psychiatrist, and one full time PA prescribing psychotropic medications and medication management for CUCC clients for all teams in the six county area. Additionally, each team has a full time nurse to assist in the medication management services. All clients receiving services from CUCC are eligible for medication management. Clients are referred to the medical staff by a licensed therapist after a thorough assessment. There are many times when our psychiatrists or PA will consult with local physicians to assist them in the client's care. Coordination of care with the client's primary physician is emphasized. Specific areas of focus by the medical staff include: AIMS testing, wellness, smoking cessation, physical exercise, blood pressure, height, weight, O2 saturation, decreasing caffeine use, metabolic syndrome and diabetes screening. They routinely order lab work and review these results with the clients when they are returned to the medical staff. They also discuss medications and their effectiveness in various doses as well as discussing any new medications. The Medical staff attends the local multidisciplinary team staffing's and provides valuable assistance in formulating accurate treatment planning, diagnosis, medication review and explanation, as well as discussing physical health care needs for the clients. All medical staff, including the psychiatrists and PA, are accessible to the clinicians and clients. The nurses on the team work and provide in-home services when indicated. Telehealth has brought some changes but a nurse still visits with the client to check vitals and other physical health concerns. The nurse then informs the Doctor of the client's status at which point the client then visits with the Doctor. On occasion there are cases where a child psychiatrist's expertise is needed. In these cases we have contracted with Provo Canyon Hospital, or another provider for a child's psychiatrist. Once the child/youth is stable on their medication regime and a case consultation is completed with our center medical staff, the case is then referred back to the center for further medication management. This is done to decrease the amount of travel time required to providers outside of our service area. Medication Management is provided directly through CUCC and through subcontract.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided directly or through subcontract

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

CUCC anticipates little variation in number of services provided in Medication Management.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the SPMI/SMI population. Others, however, can move in and out of the program depending upon their level of functioning. These services are not gender selective and groups run with both males and females. The programs generally run at various times throughout the week. Overall wellness and physical health is emphasized. We have observed that our clients overall mental health improves in conjunction with their physical health. Many of the skills and activities that are taught are around improved nutrition and physical activity, but some of the skills also focus upon activities of daily living, which can include vocational skills. Each of these services focus upon the individual goals of the clients, and action plans are outlined for how they can obtain these goals through the group or individual process. The vocational training is provided by staff, invited guests, or members of other agencies such as vocational rehabilitation, but is billed as Psycho-educational services. The vocational training assists them in developing a better self-concept and capability for future work. Additional vocational training takes place, for instance a few clients have been employed and provide help at the center while staff members provide job coaching for them. Eligibility for psychosocial rehabilitation services is not limited to funding. CUCC continues to look at psychosocial rehabilitation and psychoeducation as a prime means of providing quality care to larger numbers of persons.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, Mount Pleasant and Ephraim.

Provided Directly or through Contracted Provider: Provided directly.

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

Little variation is anticipated for this next year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the SED population. Others, however, can move in and out of the program depending upon their level of functioning. These services are not gender selective and groups run with both males and females. The programs generally run at various times throughout the week, and during the school year are either prior to or immediately after school. Overall wellness and physical health is emphasized. We have observed that our clients overall mental health improves in conjunction with their physical health. Many of the skills and activities that are taught are around improved nutrition and physical activity, but some of the skills also focus upon activities of daily living, which can include vocational skills. Each of these services focus upon the individual goals of the clients, and action plans are outlined for how they can obtain these goals through the group or individual process. The vocational training is provided by staff, invited guests, or members of other agencies such as vocational rehabilitation, but is billed as Psycho-educational services. The vocational training assists them in developing a better self-concept and capability for future work. Eligibility for psychosocial rehabilitation services is not limited to funding. CUCC continues to look at psychosocial rehabilitation and psychoeducation as a prime means of providing quality care to larger numbers of persons.

Where: On all three geographic teams, with offices in Loa, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

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

Little variation is anticipated for this next year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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

CUCC provides case management and personal services designed to assist clients in linking with needed services. Case management helps clients overcome any barriers that may impede their ability to function in the community and assist clients to achieve their personal goals and dreams. Medicaid clients who are SPMI and who are desirous of receiving this assistance are eligible for these services but depending upon the need anyone regardless of funding can be eligible for case management services. Case management services are provided typically outside of the Center's office structure and most often occurs in the client's home or some other location convenient for the client. A needs assessment is completed with every new client coming into services and a service plan is developed with each client that meets criteria for case management services and then reviewed as indicated. Resource Specialists meet regularly with their teams and with the therapists to offer valuable clinical insight into client functioning and needs. Housing needs are constantly being assessed to ensure that clients are in safe, affordable housing. In an effort to increase the amount of case management provided and recorded, CUCC undertook the development and use of a single Recovery Plan and Service Plan in one document.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

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

Little variation is anticipated for this next year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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

CUCC provides case management and personal services designed to assist clients in linking with needed services. Case management helps clients overcome any barriers that may impede their ability to function in the community and assist clients to achieve their personal goals and dreams. Medicaid clients who are SED and who are desirous of receiving this assistance are eligible for these services but depending upon the need anyone regardless of funding can be eligible for case management services. Case management services are provided typically outside of the Center's office structure and most often occurs in the client's home or some other location convenient for the client. A needs assessment is completed and a service plan is developed with each client and review these every six months. Resource Specialists meet regularly with their teams and with the therapists to offer valuable clinical insight into client functioning and needs. Housing needs are constantly being assessed to ensure that clients are in safe, affordable housing. In an effort to increase the amount of case management provided and recorded, CUCC undertook the development and use of a single Recovery Plan and Service Plan in one document.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

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

Little variation is anticipated for this next year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing & respite services)

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

CUCC provides community supports designed to assist clients and their family in receiving needed services and related support. These services include in-home services, multi-agency client staffing's, respite, and family support services. In home services include therapists, nurses and other providers traveling to the home of clients who are unable to leave their home to provide needed services. Multi-agency staff meetings are attended or hosted often by CUCC providers to provide a continuity of care and wrap services where needed. We often invite other community agencies to our own staff meetings to focus upon the needs and desires of a common client. Our most common partners in these inter-agency staffing's are DCFS and Adult Probation and Parole (AP&P). These staffing's are valuable for coordinating all the supports the family and client require. Family support involves collateral contacts from Center staff as well as educational meetings to help family members understand the client's illness and needs. Family involvement is seen as a crucial element of recovery. Through respite, education, and encouragement, family members become a key part of the recovery process.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant and Ephraim.

Provided Directly or through Contracted Provider: CUCC provides community supports either directly or through subcontractors.

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

No Change

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (housing & respite services)

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

CUCC provides community supports designed to assist clients and their family in receiving needed services and related support. These services include in-home services, multi-agency client staffing's, respite, and family support services. In home services include therapists, nurses and other providers traveling to the home of clients who are unable to leave their home to provide needed services. Multi-agency staff meetings are attended and hosted often by CUCC providers to provide a continuity of care and wrap services where needed. We often invite other community agencies to our own staff meetings to focus upon the needs and desires of a common client. Our most common partners in these inter-agency staffing's is DCFS and JJS. CUCC will attend schools for case staffing's requiring additional help from the center. These include Individual Education Plan's (IEP's). These staffing's are valuable for coordinating all the supports the family and client require. Family support involves collateral contacts from Center staff as well as educational meetings to help family members understand the client's illness and needs. Family involvement is seen as a crucial element of recovery. Through respite, education, and encouragement, family members become a key part of the recovery process. Respite care for clients offers the family caregivers the opportunity to have a break from the challenging task of caring for the client with a serious mental illness. CUCC continues to feel that when many types of services are provided that these services provide "parents respite from the challenges of caring for a mentally ill child," but CUCC strives to record the service that seems most appropriate for the intervention offered. CUCC has also started a Respite group at one location where there seemed to be a greater need.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: CUCC provides community supports either directly or through subcontractors.

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

Little variation is anticipated for this next year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

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

CUCC currently employs 4 trained Peer Specialists which includes 3 Family Resource Facilitators. CUCC has began utilizing Peer Services in a group setting in one location (Ephraim) and has seen positive outcomes so far.

Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties.

Provided Directly or through Contracted Provider: Directly

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

No expected changes.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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

CUCC currently employs 4 trained Peer Specialists which includes 3 Family Resource Facilitators.

Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties. One FRF maintains an office in Juab County in Nephi. She provides services to Juab and Millard Counties. Another provider (FRF) maintains an office in Richfield and provides services in Sevier, Piute and Wayne Counties. The last two providers are part time (1 FRF, 1 Peer Specialist/Case Manager) that maintain offices in Ephraim and provide services to Sanpete County residents.

Provided Directly or through Contracted Provider: Directly

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

No expected changes.

Describe any significant programmatic changes from the previous year.

