

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 to clients depending upon the need 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 therapist 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. This is in keeping with the CUCC's Fee Schedule Procedure. For further details please refer to the procedure.

Local Authority:

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 and Fee Schedule Procedure that have been attached to the area plan. For further details please refer to the Procedure and Fee Schedule. The subsidy is determined by the client's income as well as other expenses.

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 Triage Specialist 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.

Local Authority:

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, current licensure status 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. CUCC has developed a tracking form to track the completeness of the subcontractor files. On a monthly basis every subcontractor is monitored through the Federal System for Award Management (SAM) and the Office of Inspector General's (OIG) Exclusions Database Search (EPLS/LEIE). This is tracked in a spreadsheet updated monthly. Also every three years as required by Medicaid, CUCC utilizes the National Practitioner Data Bank to complete a more thorough search for Federal and State exclusions.

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 administrative staff with clinical experience. The date of the current treatment plan, evaluation and each individual progress note are kept in a peer review 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 with this level of monitoring. When there are areas or items of deficiency, they can be addressed and corrected in a much more timely manner, which increases the likelihood of positive outcomes and recovery for clients.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form AI - FY15 Amount Budgeted: \$195000

Form AI - FY16 Amount Budgeted: \$199000

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 and Continuity of Care meetings at the State Hospital.

Discharge planning from inpatient units is seen as a vital part of treatment services offered by CUCC. This planning focuses upon the need to timely discharge from hospitals and follow up appointments within 7 days of discharge. When CUCC is included in this process, clients are not discharged without a follow up appointment scheduled. The Director of Crisis Services is heavily involved in arranging for appropriate level of care for clients in need of discharge. Through the utilization of CUCC's Director of Crisis Services the length of stays in inpatient psychiatric hospitals has been reduced as well as resulted in better continuity of care and discharge planning.

DSAMH reports that there have only been 3 reported cases of inpatient hospitalization in FY2015. CUCC is not sure where DSAMH is pulling these numbers but to date we have served many more then the reported 3 in FY2015. Trends indicate that this level of service will continue to increase. If anything this would reflect differences in data, not in clients served or trends that CUCC is seeing.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: \$130000

Form A1 - FY16 Amount Budgeted: \$176000

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. CUCC's 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 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. Through this discharge planning, CUCC has seen improved care and reduced cost of Inpatient Psychiatric care through shorter lengths of stay. This has increased resources for improved care for clients in other services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Current trends seem to indicate a slight increase in numbers served and needing this level of care. There is also a projected increase in the cost of service.

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

Form A1 - FY15 Amount Budgeted: \$58000 Form A1 - FY16 Amount Budgeted: \$58696

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 2 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. There is also a masters level clinician living at the ATF that can provide for clinical needs at either day or night. CUCC is in the process of remodeling a home in the Richfield area that will provide great resources for residents in that area for residential and supportive housing. Currently residents in the Sevier, Piute and Wayne communities that have needed this level of care have had to move to either Nephi or Mount Pleasant to access these services. CUCC has also received a grant through the Community Impact Board (CIB) for funding towards a 8 bed residential unit next to the aforementioned home. This will greatly increase the number of residential/supportive living options to clients in need of this level of care. CUCC provides this service directly, but it is residential support, not residential with 24 hour seven day a week coverage.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the addition of the new residential facility in Sevier County, CUCC is anticipating a slight increase in the number served in residential support. The amount is considered immaterial.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year. The addition of the 16 beds are not seen as programmatic changes, but rather as an enhancement to a program that already exists.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY15 Amount Budgeted: \$4000

Form A1 - FY16 Amount Budgeted: \$12203

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, CUCC has 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. CUCC 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 other situations arrangements with DCFS are made to arrange for residential services for client's who need this level of care. Monthly staffing's continue to take place to help coordinate services and arrange for transition planning in these circumstances.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC anticipates with the increase in Inpatient care, there will be a corresponding increase in residential services for youth both in number served as well as funding needed.

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

Form A1 - FY15 Amount Budgeted: \$1144571 Form A1 - FY16 Amount Budgeted: \$924221

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, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, and other services as needed. 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 is channeled into providing services for this group. CUCC continues to utilize Telehealth and it has proven beneficial for clients. Typically younger clients are more comfortable in the Telehealth setting, but all clients find it helpful. 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, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

These changes are due to larger group sizes being served and changes in staff allocations.

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

Form A1 - FY15 Amount Budgeted: \$808718

Form A1 - FY16 Amount Budgeted: \$653752

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, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, Family Resource Facilitation and other services as needed. 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 and family self-responsibility; Help client's to establish a meaningful role in life; and Use the Wellness model in all aspects of treatment. SED clients, regardless of funding, are considered a priority for receiving services. Funding from the state will be channeled into providing services for this group. CUCC continues to utilize Telehealth and it has proven beneficial for clients. Typically younger clients are more comfortable in the Telehealth setting, but all clients find it helpful. 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, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

These changes are due to larger group sizes being served and changes in staff allocations.

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

Form A1 - FY15 Amount Budgeted: \$31330

Form A1 - FY16 Amount Budgeted: \$71251

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, when established, are followed 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 by contract, the actual clinical intervention is through direct service.

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 and through contract

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC anticipates with the JRI there will be an increase in potential crisis care both in clients served as well as funding needed to serve them.

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

Form A1 - FY15 Amount Budgeted: \$15712 Form A1 - FY16 Amount Budgeted: \$12220

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, when established, are followed 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 by contract, the actual clinical intervention is through direct service.

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 and through contract

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$607388 Form A1 - FY16 Amount Budgeted: \$716624

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 (3) has a full time nurse to assist in medication management services. All clients receiving services from CUCC are eligible for medication management regardless of funding. 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 patients 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 return for appointments with 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 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. As an added component to ensure medication compliance, CUCC will observe medication when ordered by medical staff when clinically indicated. To accomplish this staff will travel to clients places of residence and observe daily medication compliance.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$197100 Form A1 - FY16 Amount Budgeted: \$201835

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 (3) has a full time nurse to assist in the medication management services. All clients receiving services from CUCC are eligible for medication management regardless of funding. Clients are referred to the medical staff by a licensed therapist after a thorough assessment. There are many times when CUCC's psychiatrist 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 and care givers when they return to appointments with medical staff. They also discuss medications and their effectiveness in various doses as well as discussing any new medications. Medical staff attend 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, clients and their families for client care. 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, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$849959 Form A1 - FY16 Amount Budgeted: \$864378

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, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant and Ephraim.

Provided Directly or through Contracted Provider: Provided directly.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

Form A1 - FY15 Amount Budgeted: \$405904 Form A1 - FY16 Amount Budgeted: \$523068

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. The skills and activities that are taught are focused on improved functioning in activities of daily living and as a result often improve nutrition, increase physical activity. Some activities also focus upon 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, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC is decreasing the number served based on year end totals, but increasing the number of services offered to participants at this level of 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

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: \$13990 Form A1 - FY16 Amount Budgeted: \$27226

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC is reallocating staff based upon needs. Case Management is an area where there is both a need in clients served and increased funding. CUCC has low numbers of Case Management services in the past. This is an effort to increase these 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

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: \$2998 Form A1 - FY16 Amount Budgeted: \$19012

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 any SED client 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 and family. A needs assessment is completed and a service plan is developed with each client/family and frequently 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, and Ephraim.

Provided Directly or through Contracted Provider: Provided Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC is reallocating staff based upon needs. Case management is an area where there has been a need of increased funding. CUCC has low numbers of Case Management services in the past. This is an effort to increase the number of services offered to clients needing this level of 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

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

Form A1 - FY15 Amount Budgeted: \$1145 Form A1 - FY16 Amount Budgeted: \$ 0

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

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. CUCC is expanding its residential and supportive housing options. This has included purchasing a home in the Richfield area that is in the process of being licensed for supportive living. It is also in the process of being remodeled. CUCC has also recently received funding from the Community Impact Board (CIB) to build a 8 unit residential facility in Richfield. CUCC hopes to have both of these projects complete by the end of the year.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The change in the budget was due to the funds being allocated to different parts of the budget, including Outpatient care and Residential. These services offered as described above are accounted in this budgetary 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)

Form A1 - FY15 Amount Budgeted: \$22905 Form A1 - FY16 Amount Budgeted: \$69258

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. At one location, Nephi, there is an option for a family to be helped with supportive living at CUCC's residential unit. This allows for greater support and closer proximity to the outpatient services for a family in need. This could be a family with a mentally ill parent or child that is at risk of separation due to the unmet mental health needs. Services can then be "wrapped" around the client/family to increase the likelihood of a successful outcome.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

These changes are based upon current trends around increased needs for youth/children, multi agency staffing's and the Systems of Care monthly meetings.

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

Form A1 - FY15 Amount Budgeted: \$51596 Form A1 - FY16 Amount Budgeted: \$94219

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 6 trained Peer Specialists which includes 5 Family Resource Facilitators. CUCC has began utilizing Peer Services in a group setting in one location (Ephraim) and has seen positive outcomes so far. CUCC is exploring possible ways of expanding peer services on all geographic teams and at all service locations.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC is attempting to increase the adult clients served through Peer Specialists.

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

Form A1 - FY15 Amount Budgeted: \$98637 Form A1 - FY16 Amount Budgeted: \$74482

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 6 trained Peer Specialists which includes 5 Family Resource Facilitators. There are three Peer specialists on the Sanpete team (1 FTE), there are two on the Juab/Millard team (1.5 FTE) and one on the Sevier, Piute and Wayne team (1 FTE). CUCC is exploring possible ways of expanding peer services on all geographic teams and at all service locations.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the decrease in TANF funding, CUCC is reallocating staff to other needs.

Describe any significant programmatic changes from the previous year.

CUCC continues to explore 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

Form A1 - FY15 Amount Budgeted: \$2000

Form A1 - FY16 Amount Budgeted: \$2144

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 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 as needed 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 to find a resource for 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$2000

Form A1 - FY16 Amount Budgeted: \$2144

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 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 as needed 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 to find a resource for 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: \$3800

Form A1 - FY16 Amount Budgeted: \$54611

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 in all jails except one (Juab). In this instance CUCC is working closely with the new Sherriff to plan for needed services in the jail. CUCC continues to assist as necessary including responding to emergencies in all local 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 or are in the process of making these arrangements for the provision of 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 in clients numbers 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC anticipates an increase in both funding and services to incarcerated persons due to the additional JRI funding. With the direct JRI planning scheduled for the future, these numbers should be considered extremely fluid. CUCC is still in the planning stages for the implementation of the JRI and the needs of community partners have not fully been assessed.

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

Form A1 - FY15 Amount Budgeted: \$37391 Form A1 - FY16 Amount Budgeted: \$37043

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 utilizes its Director of Crisis Services as its hospital Liaison to assist in hospital discharge and overcoming specific challenges to discharge. At times CUCC has incorporated its 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. CUCC will continue to utilize these funds to help promote recovery and maintain individuals without adequate funding for needed resources that prevent recovery.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1w) Children/Youth Outplacement

Form A1 - FY15 Amount Budgeted: \$0

Form A1 - FY16 Amount Budgeted: \$0

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

CUCC has designated a staff member to attend the Continuity of Care meeting held monthly at the State Hospital. CUCC has not routinely 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 has been a need CUCC has done so.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

1x) Unfunded Adult Clients

Form A1 - FY15 Amount Budgeted: \$99942 Form A1 - FY16 Amount Budgeted: \$62221

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC has seen an increase in the number of unfunded youth 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

1y) Unfunded Children/Youth Clients

Form A1 - FY15 Amount Budgeted: \$8110 Form A1 - FY16 Amount Budgeted: \$45057

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC has seen an increase in the number of unfunded youth 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

1z) Other Non-mandated Services

Form A1 - FY15 Amount Budgeted: \$0

Form A1 - FY16 Amount Budgeted: \$0

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

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 7 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal 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

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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First** 62A-15-105.2 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. CUCC has increased the provision of psychoeducational services to both adult and youth clients over the past few years. These efforts have been made to help clients gain the skills for employment, gain the confidence to do so and to overcome existing barriers that limit their ability to seek and obtain meaningful employment.

• Collaborative efforts involving other community partners

CUCC works closely with Vocational Rehabilitation in helping clients prepare and succeed in the workplace. With the recent changes within Vocational Rehabilitation, CUCC is monitoring the situation to look out for the needs of clients and their goals towards employment. Case managers have advocated for clients in various work places to help employers understand the clients challenges and to help the employer make reasonable accommodations so that expectations can be met.