CUCC is exploring ways in which it can incorporate Peer Support into its services, especially for youth and children.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

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

The local geographic teams are responsible for informing the community of the services offered by CUCC. At local community health fairs CUCC staff have worked in booths where pamphlets describing services are available. Local religious organizations call and staff will attend evening meeting to discuss various topics of interest. Support groups in the area also request attendance at meetings for educational services. All geographic teams meet regularly with DCFS to discuss cases, particularly difficult cases, which require a wide array of services from several different agencies. There are also regular meetings at the Utah State Hospital in which necessary staff attend to assist with discharge planning and wrap services. Our psychiatrist and PA consult with local physicians on an ongoing basis. Coordination of care is an important component of quality care. The consults are available to all clients receiving services at CUCC. CUCC also receives requests on occasion from local physicians to consult with our psychiatrist and PA regarding difficult cases that they are working on within the community. Our medical staff readily responds to these requests in hopes of alleviating challenges in our communities. The entire population of the Six County area is eligible for receiving educational and consultation services. CUCC also assists any resident find a source for providing treatment even if CUCC is not the agency that will be providing that treatment through our triage system.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Directly

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

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

The local geographic teams are responsible for informing the community of the services offered by CUCC. At local community health fairs CUCC staff have worked in booths where pamphlets describing services are available. Local religious organizations call and staff will attend evening meeting to discuss various topics of interest. Support groups in the area also request attendance at meetings for educational services. All geographic teams meet regularly with DCFS and schools to discuss cases, particularly difficult cases, which require a wide array of services from several different agencies. There are also regular meetings at the Utah State Hospital in which necessary staff attend to assist with discharge planning and wrap services. Our psychiatrist and PA consult with local physicians on an ongoing basis. Coordination of care is an important component of quality care. The consults are available to all clients receiving services at CUCC. CUCC also receives requests on occasion from local physicians to consult with our psychiatrist and PA regarding difficult cases that they are working on within the community. Our medical staff readily responds to these requests in hopes of alleviating challenges in our communities. The entire population of the Six County area is eligible for receiving educational and consultation services. CUCC also assists any resident find a source for providing treatment even if CUCC is not the agency that will be providing that treatment through our triage system.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Directly

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

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

CUCC assists the local authority in the planning for the needs of persons incarcerated in local correctional facilities. This includes according to UCA 17-43-201 to “review and evaluate substance abuse prevention and treatment needs and services, including substance abuse needs and services for individuals incarcerated in a county jail or other correctional facility.” The local Authorities have chosen not to use State dollars given by the Division of Substance Abuse and Mental Health to provide services, but rather use Beer Tax and local funds for the provision of behavioral health services. Local private providers under contract with the local Authority through the Sheriff’s Office provide direct behavioral health services. CUCC continues to assist as necessary including responding to emergencies in the jails, assessing if a prisoner needs inpatient care instead of incarceration, and being available for consultation for any situations that may arise in the jails. CUCC administration continues to be actively involved in assisting with the planning for jail services. The local Sheriffs and Police departments are key allies in the communities. CUCC works closely with both through our afterhours emergency system. We have developed strong collaborative relationships with them as we have worked together to improve our communities. Each County Sheriff has elected to not contract with CUCC regarding direct jail services. Each jail has contracted with providers in the area for MH and SA services, including medication management services. CUCC does and will continue to provide emergency services for the correctional facilities when requested by the local correctional officers. Consultation services are offered by both the local CUCC Teams as well as through administration. This consultation time is not captured it clients served.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: CUCC provides emergency services including emergency psychiatric evaluations when indicated. The local authorities have elected to contract with private providers for direct behavioral health services in the correctional facilities.

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

No Change

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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

CUCC has recently replaced its hospital Liaison to assist in hospital discharge and overcoming specific challenges to discharge. At times we have incorporated our residential treatment facility as a step down approach towards getting individuals out of the hospitals in a timely manner and a step towards integration back into the client's community. Funds are available to help clients travel to desired discharge locations where the client has a better chance of having community and informal supports to assist in their recovery. Along with the above mentioned expenditures, monies are available for any of the mandated services, including sometimes essential pieces such as case-management, medication, physical health needs and assistance with housing/rent.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

CUCC has designated a staff member to attend the Continuity of Care meeting held monthly at the State Hospital. CUCC has not historically encumbered these outplacement funds as CUCC has not had many children/youth hospitalized over the past number of years. CUCC is aware of the process of requesting these funds and when there is a need CUCC has done so.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly

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

Little variation

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

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

All outpatient services are available to unfunded clients based upon need, not upon ability to pay. Clients can receive medication management, individual and group therapy, individual and group psychosocial rehabilitative services, and case management services. CUCC has provided wrap around services as well as interpretive services where there are language barriers for the unfunded individuals in the area.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly and through contracted providers.

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

No change

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

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

All outpatient services are available to unfunded clients based upon need, not upon ability to pay. Clients can receive medication management, individual and group therapy, individual and group psychosocial rehabilitative services, and case management services. CUCC has provided wrap around services as well as interpretive services where there are language barriers for the unfunded individuals in the area.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly and through contracted providers.

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

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

The FRF position is now utilized on each geographic team at CUCC. Their time is spent doing wrap services for individuals and families within the community and in the center, especially focusing efforts in local schools. They also provide case management, personal services and peer support services depending upon the nature of the service provided. Recovery planning continues to be a high priority and training continues to refine the process. Health and Wellness efforts are a high priority within the center. All employees including administration, medical, therapists, skills providers and case managers emphasize the importance of physical health to clients and even to the staff. Extensive efforts are made by the medical staff to monitor weight, blood pressure, pulse, caffeine intake, soda consumption, labs, tobacco use, and physical exercise. These efforts have been made to increase the health and life span of our clients. CUCC became a smoke free campus in 2011. CUCC continues to put forth efforts to assist our clients in becoming healthier including smoking cessation. These efforts are reflected in the policy adopted at that time that reflected not only efforts to stop smoking but to increase overall health within the Center. Efforts have been made to employ current and past clients in various aspects of programming at the center. Currently CUCC have at least 8 former or current clients employed or volunteering in some way within the center and are currently looking for ways to involve more.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly.

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

2. Client Employment

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

They are:

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

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

• Competitive employment in the community

CUCC provides psychoeducational services to help clients overcome challenges that limit the ability to engage in competitive employment.

• Collaborative efforts involving other community partners

CUCC works closely with Vocational Rehabilitation in helping clients prepare and succeed in the workplace.

• Employment of clients as staff

Currently CUCC have at least 8 former or current clients employed or volunteering in some way within the center and are currently looking for ways to involve more.

• Peer Specialists/Family Resource Facilitators

CUCC currently has a total of 4 Peer specialists including 3 Family Resource Facilitators. CUCC currently employs at least 8 past clients of mental health or substance abuse services.

• Supported Employment to fidelity

CUCC has not implemented Supported Employment to fidelity.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

Currently CUCC has implemented the following EBP's: OQ/YOQ, Medication Management, Medication Assisted Therapy, DBT, Life in Balance, TF-CBT, and WRAP. CUCC was providing MI but the clinician who was a trainer in the model resigned his position prior to CUCC being able to fully train other providers in the model. As a result CUCC is no longer offering MI to fidelity.

• Outcome Based Practices

CUCC has adopted the use of the DLA-20 to measure clients functioning. Our current Performance Improvement Project centers on evaluating which programs/interventions are producing the greatest improvements for our clients.

• Increased service capacity

CUCC has stressed the importance of productivity and as a result of this has seen the overall number of services per clinician/provider increase. Also CUCC has stressed and trained on real time recording of documentation. This has produced additional service hours available for additional clients to access services.

• Increased access

CUCC has stressed the importance of productivity and as a result of this has seen the overall number of services per clinician/provider increase. CUCC has also seen as a result additional individuals being able to access services. Also CUCC has stressed and trained on real time recording of documentation. This has produced additional service hours available for clients to access services.

• Efforts to respond to community input/need

CUCC remains committed to meeting the needs of community partners and clients. CUCC will be conducting training on 4/17/13 with local law enforcement in one of the areas around CIT. In this process we have sought input from the local law enforcement officers on their needs and desires in the training.

• Coalition development

CUCC has developed coalitions and partnerships with community partners. CUCC continues to foster these relationships as well as seeks to build new coalitions with other community partners.

• Other

4. Integrated Care

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

CUCC is an integrated MH and SA provider. All of CUCC's clinicians are generalists that treat both SA and MH. This model allows for clients to receive holistic treatment for all things effecting their recovery. Training in the Center revolves around the philosophy of co-occurring treatment.

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

CUCC has formed a strong relationship with our Community Health Center known as Wayne Community Health Center in Bicknell. They have expanded the number of Medicaid clients that they have seen. At the health clinic, they have a dentist office, primary care physicians and a pharmacy. We have set up our Telehealth equipment so that their physicians can consult with our psychiatrist or our psychiatrist can even evaluate clients in need of additional psychiatric services.

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

Currently CUCC's medical staff continues to look at and evaluate not only psychiatric care needs but also looks at physical health needs. As a result of these efforts, numerous physical health problems have been averted or caught early enough that serious problems did not occur including strokes and heart attacks. Case management is another key part of these efforts as Case Managers coordinate care with primary care providers including dental needs which is often a high priority for substance abuse clients.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

CUCC is expanding its partnership with local health departments. It is currently in the process of developing flyers that can be distributed to clients both at intake and throughout treatment to provide education and information on improving health, including smoking cessation. Efforts are made to train both staff and clients of the dangers of tobacco consumption. Medical providers at the center emphasize the importance of improved health, including efforts to stop smoking. Health and Wellness efforts are a high priority within the center. All employees including administration, medical, therapists, skills providers and case managers emphasize the importance of physical health to clients and even to the staff. Extensive efforts are made by the medical staff to monitor weight, blood pressure, pulse, caffeine intake, soda consumption, labs, smoking, and physical exercise. These efforts have been made to increase the health and life span of our clients. CUCC became a smoke free campus in 2011. CUCC continues to put forth efforts to assist our clients in becoming healthier including smoking cessation.

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

The FRF position is now utilized on each geographic team at CUCC. Their time is spent doing wrap services for individuals within the community and in the center, especially focusing efforts in local schools. They also provide case management, personal services and peer support services depending upon the nature of the service provided.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly.

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

No expected changes

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?

Yes.

5b) Children/Youth Mental Health Early Intervention

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.

N/A

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

N/A

Describe any significant programmatic changes from the previous year.

N/A

Describe outcomes that you will gather and report on.

N/A

5c) Children/Youth Mental Health Early Intervention

Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

N/A

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

N/A

Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)

N/A

Describe outcomes that you will gather and report on.

N/A

6. Suicide Prevention, Intervention and Postvention

Describe the current services in place in suicide prevention, intervention and postvention.

Currently CUCC has a continuous emergency system that runs 365 days a year. The toll free emergency number is made available to anyone calling into the Center. It is listed on CUCC's website: <http://www.cucc.us/home.html> (877-4MY-CUCC, 877-469-2822). This phone number will get the caller in touch with a clinician in their immediate area that is on-call from each of the local teams. At any particular time there are a minimum of 3 therapists on-call with 4 possible additional backups if a clinician is currently responding to another emergency. This service is available for suicidal individuals throughout the six county area that CUCC covers regardless of funding. These therapists can and often respond for face to face intervention to provide evaluations and safety planning for individuals in crisis. Follow up services are offered, including assessment, phone calls, support and possible referrals for appropriate services. CUCC has also employed a Director of Crisis Services that coordinates all inpatient services including discharge. Arrangements are made for post discharge assessments. When these appointments are not kept follow up phone calls are made to assess for reasons and risk. Training for all therapists occur on a regular basis. Suicide prevention, evaluation and treatment are on-going training subjects.

Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

CUCC will conduct a comprehensive evaluation related to policies and practices offered at the Center. It will look at current services offered and the current risk assessment tool utilized as well as looking at the C-SSRS. It will also look at specific training needs based upon the individual needs of all staff at the Center. It will include looking at community needs and educational needs. Prevention efforts will be examined including utilization of QPR trainings in the area for both staff as well as community partners. QPR trainings have been provided with a few scheduled.

Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.

As described above CUCC maintains an afterhours emergency system that works with local emergency personnel, including medical providers, and law enforcement. Depending upon the nature of the emergency and the resolution of the emergency different services are offered. If the individual is sent to an Inpatient Unit for further treatment, CUCC's Director of Crisis Services coordinates treatment and discharge to local providers. An assessment is always offered and at a minimum conducted at the hospital prior to discharge. If the nature of the emergency does not require inpatient services, follow up appointments are made at local CUCC offices for further evaluation of needed services. Collaboration efforts are made with local emergency rooms where face to face evaluation is offered for at risk patients. Phone consultations are available for local law enforcement officers to offer direction and possible resolution. Where simple consultation is unable to resolve possible crisis, arrangements are made for further evaluation. These services include jail services for incarcerated individuals experiencing suicidal ideation and behavior.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.

CUCC provides a phone screening for anyone willing to disclose current SA use. Based upon this screening services are immediately offered for specific populations including pregnant females, mothers with dependent children, and IV drug users. DUI screening assessments are provided for individuals who request this type of screening. Reports are provided for these individuals upon request. When a release of information is signed these reports and recommendations are provided to courts or other referring agencies. Depending upon the referral source, CUCC has utilized the RANT in some cases (RANT used for Drug Court screenings). In others CUCC has utilized the DATAR, and CASSI. For all assessments CUCC utilizes the ASAM-PPC2R to assess for treatment needs on the six domains which include:

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problem Potential
6. Recovery/Living Environment

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Provided directly.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)

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.

CUCC utilizes medically managed intensive inpatient detoxification in an inpatient hospital infrequently and there is little variation from year to year. The decision to hospitalize or transfer the client to another hospital or treatment setting for detoxification is the responsibility of the attending medical staff of the medical unit doing the assessment. Clients access this level of care by calling the center for an assessment. Once the assessment is completed a referral to the attending medical staff can be made for further assessment depending upon the findings of the initial assessment.

Where: We utilize local hospitals that contract for inpatient hospitalization for detoxification such as the Pavilion in Payson and Highland Ridge.

Provided Directly or through Contracted Provider: Contract

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

3) Detoxification Free Standing Residential (ASAM III.2-D)

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.

Residential detoxification level of services is provided through contracts with residential service providers, primarily through single case agreements with qualified providers. The Sevier County Alcohol and Drug Program have a licensed detoxification program that is used by clients in the area, but receives no monies from federal and state funds that pass through Central Utah Counseling Center. There is little variation from year to year in the use of this service and we expect the same for this upcoming year. Clients access this level of care by calling the center for an assessment. This level of care is utilized when clients can benefit from peer and social support but warrant 24 hour support for withdrawal symptoms.

Where: Sevier County Alcohol and Drug Program and single case agreements with qualified providers on an as needed bases.

Provided Directly or through Contracted Provider: Contract

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)

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

CUCC uses hospital inpatient services for substance abuse clients on a referral basis to local medical providers. Reimbursement is not provided by the Center and as a result tracking of this is not followed. Inpatient hospitalization is considered a medical emergency and as such, would be paid via that avenue. Biomedical conditions may warrant hospitalization or nursing care, and the medical disorder may even be a result of the substance abuse, but the medical condition itself would not warrant hospital treatment of the substance abuse, but rather of the presenting medical condition. Clients access this level of care by calling the center for an assessment.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Provided through local hospitals.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5

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.

CUCC contracts with Provo Canyon for short term residential services and medically monitored short term care, including medium and high intensity residential services and others on single case agreements. A variety of other treatment programs are used depending on individual treatment needs as well as availability of bed space such as Odyssey House, The Haven, Summit Lodge and Volunteers of America. The array of service providers has given the Center a number of options when developing plans for short term residential treatment. If youth are in need of treatment, then services are contracted for and referred to a youth provider such as ARTEC. There are no eligibility requirements, but the provider has discretion to deny services based on capacity and the client's individual assessment on whether such services are assessed to be beneficial.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties and contract providers along the Wasatch front.

Provided Directly or through Contracted Provider: Provided through contracted providers and single case agreements.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3

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.

CUCC contracts with various providers with either formal contracts or single case agreements for long term low-intensity residential services and clinically managed medium-intensity residential treatment. A variety of other treatment programs are used depending on individual treatment needs as well as availability of bed space such as Odyssey House, The Haven, Project Reality, Serenity House, Summit Lodge and Volunteers of America. This array of service providers has given the Center a number of options when developing plans for long term residential treatment. If youth are in need of treatment, then services are contracted for and referred to a youth provider such as ARTEC. There are no eligibility requirements, but the provider has discretion to deny services based on capacity and the client's individual assessment on whether such services are assessed to be beneficial.

Where: The Ark, The Haven, House of Hope, Foothill Treatment Facility, Odysee House Inc, Provo Canyon, and Steps Recovery.

Provided Directly or through Contracted Provider: Provided through contracted providers and single case agreements.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

7) Outpatient (Methadone - ASAM I)

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.

The Center is not licensed and does not operate an outpatient methadone clinic. Those in need of methadone maintenance are referred to a program that is licensed for that type of service. On occasion individuals who are receiving methadone through a licensed provider seek outpatient treatment through CUCC. In these situations outpatient treatment is provided at local CUCC offices while care staff coordinate care with the methadone providers at the licensed facilities. For information regarding medication assisted treatment, please see the Outpatient and Intensive Outpatient sections of the Area Plan.

Where: N/A

Provided Directly or through Contracted Provider: CUCC has no current contract nor a license to provide this type of service.

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

N/A

Describe any significant programmatic changes from the previous year.