• Employment of consumers as staff

Currently CUCC have at least 7 former or current clients employed or volunteering in some way within the center and are currently looking for ways to involve more. The roles that the former and current clients hold within the agency vary from employee to employee but are generally based upon client interest and needs within the Center. CUCC does not consider mental illness or past substance abuse reasons to not hire. If anything, CUCC will consider these assets for positive peer relationships and promoting recovery among current clients.

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

CUCC currently has a total of 6 Peer specialists including 5 Family Resource Facilitators. CUCC currently employs at least 7 past clients of mental health or substance abuse services. Not all of these are Certified Peer Specialists, but add the component found in individuals who have Recovered from mental illness or substance abuse. CUCC has found that utilizing Peers, or those who have or are in the process of recovering from mental illness or substance abuse add credibility and confidence in other clients in the early stages of recovery.

• Evidence-Based Supported Employment

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.

• 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. The results of this study have proven that utilizing an effective outcome measure, monitoring to it have produced positive improvement in the quality of life and improved functioning in 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 for Medicaid and Non-Medicaid funded individuals

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. Overall the number of providers has remained the same. As a result of funding remaining stagnant, and in some areas actually decreasing, increased access will inevitably be effected, but for this upcoming year, CUCC hopes to maintain current levels of access to care.

• Efforts to respond to community input/need

CUCC remains committed to meeting the needs of community partners and clients. CUCC responded to recent tragic events in one small community where there were two deaths by suicide by having crisis workers available to the schools and community members in need. Local papers consulted with a CUCC provider on appropriate messaging of this event prior to going to press. This was done late at night well after office hours. Providers who have been trained in Postvention and Mental Health First Aid continue to respond to needed and requested trainings for any individual or group that is requesting training. They are also proactive in setting these trainings up by looking out for need.

3. Quality and Access Improvements (cont.)

• 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.

• Describe process for monitoring subcontractors

Each subcontractor is monitored throughout the year. Every billing submitted is reviewed by the required accompanying note. If there is not a current assessment and treatment plan, the billing is denied until further documentation is included. Each subcontractors file is monitored annually to assure for current up to date insurance coverage, current licensure and current BCI. Furthermore, each subcontractor is reviewed monthly through the SAM and EPLS systems for Federal or State exclusions. For a more detailed explanation please see the Area Plan submitted for Governance and Oversight (Narrative).

• In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.

CUCC has a number of providers enrolled in the National Health Service Corp and have found it helpful in recruiting for potential providers. CUCC has designated one member of the administrative staff to maintain eligibility and assist in the application process for providers interested in enrolling in the NHSC.

• Other Quality and Access Improvements (if not included above)

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. CUCC provides treatment for individuals suffering from co-occurring disorders such as Autism and lower IQ's by focusing upon whole individual in treatment, not just the mental illness and or substance abuse disorder. By keeping the entire individual as the center of focus, and not just simply a part of the individual CUCC has found individuals can move towards recovery.

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. Close monitoring of services is performed through the peer review process. The primary therapist at the clinic has and often will consult with CUCC around clinical issues. CUCC will also provide annual training for the clinic around various topics that they are either interested in or in the peer review process have been identified as needing improvement.

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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. Efforts are made to work closely with agencies such as DCFS and JJS where there are complex needs for the families and youth being served. There has been tremendous partnering between agencies throughout the six county area that have positively impacted the lives of many youth and families.

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.

With the decrease in TANF funding there will be a decrease in reported Mental Health Early Intervention numbers served. CUCC is attempting to reallocate these positions into continued FRF and Peer services.

Describe any 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, CUCC will abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement.

Form A – Mental Health Budget Narrative

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

Form A – Mental Health Budget Narrative

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

Form A – Mental Health Budget Narrative

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. CUCC responded to recent tragic events in one small community where there were two deaths by suicide by having crisis workers available to the schools and community members in need. Local papers consulted with a CUCC provider on appropriate messaging of this event prior to going to press. This was done late at night well after office hours. Providers who have been trained in Post-vention and Mental Health First Aid continue to respond to needed and requested trainings for any individual or group that is requesting training. They are also proactive in setting these trainings up by looking out for need.

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

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, Mental Health First Aid and Post-vention. These trainings have gone to various agencies, hospitals, local government bodies (councils, mayors, commissioners etc.).

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. Efforts are being focused now upon services for individuals following an suicidal emergency with at a minimum of a phone call the following day. CUCC has a strong commitment to reducing the numbers of suicides in the six county area and being a positive resource to our community partners.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

CUCC has begun to explore the needs for the JRI implementation in the local area. Initial members of the team can include, the local Sherriff's, jailers and jail treatment staff, the county attorneys, probation and parole officers, public defenders, County Commissioners, prevention Coordinators and local judges. Much of this implementation team will have been involved in the local drug court program and will be modeled very similar with the intent to reduce use and recidivism. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, this initial team should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

Specific members of the planning meetings and dates of these meetings include:

Sanpete JRI - first meeting was held on June 3 with Judge Marvin Bagley, county attorney Brody Keisel, assistant DA, Lawrence Hunt the public defender, a representative from AP&P, sheriff Brian Nielsen, Alan Nell, Brian Whipple, Lance Martin, Crystal Alvarez, and Farrel Marx from CUCC.

Sevier, Piute and Wayne County's are scheduled to meet on July 21. Individuals involved and invited to this meeting include Judge Lee, Judge Bagley, Dale Eyre (Sevier), LeEllen McCartney (Wayne County Attorney), Mark McIff (Piute County Attorney), Casey Jewkes, assistant county attorney (Sevier), Doug Neely, public defender (Sevier), Chad Williams (Team Leader Piute, Wayne and Sevier Counties), Brian Whipple, Brandon Christensen, Cindy Knaphus, from CUCC. Denise Fowkes from AP&P, Keith Hastings deputy sheriff,(Sevier) Sheriff Marty Gleave (Piute) and Sheriff Kurt R. Taylor (Wayne). Also invited to the meeting are Commissioners Gordan Tophan (Sevier County), Dennis Blackburn (Wayne County), and Darren Bushman (Piute County).

Millard County - Does not have a date yet for the initial meeting. Sheriff Dekker, Judge Brown and Commissioner Alan Roper, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Juab County - tentative date of July 1st at 10:30, Jared Eldridge County Attorney, Sheriff Douglas Anderson, Commissioner Rick Carlton, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

CUCC's initial plan will be to utilize the RANT in the identification of need of the offender. Based upon the results treatment and prevention efforts can be customized to best meet the needs of the offender as well as providing the right amount of intervention. Treatment will be based upon the needs of the offender but possible treatment options will include, MI, CBT, MAT, Life in Balance and the work of Stanton Samenow and Samuel Yochelson on the Criminal Personality and correcting thinking errors. Recovery support can include additional treatment following discharge, rent, medication (MAT or other), and other personal needs.

Identify your proposed outcome measures.

CUCC would propose using reduced use, increased employment, less criminal justice involvement, treatment compliance and completion, and increased scores on the DLA-20 functional assessment and the WHODAS 2.0. CUCC will be active in the Performance Development Committee in the development of further outcome measures.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$ 0

FY16 Amount Budgeted: \$0

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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 and recommendations are provided for these individuals. 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

CUCC provides these services through the outpatient budget as individuals providing these screening as assessments are paid through these budgets. Screening and assessment are not seen as onetime events, but rather as part of a process for individuals moving towards greater health and recovery.

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

Provided Directly or through Contracted Provider: Provided directly.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No expected changes.

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)

FY15 Amount Budgeted: \$ 0

FY16 Amount Budgeted: \$8000

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.

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.

For ASAM I-D and II-D 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 a 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: CUCC utilizes local hospitals that contract for inpatient hospitalization for detoxification such as the Pavilion in Payson and Highland Ridge. For Residential detoxification CUCC utilizes single case agreements with qualified providers on an as needed bases. For I-D and II-D each geographic team taking in Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

Provided Directly or through Contracted Provider: Contract with various providers as outlined above 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). Some detox completed directly as outlined above.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

This change is based on current trends and changes to the SA program especially around the changes with the JRI.

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$20120 FY16 Amount Budgeted: \$24870

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.

For ASAM III.7 or III.5 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.

For ASAM III.1 or III.3 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: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties and contract providers along the Wasatch front including The Ark, The Haven, House of Hope, Foothill Treatment Facility, Odyssey House Inc, Provo Canyon, and Steps Recovery.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

This is a slight change but is expected with the changes to the JRI. We have increased funding and treatment slots available for this level of service.

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: \$ 0

FY16 Amount Budgeted: \$0

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

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No expected changes

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$1006685

FY16 Amount Budgeted: \$1180539

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 Treatment 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 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 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, including the clients level of functioning. The DLA-20 has been cross-walked with the ASAM as it focuses upon 20 areas of the clients life that brings attention to 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 individualized Treatment 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 Antabuse. Suboxone is prescribed by local physicians who are 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the Justice Reinvestment Initiative (JRI) CUCC is expecting an increase in both clients served and the funding available for outpatient services.

Describe any significant programmatic changes from the previous year.

With the JRI CUCC is looking at programmatic changes. For further information on possible changes please see the JRI section of the Area Plan.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$72833

FY16 Amount Budgeted: \$88633

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 mostly utilized by the Center in conjunction with the criminal justice system. It is provided for clients that meet ASAM criteria for this level of treatment, and 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 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 is 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 local physicians who are 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the Justice Reinvestment Initiative (JRI) CUCC is expecting an increase in both clients served and the funding available for outpatient services.

Describe any significant programmatic changes from the previous year.

With the JRI CUCC is looking at programmatic changes. For further information on possible changes please see the JRI section of the Area Plan.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

FY15 Amount Budgeted: \$0

FY16 Amount Budgeted: \$24000

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, additional treatment when desired, and post treatment sessions for further support and other services as deemed appropriate by local team coordinators. Case management is offered to clients to link them to needed resources and assess and monitor for needs going forward. A Peer Specialist is being utilized as part of CUCC's efforts to expand Recovery Support Services. Clients report a close alliance to the Peer Specialist and have benefited from the expanded role of the provider.

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

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

CUCC is finalizing a residential support building in Richfield that can be utilized for recovery housing or transitional housing on a case by case basis and depending upon current residents within the residential support building.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

CUCC expects little change

Describe any significant programmatic changes from the previous year.

CUCC is looking at increasing local Team control of the funds so that the funds are closer to the need.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: \$

FY16 Amount Budgeted: \$79234

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

Drug testing is generally completed on individuals involved in the criminal justice system, but is not limited to the criminal justice client. Others where it is clinically indicated can and will participate in this testing. CUCC will be implementing the required Division Drug Testing protocol this year. Sanctions are provided generally through the court system. Sanctions for non criminal justice involved clients are not given out so as not to set up an adversarial relationship with clients but can lead to changes to the treatment plan to better meet client needs. These changes can include ATR funds for unmet need. Sanctions when given out can include increased treatment, changes in treatment plans/services offered, community service, and incarceration. Testing is completed on a random selection bases and when it is clinically indicated by suspected use.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the Justice Reinvestment Initiative (JRI) CUCC is expecting an increase in both clients served and the funding available for drug testing services.

Describe any significant programmatic changes from the previous year.

With the JRI CUCC is looking at programmatic changes. For further information on possible changes please see the JRI section of the Area Plan.

Form B – Substance Abuse Treatment Budget Narrative

9) 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. CUCC utilizes the YOQ/OQ as a process tool. 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 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. There are a number of additional trainings that CUCC is 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.

During the summer of 2015 CUCC will be training providers on Trauma Informed Care. Following this training, a thorough examination of the Center will be conducted to assess for needed changes.

Form B – Substance Abuse Treatment Budget Narrative

10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility

FY15 Amount Budgeted: \$

FY16 Amount Budgeted: \$10000

FY16 SAPT Funds Budgeted: \$0

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

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 in all jails except one (Juab). In this instance CUCC is working closely with the new Sherriff to plan for needed services in the jail. CUCC continues to assist as necessary including responding to emergencies in all local 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 or are in the process of making these arrangements for the provision of 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 the local CUCC Teams as well as through administration. This consultation time is not captured in client numbers 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the JRI, CUCC is exploring ways to increase these services through greater connections with the local jails. As a result of these changes, there is the possibility of serving more and having more funding, but as the formal planning for the JRI is scheduled for the future it is difficult to predict expenditures based upon the needs of community partners prior to this process.