N/A

8) Outpatient (Non-methadone – ASAM I)

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

Outpatient programs are available in all counties in the six county area. There are Drug Court programs in Sevier, Sanpete and Juab/Millard Counties. Individual, group and family counseling is provided by master's level licensed therapists as determined by the individual's Recovery Plan for both Drug Court and non-Drug Court participants. Individual and group behavioral management is provided by Licensed Substance Abuse Counselors and contract staff. Support groups and therapy groups are offered by local teams. Each of the teams in the area has a Nurse, P.A. and Psychiatrist assigned to provide medical consultation and medication follow-up where needed. Center protocol requires that all substance abusers at risk for serious communicable diseases and all pregnant women are referred for a medical consultation to a physician or physician's assistant. Access to primary medical care is determined at the time of the assessment. If needed, coordinating care with the clients PCP is initiated. The staff prescriber also may utilize psychotropic medication for those who have a dual diagnosis of mental illness. They also have began to utilize medications to decrease cravings/urges to decrease relapse rates. The staff prescriber may offer outpatient detoxification or consult with local physicians regarding problems with detoxification. Those eligible for this service are given a thorough evaluation to assess the medical appropriateness of this type of service. If there is not an identified primary medical prescriber, coordination is made to identify and help the client to connect with a provider. CUCC continues to provide priority admission to woman with dependent children, pregnant woman and IV substance users within 48 hours for interim services. At the point of an initial request for services, the individual's case is reviewed by a therapist and assigned a priority for an appointment. Clients are made aware of a 24 hour crisis number at that time. Other than crisis admissions to detoxification or residential services, each client with a substance abuse problem is assessed by a licensed specialist who screens the individual for placement along the service continuum. Assessment for co-occurring mental illness or mental retardation is completed. Included in the assessment process and treatment planning is the utilization of the ASAM PPC-2R to help determine the appropriate level of care. In the assessment a tool known as the DLA-20 is also used to evaluate for physical and mental health needs. The DLA-20 has been cross-walked with the ASAM and it looks at 20 areas of the clients life that helps to focus on the six domains of the ASAM. Following the assessment the case is reviewed by a multi-disciplinary team and a treatment plan is developed which outlines the treatment recommendations including level of service. Medical staff is available for staffing and consultation. It is the philosophy of the Center that treatment needs to be readily available upon request, that effective treatment involves an ongoing monitoring and adjustment of the Recovery Plan and that length and scope of treatment is essential, while being able to have the client maintain dignity and hope through the treatment process. The therapeutic relationship remains of primary importance in outcome research. CUCC has a service provider who participates in woman's specific treatment and training, a focus on trauma informed care is being adopted through formal and informal trainings provided by this provider in the Richfield office. Further trainings focused upon Trauma Informed care will provide for additional staff trainings and greater implementation. When these trainings are offered CUCC will utilize these opportunities to expand the implementation of Trauma Informed care by sending staff. CUCC screens for opioid replacement therapy is its assessments. Historically CUCC has paid for medication assisted therapy for individuals in need of this level of care, including Vivitrol, and Antibus. Suboxone is prescribed by a local physician who is licensed to do so and coordination is provided for treatment.

Where: Outpatient services are offered in Ephraim, Nephi, Fillmore, Delta, Richfield, Junction, and Loa.

Provided Directly or through Contracted Provider: Directly and through contract.

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

N/A

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

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

The intensive outpatient program is most utilized by the Center in conjunction with the criminal justice system. It is generally accepted as the preferred treatment of choice for adjudicated substance abusers as an alternative to incarceration when the clients meet ASAM criteria for this level of treatment, but it is available for any substance abuser meeting ASAM criteria for this level of care. Intensive outpatient services are developed by a multi-disciplinary team. The Center provides an ASAM level Intensive Outpatient Program out of the Richfield office. This is in conjunction with the state funded drug court but other individuals as deemed appropriate are also enrolled. The Center also offers to our clients the option of traveling to other Teams in the area to increase treatment time. Although this option is difficult and rarely utilized, it is the position of the Center to maintain flexibility in programming to try and meet the needs of our clients. CUCC is striving to increase IOP services throughout the catchment area including the Juab/Millard and Sanpete teams. Intensive outpatient with partial hospitalization is offered in conjunction with our adult day treatment program. This is most often utilized with clients who have a dual diagnosis. CUCC's medical staff are highly involved in these cases at this level of care. CUCC has a service provider who participates in woman's specific treatment and training, a focus on trauma informed care is being adopted through formal and informal trainings provided by this provider in the Richfield office. Further trainings focused upon Trauma Informed care will provide for additional staff trainings and greater implementation. When these trainings are offered CUCC will utilize these opportunities to expand the implementation of Trauma Informed care by sending staff. CUCC screens for opioid replacement therapy in its assessments. Historically CUCC has paid for medication assisted therapy for individuals in need of this level of care, including Vivitrol, and Antabuse. Suboxone is prescribed by a local physician who is licensed to do so and coordination is provided for treatment.

Where: Sanpete, Sevier, Juab, and Millard Counties (Wayne and Piute counties are served through the Richfield office)

Provided Directly or through Contracted Provider: Directly

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

10) Detoxification (Outpatient- ASAM I-D or II-D)

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.

CUCC provides both Outpatient Detoxification without on-site monitoring and with on-site monitoring (Level's 1 & 2). The detoxification program is under the direction of the Center's psychiatrist, and takes place in a medication management setting. The goal of the program is to safely allow the patient to be withdrawn from the substance of dependence. This is not a service that would be offered to all enrollees. Factors such as drug of dependence, motivation, health concerns, history of withdrawal, and support would be taken into consideration. This is available to both males and females. This is generally limited to prescription psychotropic medications such as benzodiazepines, but can include non psychotropic substances such as alcohol and other drugs when it is assessed to not be a medical emergency. Focus of treatment in these situations are not limited to substance abuse. Referrals out of CUCC are made for closer medical monitoring by clients primary care physicians as appropriate especially where there are extenuating health concerns better treated in a medical facility. Clients access this level of care by calling the center for an assessment. Historically CUCC has provided little outpatient detoxification but it remains a viable option for clients in need of this level of care.

Where: Each geographic team taking in Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly and through referrals to local hospitals when appropriate (Delta Hospital, Central Valley Medical Center, Sanpete Valley Hospital, Gunnison Valley Hospital, Sevier County Hospital, Wayne Community Health Center).

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

CUCC expects little change

Describe any significant programmatic changes from the previous year.

N/A

11) Recovery Support Services

Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

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.

CUCC provides and encourages the use of the following resources that help to support recovery; community self-help groups, such as AA and NA; Drug screening or intensified screening which includes random drug screens; Community services including religious and ethnic supports; treatment for families; including Substance abuse/recovery education programs, family treatment sessions (typically individual); Employer contacts; Home work assignments; Warning signs of relapse; Stress analysis and alternative coping strategies; Stress management regimens; Time with mentors/sponsors; Daily reporting to designated monitor; Telephone reporting from job; Court ordered fines or work restitution; Increase in individual contact with staff; and home monitoring contacts; aftercare attendance at groups is also encouraged after an individual has discharged from formal services as well, but these services are not captured as the client is not open in an active treatment episode. CUCC attempts in working with the client to maintain a long term outlook by accessing services and supports in the mainstream of the community, as well as services provided by the center. There is great value in building permanent support systems within the client’s local community structure. Antabuse, Vivitrol and other newly developed medications for the treatment of alcoholism and other substances are reviewed with the client as a possible support to the recovery process. Emergency services are available for crisis intervention through master’s level staff 24 hours a day seven days a week. These emergency services also serve as a resource for discharged clients to help prevent relapse in times of need. ATR funds are utilized in our three operating Drug Courts to help in multiple ways including medical/dental needs, housing, education and employment needs etc. Case management is offered to clients to link them to needed resources and monitor needs going forward. Cost for these services would be captured in the Outpatient, and Intensive Outpatient budget on Form B.

Where: Each geographic team taking in Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Directly and through informal supports

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

CUCC expects little change

Describe any significant programmatic changes from the previous year.

N/A

Form B – Substance Abuse Treatment Budget Narrative

12) Quality and Access Improvements

Describe your Quality and Access Improvements

CUCC continues to utilize the triage system to assist all callers in meeting their needs quicker. This has also assisted callers who might not qualify for CUCC services to make contacts with appropriate providers. Also CUCC continues to utilize the OQ/YOQ in treatment as seen by rates of administration in the state. We utilize these tools as a process tool as it was designed, not as an outcome measure. For outcome measures CUCC has begun to utilize a tool known as the DLA-20. There is evidence behind the use of this tool for assessing the clients actual functioning and will measure improvements within 3 points on the GAF score when comparing different raters of the GAF. CUCC continues to train to the use of ASAM criteria. Recently it implemented on-going assessment, including the standard of documentation to the ASAM dimensions on every progress note for substance abuse clients. These notes are to ascertain progress or warning signs in the ASAM dimensions that come up and are being addressed in therapy. This enables others providers to quickly ascertain what is being worked on and needs to be addressed in treatment.

Regarding access, CUCC has stressed the importance of productivity and as a result of this has seen the overall number of services per clinician/provider increase. CUCC has also seen as a result additional individuals being able to access services. Also CUCC has stressed and trained on real time recording and documentation. This has also produced additional service hours available for access.

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

CUCC has recently implemented the use of "Life in Balance" an Evidence Based Practice found on the NREPP sight. CUCC has also added a family counseling group which has been shown to increase positive outcomes in numerous scientific studies. Currently CUCC has implemented the following EBP's: OQ/YOQ, Medication Management, Medication Assisted Therapy (MAT), Dialectical Behavioral Therapy (DBT), Life in Balance, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and WRAP. CUCC recently attended a workshop/training around evidence based practices and the best process for implementing these with the center. There are a number of additional trainings that we are exploring including Motivational Interviewing (MI), Moral Recognition Therapy (MRT), and Aggression Replacement Training (ART).