Describe any significant programmatic changes from the previous year.

CUCC increased efforts to work with local jails and Sherriff’s to ascertain services in the jails this year. With the exception of one jail as of the writing of this CUCC has been successful in planning for the services within the local jails. These efforts will continue in the future, and with the addition of the JRI, greater coordination between local jails and AP&P offices will need to be increased. It is CUCC's plan to meet with all significant stake holders in order to better plan for not only services to incarcerated individuals but all needed services.

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

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. Training by CUCC is provided for the Health Clinic Provider that is responsible for behavioral health services.

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.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

CUCC is expanding its partnership with local health departments. In an effort to get information into the hands of clients effectively, CUCC implemented the practice of providing information cards for all clients at the initial appointment. Included on the card is the national quit line, CUCC's after hours emergency number and the national suicide prevention hot line. 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 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 B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$477816 FY16 Amount Budgeted: \$663867

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. CUCC will be hosting a training in 2015 on Trauma Informed Care. This will help to expand the implementation of Trauma Informed Care throughout the Center.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Changes with the JRI are the reasons for the increased funding and clients served.

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$194221

FY16 Amount Budgeted: \$169661

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 Treatment 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 individualized Treatment 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.

Describe efforts to provide co-occurring services to adolescent clients.

Services provided through CUCC are designed to treat the whole client. When there are co-occurring challenges faced by youth CUCC treats the client and the family with all available interventions and services. These include medication management, family resource facilitation, case management, individual and group therapies, behavioral interventions, skills groups and respite. Psychological testing can be utilized when there are challenges around diagnosis etc.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Not a material difference from last fiscal year.

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$248006 FY16 Amount Budgeted: \$234408

FY15 Recovery Support Budgeted: \$7000 FY16 Recovery Support Budgeted: \$7000

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 Treatment Plan for 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. A Peer Specialist has been made available on one of the teams (Sanpete) which has added an additional component to treatment that has proven very beneficial for Drug Court participants.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No expected changes

Describe any significant programmatic changes from the previous year.

No changes

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

CUCC has begun to explore the needs for the JRI implementation in the local area. Initial members of the team can include, the local Sherriff's, jailers and jail treatment staff, the county attorneys, probation and parole officers, public defenders, County Commissioners, prevention Coordinators and local judges. Much of this implementation team will have been involved in the local drug court program and will be modeled very similar with the intent to reduce use and recidivism. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, this initial team should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

Specific members of the planning meetings and dates of these meetings include:

Sanpete JRI - first meeting was held on June 3 with Judge Marvin Bagley, county attorney Brody Keisel, assistant DA, Lawrence Hunt the public defender, a representative from AP&P, sheriff Brian Nielsen, Alan Nell, Brian Whipple, Lance Martin, Crystal Alvarez, and Farrel Marx from CUCC.

Sevier, Piute and Wayne County's are scheduled to meet on July 21. Individuals involved and invited to this meeting include Judge Lee, Judge Bagley, Dale Eyre (Sevier), LeEllen McCartney (Wayne County Attorney), Mark McIff (Piute County Attorney), Casey Jewkes, assistant county attorney (Sevier), Doug Neely, public defender (Sevier), Chad Williams (Team Leader Piute, Wayne and Sevier Counties), Brian Whipple, Brandon Christensen, Cindy Knaphus, from CUCC. Denise Fowkes from AP&P, Keith Hastings deputy sheriff,(Sevier) Sheriff Marty Gleave (Piute) and Sheriff Kurt R. Taylor (Wayne). Also invited to the meeting are Commissioners Gordan Tophan (Sevier County), Dennis Blackburn (Wayne County), and Darren Bushman (Piute County).

Millard County - Does not have a date yet for the initial meeting. Sheriff Dekker, Judge Brown and Commissioner Alan Roper, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Juab County - tentative date of July 1st at 10:30, Jared Eldridge County Attorney, Sheriff Douglas Anderson, Commissioner Rick Carlton, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

CUCC's initial plan will be to utilize the RANT in the identification of need of the offender. Based upon the results treatment and prevention efforts can be customized to best meet the needs of the offender as well as providing the right amount of intervention. Treatment will be based upon the needs of the offender but possible treatment options will include, MI, CBT, MAT, Life in Balance and the work of Stanton Samenow and Samuel Yochelson on the Criminal Personality and correcting thinking errors. Recovery support can include additional treatment following discharge, rent, medication (MAT or other), and other personal needs.

Identify your proposed outcome measures.

CUCC would propose using reduced use, increased employment, less criminal justice involvement, treatment compliance and completion, and increased scores on the DLA-20 functional assessment and the WHODAS 2.0. CUCC will be active in the Performance Development Committee in the development of further outcome measures.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: \$ 0