CUCC is utilizing the DLA-20 to monitor for outcomes. Currently CUCC is using the DLA-20 as a part of its Performance Improvement Project (PIP) as required by Medicaid. It is looking at specific populations, offices, and services and the outcomes of such to ascertain those that are most effective in improving client functioning, and to identify those areas that CUCC can improve in.

CUCC remains committed to meeting the needs of community partners and clients. CUCC has conducted training with local law enforcement in one of the areas around CIT. In this process we have sought input from the local law enforcement officers on their needs and desires in the training. CUCC has developed coalitions and partnerships with community partners such as schools, JJS, DCFS, and Adult Probation and Parole. CUCC continues to foster these relationships as well as seeks to build new coalitions with other community partners.

Form B – Substance Abuse Treatment Budget Narrative

13) Services to Incarcerated People

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

CUCC assists the local authority in the planning for the needs of persons incarcerated in local correctional facilities. This includes according to UCA 17-43-201 to “review and evaluate substance abuse prevention and treatment needs and services, including substance abuse needs and services for individuals incarcerated in a county jail or other correctional facility.” The local Authorities have chosen not to use State dollars given by the Division of Substance Abuse and Mental Health to provide services, but rather use Beer Tax and local funds for the provision of behavioral health services. Local private providers under contract with the local Authority through the Sheriff’s Office provide direct behavioral health services. CUCC continues to assist as necessary including responding to emergencies in the jails, assessing if a prisoner needs inpatient care instead of incarceration, and being available for consultation for any situations that may arise in the jails. CUCC administration continues to be actively involved in assisting with the planning for jail services. The local Sheriffs and Police departments are key allies in the communities. CUCC works closely with both through our afterhours emergency system. We have developed strong collaborative relationships with them as we have worked together to improve our communities. Each County Sheriff has elected to not contract with CUCC regarding direct jail services. Each jail has contracted with providers in the area for MH and SA services, including medication management services. CUCC does and will continue to provide emergency services for the correctional facilities when requested by the local correctional officers. Consultation services are offered by both the local CUCC Teams as well as through administration. This consultation time and cost is not captured in the number of clients served.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: CUCC provides emergency services including emergency psychiatric evaluations when indicated. The local authorities have elected to contract with private providers for direct behavioral health services in the correctional facilities.

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

No Change

Describe any significant programmatic changes from the previous year.

N/A

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

CUCC spends no SAPT funds in the jails.

Form B – Substance Abuse Treatment Budget Narrative

14) Integrated Care

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

CUCC is an integrated MH and SA provider. All of CUCC's clinicians are generalists that treat both SA and MH. This model allows for clients to receive holistic treatment for all things effecting their recovery. Co-occurring treatment takes place with the clients primary therapist who treats both the mental illness and the substance use disorder simultaneously and in accordance with Recovery Oriented Systems of Care principles.

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

CUCC has formed a strong relationship with our Community Health Center known as Wayne Community Health Center in Bicknell, Wayne County. They have expanded the number of Medicaid clients that they have seen. At the health clinic, they have a dentist office, primary care physicians and a pharmacy. We have set up our Telehealth equipment so that their physicians can consult with CUCC's psychiatrist. At times CUCC's psychiatrist has completed Telehealth evaluations for clients in need of additional psychiatric services at the community health center.

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

CUCC has approached all of the local hospital administrators about our desire to work together to identify high usage/emergency room clients to better meet their needs. Currently CUCC's medical staff continues to look at and evaluate not only psychiatric care needs but also looks at physical health needs. As a result of these efforts, numerous physical health problems have been averted or caught early enough that serious problems did not occur including strokes and heart attacks. All providers at CUCC are trained on the importance of whole health, not just mental and substance abuse treatment. Case managers are utilized on a referral basis for clients needing physical health needs beyond what CUCC's medical staff can provide.

Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.

Medication Assisted Treatment is assessed at the intake for individuals coming in for treatment. Since CUCC has moved to an on-going assessment this process can occur at anytime during the process of treatment. MAT can be provided at any of CUCC's outpatient offices or on a referral basis depending upon the need of the client. For instance if the client is in need of Suboxone referrals are made as neither of our medical providers can prescribe this. If Vivitrol or Disulfiram is prescribed, this often comes from CUCC prescribers. Education and training is provided to both staff and community members when occasion permits. CUCC has no prohibition against the use of medication is assisting clients to overcome the effects of illicit substances.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

CUCC is expanding its partnership with local health departments. It is currently in the process of developing flyers that can be distributed to consumers both at intake and throughout treatment to provide education and information on improving health, including smoking cessation. Efforts are made to train both staff and clients of the dangers of tobacco consumption. Medical providers at the center emphasize the importance of improved health, including efforts to stop smoking. Health and Wellness efforts are a high priority within the center. All employees including administration, medical, therapists, skills providers and case managers emphasize the importance of physical health to consumers and even to the staff. Extensive efforts are made by the medical staff to monitor weight, blood pressure, pulse, caffeine intake, soda consumption, labs, smoking, and physical exercise. These efforts have been made to increase the health and life span of our consumers. CUCC became a smoke free campus in 2011. CUCC continues to put forth efforts to assist our clients in becoming healthier including smoking cessation.

15) Drug Court

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

CUCC has Drug Court programs in Sevier, Sanpete and Juab/Millard Counties. Screening for appropriateness of a client in a Drug Court is done by utilizing the RANT. Individual, group and family counseling is provided by master's level licensed therapists as determined by the individual's Recovery Plan for both Drug Court and non-Drug Court participants. Individual and group behavioral management is provided by Licensed Substance Abuse Counselors, SSW's and therapists. Support groups and therapy groups are offered by local teams. Each of the teams in the area has a Nurse, P.A. and Psychiatrist assigned to provide medical consultation and medication follow-up where needed. Center protocol requires that all substance abusers at risk for serious communicable diseases and all pregnant women are referred for a medical consultation to a physician or physician's assistant. Access to primary medical care is determined at the time of the assessment and throughout treatment with CUCC's on-going assessment. If needed, coordinating care with the clients PCP is initiated by either the primary therapist, the physician or by the Case Manager. The staff prescriber also may utilize psychotropic medication for those who have a dual diagnosis of mental illness. They also have begun to utilize medications (MAT) to decrease cravings/urges to decrease relapse rates. The staff prescriber may offer outpatient detoxification or consult with local physicians regarding problems with detoxification. Those eligible for this service are given a thorough evaluation to assess the medical appropriateness of this type of service. If there is not an identified primary medical prescriber, coordination is made to identify and help the client to connect with a provider. Clients are made aware of a 24 hour crisis number at the time of the initial contact with the CUCC. Other than crisis admissions to detoxification or residential services, each client with a substance abuse problem is assessed by a licensed specialist who screens the individual for placement along the service continuum. Assessment for co-occurring mental illness or mental retardation is completed. Included in the assessment process and treatment planning is the utilization of the ASAM PPC-2R to help determine the appropriate level of care. Following the assessment the case is reviewed by a multi-disciplinary team and a treatment plan is developed which outlines the treatment recommendations including level of service. Medical staff is available for staffing and consultation. It is the philosophy of the Center that treatment needs to be readily available upon request, that effective treatment involves an ongoing monitoring and adjustment of the Recovery Plan and that length and scope of treatment is essential, while being able to have the client maintain dignity and hope through the treatment process. The therapeutic relationship remains of primary importance in outcome research. Case Management services are provided for Drug Court participants to help them through the recovery process and to meet needs when clinically indicated. Drug testing is provided onsite and then samples are sent off to appropriate labs as indicated. Testing protocols are followed as described in the Division approved Drug Court applications.

Provided Directly or through Contracted Provider: Directly and through contract.

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

Slight increase due to additional resources.

Describe any significant programmatic changes from the previous year.

Added Life in Balance an EBP and a family group component to treatment in the Tri-county drug court. CUCC recently hired a number of U/A testers in the Juab/Millard court. CUCC will be replacing a case manager in May 2014 in the Sanpete Drug Court.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

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

CUCC is not participating in DORA at this time.