FY16 Amount Budgeted: \$0

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

N/A, CUCC does not have a DORA program

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

N/A, CUCC does not have a DORA program

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

N/A, CUCC does not have a DORA program

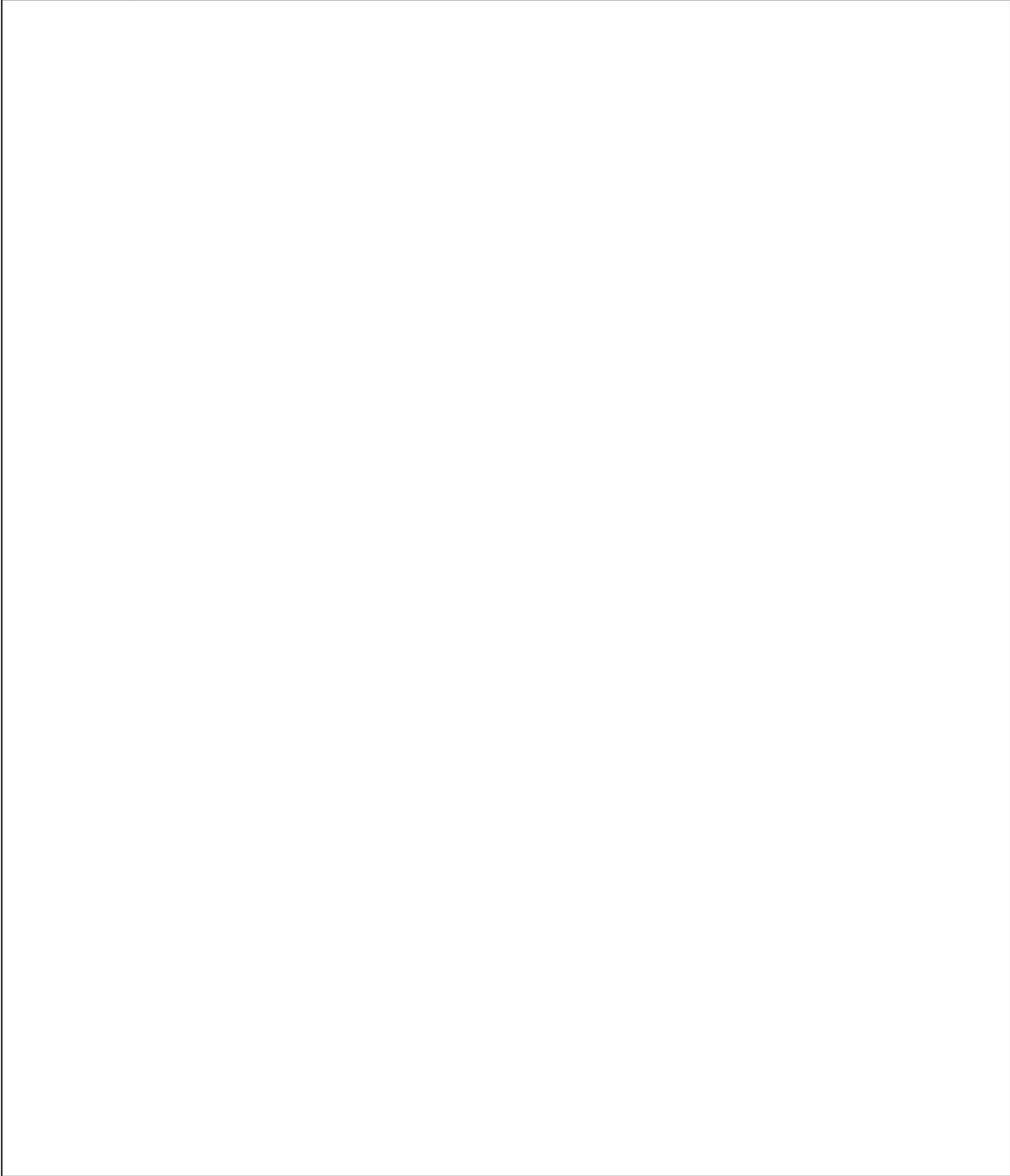
- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

N/A, CUCC does not have a DORA program

- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan..

N/A, CUCC does not have a DORA program

16) Drug Offender Reform Act (Cont.)



Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel	
Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.	
Total Personnel Costs	\$ N/A

(Provide budget detail and narrative here) N/A

Contract Services	
Briefly describe the Contract Services you will pay for with DORA funding.	
Total Contract Costs	\$ N/A

(Provide budget detail and narrative here) N/A

Equipment, Supplies and Operating (ESO)	
Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.	
Total ESO Costs	\$ N/A

(Provide budget detail and narrative here) N/A

Travel/Transportation	
Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.	
Total Travel/Training Costs	\$ N/A

(Provide budget detail and narrative here) N/A

Total Grant	\$ N/A
--------------------	--------

Program Name: Tutoring			Cost		Evidence Based: Yes or No			
Agency: Central Utah Counseling Center			Tier Level: N/A					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</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 emphasis on Hispanic students. Estimated number of students served - 60			Provide educational tutoring services that affect critical life and social skills for students at the Delta Youth Activity Center 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 – 12 from 30.0 in 2013 to 29.0% by 2016	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 5% by 2019
Measures & Sources	SHARPS 2013;15;17;19 Participants student report card	SHARPS 2013;15;17;19 Program attendance Report	Program Logs Tutoring Attendance Reports/Records			Program Logs Tutoring Attendance Reports/Records	SHARPS 2015;17;19	SHARPS 2015;17;19

Program Name: Community Awareness, Events, Presentations			Cost		Evidence Based: Yes or No			
Agency: Central Utah Counseling Center			Tier Level: N/A					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</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. Estimated number served – 72,0000			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 understand ATOD prevention science and related risk and protective issues .	Decrease parental attitudes favorable to drug use in grades 6 to 12 from 9.0% in 2013 to 8.0% in 2016.	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19	Program Logs Event Attendance Service Delivery Rosters; Records and Post Event Evaluation Presentation Requests			Program Logs Event attendance records; pre/post event evaluation; service delivery rosters; participant feedback forms	SHARPS 2015;17;19	SHARPS 2015;17;19

Program Name: Governing Youth Council (or other leadership groups)				Cost		Evidence Based: Yes or No		
Agency: Central Utah Counseling Center				Tier Level: N/A				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</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 among minority students to reflect populations. Estimated number of students participating in 4 areas – 25 to 40,			Targeted populations of High & 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. 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 2016. Increase Opportunities/Rewards for Pro-social involvement in 2013 in grades 6-12 from 67.1 to 68% by 2016.	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19	Representation from school districts in Central Utah. GYC rolls and records that have peer leadership groups established			Agendas of GYC meetings Local GYC activities reported /peer leader reports / attendance rosters	SHARPS 2015;17;19	SHARPS 2015;17;19

Program Name: Parenting Classes – Guiding Good Choices			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</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 primarily when & where 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 6 – 15 adults and children			Guiding Good Choices will be offered in Juab, Millard & Sanpete Counties (areas that have gaps in these services). GGC is a family competency training for parents of children in grade and middle schools. Instruction includes identification of risk factors for ATOD abuse and strategies to enhance protective family processes.	*Reduce poor family management in 2013 grade 6 to 12 from 27.6% to 26.6% by 2015. *Decrease grade 6 – 12 parental attitudes favorable to antisocial behaviors in 2013 from 28.0% to 27.0% by 2016	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19 Attendance Records	Program Attendance Records			Program Participation Records/Referrals Post/Pre Surveys	SHARPS 2015;17;19	SHARPS 2013, 15;17;19

Program Name: Not On Tobacco (NOT)			Cost		Evidence Based: Yes or No			
Agency			Tier Level: 3					
	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 behavior. Estimated number for participants is 10			Instructors will offer NOT (Not on Tobacco) curriculum	Reduce early initiation of ASB in 2013 grade 6 to 12 from 28.6% by 2016	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;15;17;19	Program Attendance records			Program participation Records/Referrals Post/Pre Survey	SHARPS 2015;17;19	SHARPS 2013;15;17;19

Program Name: Freedom From Smoking			Cost		Evidence Based: Yes or No			
Agency: Central Utah Counseling Center			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce adult cigarette use in the past 30 days and daily use	Adult Tobacco consumption	Adults who are self-referred or by mental health specialists Estimated number for participants is 30			Instructors will offer 8 group sessions of Freedom From Smoking curriculum	Reduce cigarette use in 2011 from 10% in males to 9.5% in 2013. Reduce cigarette use in 2011 from 7.1% in females to 6.6% in 2016.	Reduce cigarette use in males to 9% in 2019 Reduce cigarette use in females to 6.1% in 2019
Measures & Sources	Utah Statewide Substance Abuse Epidemiology Profile 2013		Program Attendance Records			Program Participation Records/Referrals Pre/Post Surveys	Utah Statewide Substance Abuse Epidemiology Profile 2013	Utah Statewide Substance Abuse Epidemiology Profile 2016

Program Name: END Smoking Cessation training				Cost	Evidence Based: Yes or No			
Agency: Central Utah Counseling Center				Tier Level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</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 behavior' Estimated number for participants is 10.			Instructors will offer 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;15;17;19 Attendance Records	Program Attendance Records			Program Participation Records/Referrals Post/Pre Surveys	SHARPS 2013;15;17;19	SHARPS 2013, 15;17;19

Program Name: Media Campaigns/Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 3 Parents Empowered					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Parental Attitudes Favorable to drug use	General Population and 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.			Articles, PSA’s and/or ads will be placed in local newspapers, other media outlets, and community events focusing on ATOD use and risks to include Parents Empowered collateral in all areas and garbage truck wraps in Sevier, Wayne, and Piute. Use Only as Directed, National Take Back, Don’t Drive Stupid, Stop Underage drinking and Way to Quit campaigns to increase awareness of issues regarding ATOD and ASB. Estimated number served is 21,000.	Decrease grade 6 – 12 parental Attitudes favorable to drug use in 2013 from 9.0% to 8.5 by 2015.	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013;15;17;19 media campaign saturation reports	SHARPS 2013;15;17;19	Requests from peer leadership teams, community members and entities, presentations, coalitions, parents.			Media Campaign records/Media Campaign Saturation Reports/collateral distributed/parent surveys	SHARPS 2013;15	SHARPS 2013, 15;17;19

Program Name: Community Coalitions Activities/Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use in grades 6 through 12</p> <p>Reduce 30 day prescription sedatives use in grades 6 through 12.</p>	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 community members of all socio-economic and ethnic backgrounds. Existing Coalitions include Delta Community First, Sanpete LIC, Central Utah Prevention Coalition, Juab Coalition, Youth Coordinating Councils in Sevier, Sanpete, Millard. An estimate total of participants in above coalitions/LIC and YCC is 75			<p>*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.</p> <p>*Continue efforts to organize a coalition in Fillmore *Complete minimum Standards Assessment Tool</p> <p>*Hold trainings and submit coalition logs.</p> <p>*Complete and/or update Community Readiness Survey and Resource Assessment. Bi-annually.</p>	Decrease in grade 6 – 12 parental Attitudes favorable to antisocial behaviors in 2013 from 28.0% to 27.0% by 2015.	<p>Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019</p> <p>Reduce 30 day prescription sedative use in 2013 grades 6 through 12 from 1.0% to 0.5% by 2019</p>
Measures & Sources	<p>SHARPS 2013;15;17;19</p> <p>Key leader Surveys / Community media campaign saturation reports</p>	SHARPS 2013;15;17;19	Coalition rolls and key leader survey results, meeting minutes and attendance rosters.			Community Member attendance/participation meeting minutes/attendance rosters	SHARPS 2013;15	SHARPS 2013, 15;17;19

Program Name: EASY Compliance Checks/Collaboration			Cost		Evidence Based: <i>Yes</i> or No			
Agency: Central Utah Counseling Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	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. Estimate 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 alcohol in grades 6 to 12 from 21.7% in 2013 to 20.7% by 2015	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15	Law Enforcement EASY training dates, participation and Annual Report			Law Enforcement EASY Training Reports	SHARPS 2013;15 Parents Empowered Annual Report 2014	SHARPS 2013, 15;17;19 Parents Empowered Annual Report 2015

Program Name: PRIME for Life (PRI) Adult DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	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 male 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 50.			*PRI Adult curriculum will be used. PRI program is a 16 hours program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

Program Name: PRIME for Life (PRI) Adult Under 21 (18-20) DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	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 male 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 50.			*PRI Adult curriculum will be used. PRI program is a 16 hours program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

Program Name: PRIME for Life (PRI) Adult Under 21 (12-17) DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	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 male 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 50.			*PRI Adult curriculum will be used. PRI program is a 8 hour program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

Program Name: Prevention Dimension (PD) Presentations			Cost		Evidence Based: Yes or No			
Agency: Central Utah Counseling Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Early Initiation of ASB	Six County School District students from grades K-12 will be offered this curriculum at least 1 time every month. Parents will receive information regarding lessons that can also be taught at home.			Assistance in PD implementation in classrooms will be provided by trained teachers and/or prevention specialist.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6 by 2016.	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7%in 2013 to 6%by 2019.
Measures & Sources	PD survey information as gathered by USOE SHARPS 2015;17;18	PD survey information as gathered by USOE SHARPS 2015;17;18					PD survey information as gathered by USOE SHARPS 2015;17;18	PD survey information as gathered by USOE SHARPS 2015;17;18

Program Name: Prevention Dimension (PD) Training				Cost	Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center				Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	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's 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 Training and TOT training will be offered to all eight school districts in coordination with school administration, USOE, and Prevention Staff. *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 60.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2016.	Reduce 30 day alcohol use in 2013 grade 6 – 12 from 7.0% in 2013 to 6.0% by 2019,
Measures & Sources	SHARPS 2013; 15;17;19	Pre/post test	Attendance Records			Attendance Records	SHARPS 2013; 15;17	SHARPS 2013;15;17