Provided Directly or through Contracted Provider:

N/A

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

17) Women's Treatment

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

Woman's specific programming takes place in the Richfield office. Woman specific groups dealing with issues of abuse, trauma etc. are explored. CUCC has a SSW who participates in the woman's specific treatment/training meetings provided by the state. CUCC provides these services directly. In each of the offices gender specific consideration is given to each client seeking services along with Trauma Informed care. Each clinician considers these issues when creating a treatment plan for clients seeking services. If a client requests a specific gender for their therapist these requests are granted with very few exceptions. With the service provider who participates in woman's specific treatment and training, a focus on trauma informed care is being adopted through formal and informal trainings provided by this provider in the Richfield office. Further trainings focused upon Trauma Informed care will provide for additional staff trainings and greater implementation. When these trainings are offered CUCC will utilize these opportunities to expand the implementation of Trauma Informed care by sending staff.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

Form B – Substance Abuse Treatment Budget Narrative

18) Adolescent (Youth) Treatment

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

Outpatient programs for youth are available in all counties in the six county area. The most developed program is in the Richfield office where CUCC has established a close relationship with the youth probation workers in the area. Individual, group and family counseling is provided by master's level licensed therapists as determined by the individual's Recovery Plan. Support groups and therapy groups are offered by local teams. Each of the teams in the area has a Nurse, P.A. and Psychiatrist assigned to provide medical consultation and medication follow-up where needed. Center protocol requires that all substance abusers at risk for serious communicable diseases and all pregnant women are referred for a medical consultation to a physician or physician's assistant. Access to primary medical care is determined at the time of the assessment. If needed, coordinating care with the clients PCP is initiated. The staff prescriber also may utilize psychotropic medication for those who have a dual diagnosis of mental illness. They also have begun to utilize medications to decrease cravings/urges to decrease relapse rates. The staff prescriber may offer outpatient detoxification or consult with local physicians regarding problems with detoxification. Those eligible for this service are given a thorough evaluation to assess the medical appropriateness of this type of service. If there is not an identified primary medical prescriber, coordination is made to identify and help the client and family to connect with a provider. At the point of an initial request for services, the individual's case is reviewed by a therapist and assigned a priority for an appointment. Clients are made aware of a 24 hour crisis number at that time. Other than crisis admissions to detoxification or residential services, each client with a substance abuse problem is assessed by a licensed specialist who screens the individual for placement along the service continuum. Assessment for co-occurring mental illness or mental retardation is completed. Included in the assessment process and treatment planning is the utilization of the ASAM PPC-2R to help determine the appropriate level of care. Following the assessment the case is reviewed by a multi-disciplinary team and a treatment plan is developed which outlines the treatment recommendations including level of service. Medical staff is available for staffing and consultation. It is the philosophy of the Center that treatment needs to be readily available upon request, that effective treatment involves an ongoing monitoring and adjustment of the Recovery Plan and that length and scope of treatment is essential, while being able to have the client maintain dignity and hope through the treatment process. The therapeutic relationship remains of primary importance in outcome research. Family involvement remains a high priority for successful treatment. If residential treatment is indicated on the ASAM then arrangements are made for proper treatment

Where: Outpatient Youth services are offered in Ephraim, Nephi, Fillmore, Delta, Richfield, Junction, and Loa. Residential treatment is provided through contract.

Provided Directly or through Contracted Provider: Directly and through contract.

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

No expected changes

Describe any significant programmatic changes from the previous year.

N/A

Form C – Substance Abuse Prevention Narrative

Instructions:

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

1) Prevention Assessment

Describe your area prevention assessment process and the date of your most current community assessment(s).

Our prevention teams collect and analyze data from numerous sources including SHARP data from 2009/2011/2013, Bach Harrison On-Line Data, DSAMH annual report and epidemiological report website, SAMHSA, NIDA, DAWN Report, EASY annual report, District Court/Probation Departments, Department of Child and Family Services, Law Enforcement local and state agencies, Central Utah Health Department, archived and social indicators and other epidemiological data where available. Our prioritized community focus includes the Six County District. Prevention team advocates using the Strategic Prevention Framework Model and Communities that Care with community leaders, youth councils, coalitions and Local Interagency Councils. Community readiness assessments were done in Juab County on October 2013, Millard and Sanpete County in May 2014 and Sevier County April 2014. Assessments were disseminated either during the event or via electronic means.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

Identify the prioritized risk/protective factors for each community identified in box #1.

Our prioritized risk factors for the Six-County area include: Perceived availability of drugs / Poor family management / parental attitudes favorable to ASB / parental attitudes favorable to drug use/ academic failure / early initiation of ASB / attitudes favorable to ASB / depressive symptoms.

Our prioritized protective factors for the Six-County area include: rewards for prosocial involvement / family attachments / opportunities for prosocial interaction.

Form C – Substance Abuse Prevention Narrative

3) Prevention Capacity and Capacity Planning

Describe prevention capacity and capacity planning within your area.

The challenges to building capacity include a large geographical area with long distances between locations, limited prevention staff, financial limitation and lack of resources generally accorded with more populated areas. Efforts towards collaboration with agencies through coalitions, dedicated stakeholders and community leaders' willingness and motivation to address local issues, and low socioeconomic status has increased capacity. While the prevention team and some coalition members have been trained in the SPF/CTC 5-Step process, readiness and motivation of community members to change existing cultural mores to integrate a prevention mindset has increased to the contemplative stages. Continued motivational efforts to utilize the SPF/CTC process by the prevention team and trained community members will be ongoing within our coalitions, local inter-agencies, youth councils and community members.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

We continue to use the 5-Step planning process delineated in the Strategic Prevention Framework and Communities that Care processes. We analyze financial and human resources, gaps in services, identify appropriate evidence based strategies and evaluate feasibility of implementation. Using these identified factors, the prevention team develops a plan to address risk factors and increase protective factors that best meet the needs of the communities.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

CUCC uses identified evaluation methods for programs and strategies in respective logic models that adhere to DSAMH's minimum evaluation requirements for effectiveness and prevention of substance abuse guiding principles. Prevention and administration staff meets regularly to analyze and evaluate data collected to improve effectiveness of programs and to identify and replace ineffective programs related to identified risk and protector factors.

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2013 and describe why they were discontinued.

Program Name: Parenting Classes Collaboration (Love & Logic). This program was discontinued due to 1) difficulty collaborating with other agencies to hold trainings; 2) Outcome measures were not made available to CUCC on a consistent basis; and 3) Love & Logic is no longer on the evidence based registry (Blueprints).

CUCC applied and received grant monies through Prevention by Design in 2014. We will be collaborating with the State Office of Substance Abuse, Weber, Utah County, & Davis LSAA's to hold a Guiding Good Choices TOT. Four employees that work in prevention or as a Family Resource Facilitator within our agency will use the grant money to be trained in Guiding Good Choices. At the completion of the TOT Guiding Good Choices will be provided in Millard, Juab and Sanpete. If outcome measures prove positive in these areas this program will be offered in the other three counties within our LSAA.

Form C – Substance Abuse Prevention Narrative

8) Prevention Activity

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

Prime For Life classes – this service is being utilized by a rural community. Attendees no longer need to travel long distances to meet their court requirements. (Wayne County)

Tobacco classes NOT/END/FFS are offered in communities with limited resources for youth and adult in tobacco cessation. (Millard & Juab Counties)

Fee Schedule 2-24-2009

Effective 4-1-2009

Estimated 2009 Poverty Guideline	
Estimated 2009 200% Poverty	

Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Monthly Income	1	2	3	4	5	6	7	8
100%	\$0-\$851	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
150%	\$852-\$1277	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00
200%	\$1278-\$1702	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00
250%	\$1703-\$2127	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00
300%	\$2128-\$2552	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
350%	\$2553-\$2977	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
400%	\$2978-\$3402	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00
450%	\$3403-\$3827	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00
500%	\$3828-\$4252	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00
550%	\$4253-\$4667	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00
600%	\$4668-\$5102	Full Fee	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00
	\$5103+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

* based on 2009 Poverty Guidelines

MONTHLY MAX**		NUMBER of HOUSEHOLD DEPENDENTS								
% of Poverty	Monthly Income	1	2	3	4	5	6	7	8	
100%	\$0-\$851	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	6
150%	\$852-\$1277	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00	\$30.00	6
200%	\$1278-\$1702	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00	6
250%	\$1703-\$2127	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	6
300%	\$2128-\$2552	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	6
350%	\$2553-\$2977	\$300.00	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	6
400%	\$2978-\$3402	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00	\$70.00	7
450%	\$3403-\$3827	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00	7
500%	\$3828-\$4252	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	7
550%	\$4253-\$4667	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	7
600%	\$4668-\$5102	Full Fee	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	7
	\$5103+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	

** Max based on an equivalent of 6/7 outpatient visits per month

CENTRAL UTAH COUNSELING CENTER	
PROCEDURE FOR SETTING CLIENT FEES	
Policy Classification: Financial	Originated:
Effective Date: 3/20/1998	Revisions: 6/26/14

PURPOSE OF THE PROCEDURE: Pursuant to Utah Human Services Code 17-43-306 and in keeping with requirements from the Utah State Board of Mental Health Policy which states: “There shall be a dual fee schedule approved by the State Board of Mental Health. The mental health center may waive the charging of a fee if they determine that the assessment of a fee would result in a hardship for the recipient of the services. Fee adjustments may be made following locally determined procedures. The procedures will be available in writing.” CUCC has developed the following procedure for establishing a “sliding scale fee” for SA and MH services.

PROCEDURES FOR SETTING CLIENT CO-PAY:

1. The co-pay form is reviewed with the client to determine the total family income and the number of dependents living on that income. If the client reports they have no income, please be sure and ascertain how they are able to live on no income. The team tracking form should monitor all clients who claim no income at the time of each visit. If they have obtained a job or acquired other income, the co-payment amount will need to be revised.
2. Once monthly income and number of dependents has been determined, this information is used to establish the clients co-payment amount. Please check the addition carefully as you total up the gross monthly income which included child support, alimony, SSI, etc.
3. The Co-Pay is a fee charged for each encounter/service. It is not based on an amount of time. It is the co-pay for the service. Clients pay the same co-pay amount whether they are seen for a 15 minute medication management encounter or for a session of day treatment.
4. The Co-Pay amount will be based on one of the following:
 - a. Co-Pay Per Service

b. Co-Pay Guidelines for Multiple Services

c. Co-Pay for mental health/substance abuse services, if listed on clients insurance card.