Program Name: QPR for Suicide Prevention (QPR)			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: not reviewed					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use in grades 6 through 12</p> <p>Reduce 30 day marijuana use among students in grades 6 through 12</p> <p>Reduce 30 day use of prescription sedatives among students in grades 6 through 12</p>	<p>Depressive Symptoms</p> <p>Opportunities and rewards for pro-social involvement and interaction</p>	<p>Community members, leaders, agencies, students, educators, law-enforcement organization, first responders, faith groups and agencies in Six County area. Estimated number to be served is 200.</p>			<p>Provide 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. This training provides skills that promote pro-social actions that invite others to feel positive and seek interaction. Training of 1.0 to 2.0 hours in length will take place throughout the Six County area.</p>	<p>*Reduce depressive symptoms in grade 6 – 12 from 32.7% to 32.5% by 2015</p> <p>* Increase rewards for pro-social involvement from 69.8% in 2013 to 71.0% by 2015</p>	<p>Reduce 30 day alcohol use in 2013 grade 6 – 12 from 7.0% in 2013 to 6.0% by 2019. *Reduce 30 day marijuana use in 2013 Grade 6 through 12 from 2.9% in 2013 to 2.0% by 2019. *Reduce 30 day prescription sedatives use in 2013 grade 6 through 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

Program Name: Mental Health First Aid				Cost		Evidence Based: <u>Yes</u> or No		
Agency: Central Utah Counseling Center				Tier Level: not reviewed				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce binge drinking rates in adults	Adult depressive symptoms	Provide a minimum of three classes per year in Six County area. Target audiences will include community members, leaders, agencies, students, educators, law-enforcement organization, first responders, faith groups and agencies. Estimated number to be served is 60			Provide a minimum of three classes per year in Six County area. Target audiences will include community members, leaders, agencies, students, educators, law-enforcement organization, first responders, faith groups and agencies. Estimated number to be served is 60	Reduce percentage of adults ages 18 and over who have had a major depressive episode from 9.0% in 2012 to 8% by 2016	*Reduce binge drinking in adults from 13.24% in 2012 to 13.21% in 2019
Measures & Sources						Bach -Harrison Utah social Indicators	Bach-Harrison Utah social indicators	

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 team collects and analyzes data from numerous sources including SHARP data from 2011/2013/ and will include 2015 when received, Bach Harrison On-Line Data, Bach Harrison Utah Social Indicators, DSAMH annual reports, SAMHSA, NIDA, DAWN Report, EASY annual report, Central Utah Department of Health, Child and Family Services, Guardian ad Litem, state and local Law Enforcement Agencies. We have an epidemiologist that sits on our Central Utah Prevention Coalition that provides continuous information regarding current issues and data.

Our goal for completing a Tri Ethnic Community Readiness Assessment Survey (last assessment was completed in 2013) in a minimum of 3 of our counties is by June 30, 2015.

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 and protective factors for each of our Six Counties and their school districts are:

Juab > reduce perceived availability of alcohol and drugs / early initiation of anti-social behaviors

Millard > reduce perceived availability of alcohol and drugs / opportunities & rewards for pro-social involvement and interaction / academic failure

Sanpete > reduce perceived availability of alcohol and drugs / parental attitudes favorable to drug use

Sevier > reduce perceived availability of alcohol and drugs / early initiation of anti-social behavior / depressive symptoms

Wayne > reduce perceived availability of alcohol and drugs / parental attitudes favorable to anti-social behaviors

Piute > reduce perceived availability of alcohol and drugs / reduce perceived risk of drug use

At the present time Tintic School District is the only Juab County school district that has participated in the administration of the SHARPS. The 2015 is their first survey. Central Utah Counseling Center continues to encourage Juab School District to take part in the SHARPS survey. Our approach has been to discuss the importance of this data with key leaders of the community, school administration, and enlisting support through the Juab Coalition (JUMP/KIC).

CUCC will be conducting a community survey/assessment by year end for purpose of prioritizing and narrowing the factors listed above.

We advocate using the Strategic Prevention Framework Model and Communities that Care with community leaders, youth councils, coalitions and Local Interagency Councils.

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.

Established Coalitions, Local Inter-agency Councils, dedicated stakeholders, and community leaders willingness and motivation to address local issues has increased capacity. Continued motivational efforts to utilize the SPF/CTC process by the prevention team will be ongoing. Strategic planning, community assessments and educational training regarding the science of prevention will enhance capacity building efforts.

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, seek input from Coalition and Council (Local Inter-agency and Youth Coordinating Councils) members. Using these resources, the prevention team develops a plan to address risk factors and increase protective factors that best meets the needs of our communities.

Efforts by the Prevention Specialists to enlist law-enforcement in doing EASY checks have not been successful. EASY trainings have been held in Millard, Sevier (included Piute County) and Sanpete Counties. Prevention Specialists will continue to enlist the agencies in this process and will offer to provide training in FY16.

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 protective factors.

CUCC will be conducting a community survey/assessment by year end for purpose of prioritizing and narrowing the factors listed above.

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 FY2015 and describe why they were discontinued.

We have not discontinued any program from FY2015.

Form C – Substance Abuse Prevention Narrative

8) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

CUCC has begun to explore the needs for the JRI implementation in the local area. Initial members of the team can include, the local Sherriff's, jailers and jail treatment staff, the county attorneys, probation and parole officers, public defenders, County Commissioners, prevention Coordinators and local judges. Much of this implementation team will have been involved in the local drug court program and will be modeled very similar with the intent to reduce use and recidivism. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, this initial team should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

Specific members of the planning meetings and dates of these meetings include:

Sanpete JRI - first meeting was held on June 3 with Judge Marvin Bagley, county attorney Brody Keisel, assistant DA, Lawrence Hunt the public defender, a representative from AP&P, sheriff Brian Nielsen, Alan Nell, Brian Whipple, Lance Martin, Crystal Alvarez, and Farrel Marx from CUCC.

Sevier, Piute and Wayne County's are scheduled to meet on July 21. Individuals involved and invited to this meeting include Judge Lee, Judge