5. Co-Pay per service schedule: based on the clients total income, use the schedule to assign the co-pay amount. Explain to the client they will be charged this co-pay for each service and that payment is expected at the time of their visit.

6. Co-Pay Guidelines for Multiple Services: For clients who have a large number of services, the therapist can adjust the co-pay per service down to a manageable monthly level. Based on the estimated number of services the client is expected to receive each month, a co-pay amount is established that approximates the monthly amount established for their income.

7. Co-pay based on insurance card: For clients with insurance coverage, use the insurance co-pay amount listed on their card. If the client overpays, based on the co-pay amount, we will reimburse the amount that was overpaid. If someone is seen for the first time and insurance information is not available, explain that you will get the information by their next visit and the co-pay will be assigned at that time.

8. The therapist has the right to discount the fee from the fee schedules. The therapist must document why the fee was discounted. It is unfair to discount the fee for some clients and not for others without some rationale. Reasons that may justify fee discounts include, but are not limited to the following; high medication costs or medication co-pays; medical costs; disabled family members that require special services; significant debt acquired that is directly related to severe mental illness; clients who, due to their mental illness, would not accept services without discount. For example, if the combination of medical costs and co-pay is significantly over the monthly maximum, then the co-pay amount could be discounted.

9. If the therapist decides to discount the co-pay amount below the schedule, this must be approved by the team leader.

10. A client can appeal a therapists decision of the co-pay amount by following the grievance procedures by completing a Grievance Form.

Program Name: Tutoring		Evidenced Based: N0						
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Academic Failure	Students age 12-17 in Delta (Millard School District) who attend the after school drop in center. Open to all students needing academic help with special emphasis on Hispanic student population. Estimated number of students served – 60.			Providing educational tutoring services that affect critical life and social skills for students at the Delta Youth Activity Center (DYAC) for 4 hours per week throughout the school year. *Provide bi-lingual staff and volunteers to assist in reducing possible language barriers.	*Reduce Academic Failure rates in grades 6 to 12 from 30.0% in 2013 to 29.0% by 2015.	*Reduce 30 Day alcohol use in grades 6 through 12 from 7.0% in 2013 to 5.0% by 2019
Measures & Sources	SHARPS 2013; 15; 17; 19 *Participating Student Report Card	SHARPS 2013; 15; 17; 19 *Program Attendance Report	Program Logs Tutoring Attendance Reports/Records			Program Logs Tutoring Attendance Reports/Records	SHARPS 2013; 15; 17; 19	SHARPS 2013; 15; 17; 19

Program Name: Community Awareness, Events, Presentations				Evidenced Based: NO				
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Parental Attitudes Favorable to drug use	All community residents within Central Utah Counseling Center geographical area. through 12. Estimated number served – 72,000			Educational presentations and events, seminars and/or workshops in each Six County area, on substance abuse prevention topics that affect critical life and social skills in group or community settings to help community members understand ATOD and related risk and protective issues within the community.	Decrease parental attitudes Favorable to drug use in grades 6 to 12 from 9.0% in 2013 to 8.0% in 2015	*Reduce 30 Day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6.0% by 2019
Measures & Sources	Community Readiness Surveys SHARPS 2013; 15; 17; 19	Community Readiness Surveys SHARPS 2013; 15; 17; 19	Event Attendance Service Delivery Rosters Records and Post Event Evaluation Presentation Requests			Event Attendance Records Pre/Post Event Evaluation Service Delivery Rosters Participant Feedback Forms	Community Readiness Surveys SHARPS 2013; 15;	Community Readiness Surveys SHARPS 2013; 15; 17; 19

Program Name: Governing Youth Council (GYC) Peer Leadership Evidenced Based: N0								
LSAA:								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	*S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	*Early Initiation of ASB *Opportunities/Rewards for Pro-social Involvement/Interaction	Middle, & High school students within the districts of Central Utah. (Special emphasis will be to increase participation in GYC among minority students to reflect student populations) High school and Middle School teams consisting of 10 to 40 students in 4 to 8 school districts.			Targeted populations of High school and Middle school peer leader teams that exclude substance use, will be established, trained, and supported. Peer leaders will meet regularly throughout the year to promote alternative ATOD activities and promote pro-social involvement and activities in their schools. School teams will provide positive peer support to their peers with an emphasis on grades 6, 7 & 8.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2015. *Increase Opportunities/Rewards for Pro-social involvement at School 2013 in Grades 6 - 12 from 67.1 to 68.0% by 2015.	Reduce 30 day alcohol use in 2013 Grade 6 through 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013; 15; 17; 19	2013 SHARP Survey	Representation from School Districts in Central Utah and GYC Rolls and Records. Schools that have peer leadership established.			*Agendas of GYC trainings held. *Local GYC activities reported. Peer leader reports. Training attendance rosters.	SHARPS 2013; 15	SHARPS 2013; 15; 17; 19

Program Name: Parenting Classes		Evidenced Based: YES						
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	*Poor Family Management *Parental Attitudes Favorable to ASB	Parents' referred and/or self-refer to parenting classes in Six County area when there is a gap in parenting class services from other agencies. A minimum of one class will be offered in Millard, Sanpete and Juab. Estimated attendance in each class is 8 – 15 adults and children			Guiding Good Choices will be offered in Juab, Millard & Sanpete Counties (areas that have gaps in these services). The program is a family competency training program for parents of children in middle school. Children attend one of the five sessions which teaches peer resistance skills. Instruction includes identification of risk factors for substance abuse and a strategy to enhance protective family processes; development of effective parenting practices regarding substance use issues; family conflict management.	*Reduce Poor Family Management in 2013 Grade 6 to 12 from 27.6% to 26.6% by 2015. *Decrease Grade 6 to 12 Parental Attitudes Favorable to Antisocial Behaviors in 2013 from 28.0% to 27.0% by 2015.	Reduce 30 day alcohol use in 2013 Grade 6 through 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013; 15; 17; 19	SHARPS 2013 Program Attendance Records	Program Attendance Records			Program Participation Records/Referrals Post/Pre Survey's	SHARPS 2013; 15	SHARPS 2013; 15; 17; 19

Program Name: NOT / FFS Life Skills/END Classes				Evidenced Based: YES				
LSAA:								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	*I		Short	Long
Logic	Reduce 30 day cigarette use in grades 6 through 12	Early Initiation of ASB	Youth referred by schools, courts and/or families or self-referred who are exhibiting problem behaviors (i.e., ATOD use, first offender referrals) Adults who are self-referred or by mental health specialists. Estimated number for participants is 50.			Instructors will offer NOT (Not on Tobacco), FFS (Freedom From Smoking) or END (Ending Nicotine Dependence curricula and/or life skills course materials.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2015.	Reduce 30 day cigarette use in 2013 Grade 6 through 12 from 3.3% to 2.3% by 2019.
Measures & Sources	SHARPS 2013; 15; 17; 19	SHARPS 2013	Program Attendance Records			Program Participation Records/Referrals Pre/Post Survey's	SHARPS 2013; 15	SHARPS 2013; 15; 17; 19

Program Name: Media Campaigns/Collaboration				Evidenced Based: NO				
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	Reduce 30 day alcohol	Parental Attitudes Favorable to ASB	General population and			Articles, PSA's, and/or ads will be placed in local newspapers and	Decrease Grade 6 to 12 Parental	. Reduce 30 day alcohol use in 2013

	use in grades 6 through 12		<p>parents of children ages 10-19 within the communities of Central Utah's Six Counties. Campaign components will also be offered in Spanish where needed. Estimated number served – 72,000</p>	<p>other media outlets focusing on ATOD use and risks to include "Parents Empowered" campaign "Use Only As Directed" campaign, National Medication Take Back, Don't Drive Stupid campaign, Red Ribbon, Stop Underage Drinking, and Way To Quit campaigns. *Billboards and/or other forms of signage will be placed throughout communities focusing on key events. *Increase awareness of local and state issues regarding alcohol, tobacco, and other drug (ATOD) and attitudes favorable to Anti Social Behavior (ASB). The above components should reach approximately 21000 people (rounded county populations divided by 4). *PE kits and other collateral items will be distributed at various local events, schools, community classes, and worksites.</p>	<p>Attitudes Favorable to Antisocial Behaviors in 2013 from 28.0% to 27.0% by 2015.</p>	<p>Grade 6 to 12 from 7.0% to 6.0% by 2019</p>
Measures & Sources	<p>SHARPS 2013; 15; 17; 19 Key Leader Surveys Community Readiness Surveys</p>	SHARPS 2013	<p>Requests for Parents Empowered Resources from GYC, Community Presentations, Coalitions, and Parent Requests.</p>	<p>Media Campaign Records Media Campaign Saturation Reports Collateral distributed Media Placed in LSAA Parent Surveys</p>	SHARPS 2013; 15	SHARPS 2013; 15; 17; 19

Media Campaign Saturation Reports					
-----------------------------------	--	--	--	--	--

Program Name: Community Coalitions Activities/Collaboration				Evidenced Based: NO				
LSAA:								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12 grades Reduce 30 day prescription sedatives use in grades 6 through 12 grades	Community Laws and Norms Favor Drug Use	Local organizations, key community leaders, and agencies participate in coalitions within the communities of Central Utah. Coalition participation is open to all socio-economic and ethnic backgrounds. Existing coalitions include Delta Community First,			*Existing coalitions will receive training as needed or upon request in the SPF and/or CTC model of prevention to better help them identify and address local issues. *Continue efforts to organize coalitions in Nephi and re-energize Sanpete and Sevier coalitions. *Annually complete Minimum Standards Assessment Tool. *Hold trainings and submit quarterly coalition training logs.	Decrease in grades 6 through 12 community Laws and Norms Favor Drug Use in 2013 from 18.2% to 17.2% by 2015	Reduce 30 day alcohol use in 2013 Grade 6 through 12 from 7.0% to 6.0% by 2019 Reduce 30 day prescription sedatives use in 2013 grades 6 through 12 from 1.0% to 0.5% by 2019

			Sanpete LIC, Sevier Valley Coalition, Juab Substance Abuse Coalition, Youth Coordinating Councils in Wayne, Sevier & Piute. An estimate total of participants in above coalitions/LIC and YCC is 100	*Complete and/or update Community Readiness Survey and Resource Assessment annually.		
Measures & Sources	SHARPS 2013; 15; 17;19 Key Leader Surveys *Coalition Minimum Standards Assessment *Community Readiness Survey *Community Resource Assessment Survey	SHARPS 2013	Coalition Rolls and Key Leader Survey Results Meeting Minutes Attendance Rosters	Community Member Attendance/Participation Meeting Minutes Attendance Rosters	SHARPS 2013; 15\	SHARPS 2013; 15; 17; 19

Program Name: EASY Compliance Checks/Collaboration

Evidenced Based: NO

LSAA: Central Utah Counseling Center								
	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			U	*S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	*reduce perceived availability of alcohol/drugs	Collaboration with law enforcement reporting of compliance checks target clerks and cashiers in off premise beer product retail outlets. Collaboration of EASY training and follow-up with law enforcement agencies within the Six Counties of Central Utah. Estimated number to be trained 20.			*Encourage through collaboration with local law enforcement agencies to have them support education of the EASY program; help facilitate EASY training. *Reduce retail availability of alcohol products to youth.	Reduce perceived availability of drugs in grades 6 to 12 from 21.7% in 2013 to 20.7% by 2015	Reduce 30 day alcohol use in 2013 Grade 6 through 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013; 15; 17; 19	SHARPS 2013	Law Enforcement EASY Training Dates, Participation, & Annual Report			Law Enforcement EASY Training Reports	SHARPS 2013; 15; Parents Empowered Annual Report, 10/2013	SHARPS 2013; 15; 17; 19 Parents Empowered Annual Report, 10/2013

Program Name: PRIME For Life (PRI) Adult DUI Psychoeducational Group & Collaboration								Evidenced Based: Yes	
LSAA: Central Utah Counseling Center									
	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>		
			U	S	*I		Short	Long	
Logic	Reduce Substance	Attitudes favorable to drug use	Program will focus on			PRI Adult curriculum will be used. PRI program is a 16 hour	Perceived risk of drug use will	Favorable attitudes toward alcohol and	

	use		both males and females from all ethnic and socio-economic backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 100.	program taught at least 1x week 4x month PRN. The programs will be offered throughout the Six County Area quarterly, or as needed. Sevier County law enforcement serves Sevier, Piute, and Wayne Counties.	increase 25% from pre-test to post-test	drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre-Post Test	Pre-Post Test	Pre-Post Test		Pre-Post Test	Pre-Post Test

Program Name: PRIME For Life (PRI) Adult Under 21 (18-20) DUI Psychoeducational Group				Evidenced Based: YES				
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	*I		Short	Long
Logic	Reduce Substance Use	Attitudes favorable to drug use	Program will focus on both males and females from all ethnic and socio-economic			PRI Adult curriculum will be used. PRI program is a 16 hour program taught at least 1x week 4x month PRN. The programs will be offered throughout the Six	Perceived risk of drug use will increase 25.0% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25.0% from pre-test to

			backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 40.	County Area quarterly, or as needed. Sevier County law enforcement serves Sevier, Piute, and Wayne Counties.		post-test
Measures & Sources	Pre-Post Test	Pre-Post Test	Attendance Rosters Referral Forms		Pre-Post Test	Pre-Post Test

Program Name: PRIME For Life (PRI) Adult Under 21 (12 - 17) DUI Psycho-educational Group Evidenced Based: Yes								
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	*I		Short	Long
Logic	Reduce Substance Use	Attitudes favorable to drug use	Program will focus on both males and females from all ethnic and socio-economic backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 5.			PRI Adult curriculum will be used. PRI program is a 16 hour program taught at least 1x week 4x month PRN. The program will be offered throughout the Six County Area as needed quarterly, or as needed. Sevier County law enforcement serves Sevier, Piute, and Wayne Counties.	Perceived risk of drug use will increase 25.0% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25.0% from pre-test to post-test

Measures & Sources	Pre-Post Test	Pre-Post Test	Attendance Rosters Referral Forms		Pre-Post Test	Pre-Post Test

Program Name: Prevention Dimensions (PD) Training/Presentations & Collaboration Evidenced Based: YES								
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	*S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Early Initiation of ASB	K - 12 teachers and staff within central Utah eight school districts will be encouraged to participate including other interested community members such as PTA/PTO members, peer leaders, and coalition members. Booster sessions will be offered as needed. Teachers needing the training will be identified by each district. Target number of teachers to receive initial or updated training is 80.			PD TOT will be offered to all (8) school districts in coordination with school administration, USOE, and Prevention Staff. *Assistance in PD implementation in classrooms will be provided to school district teachers and staff by prevention team members. Teachers will be trained in use of state online data reporting system. *Increase life skills using PD curriculum to increase protective factors and decrease alcohol, tobacco, and other drugs (ATOD) use, depressive symptoms, and related risk factors.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2015.	Reduce 30 day alcohol use in 2013 Grade 6 to 12 from 7.0% in 2013 to 6.0% by 2019
Measures &	SHARPS	SHARPS 2013	Attendance Records			Attendance Records	SHARPS 2013; 15	SHARPS 2013; 15;

Sources	2013; 15; 17; 19			Pre-Post Tests USOE PD DATA Use Reports		17; 19
---------	------------------	--	--	--	--	--------

Program Name: QPR for Suicide Prevention (QPR)				Evidenced Based: YES				
LSAA: Central Utah Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			*U	S	I		Short	Long
Logic	<p>Reduce percentage of students that have seriously considered attempting suicide during the last 12 months.</p> <p>Reduce 30 day alcohol use among students in grades 6 – 12</p> <p>Reduce 30 day marijuana use among</p>	<p>Depressive Symptoms</p> <p>Early Initiation of ASB / Opportunities and rewards for pro-social involvement and interaction</p>	<p>Community members, leaders, agencies, students, educators, law-enforcement, organizations, faith groups, and agencies.</p> <p>Estimated number to be served is 200.</p>			<p>Provide QPR Gatekeeper Training (question, persuade, refer) upon request for the purpose of raising awareness about suicide and better identification and referral of people at risk for suicide. Trainings of 1.5 to 2 hours in length would take place throughout the Six County area. Gatekeepers are often in the best position to identify and refer people who may be thinking about suicide.</p>	<p>Reduce depressive symptoms in grade 6 to 12 from 32.7% to 32.5% by 2015</p> <p>Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2015</p> <p>Increase rewards for prosocial involvement from 69.8% in 2013 to 71.0% by 2015</p>	<p>Reduce the percentage of students that have considered suicide during the last 12 months from 9.8% in 2013 to 8.8% in 2019.</p> <p>Reduce 30 day alcohol use in 2013 Grade 6 to 12 from 7.0% in 2013 to 6.0% by 2019</p> <p>Reduce 30 day marijuana use in 2013 Grade 6 to 12 from 2.9% in 2013 to 2.0% by 2019</p> <p>Reduce 30 day prescription sedatives use in</p>

	<p>students in grades 6 – 10</p> <p>Reduce 30 day use of prescription sedatives among students in grades 6 – 12</p>					<p>2013 Grade 6 to 12 from 1.0 in 2013 to 0.5 by 2019</p>
Measures & Sources	SHARPS 2013; 15; 17; 19	SHARPS 2013	Attendance Records	Attendance Records Pre-Post Tests, Utah Department of Health, Office of Vital Records & Statistics, Kids Count Data Center (datacenter.aecf.org.)	SHARPS 2013; 15	SHARPS 2013; 15; 17; 19

Program Name:								
LSAA:								
	<u>Goal</u>	<u>Factors</u>	<u>Focus Population</u>			<u>Strategies</u>	<u>Outcomes</u>	
			U	S	I		Short	Long
Logic								
Measures & Sources								

Central Utah Counseling Center Organizational Chart

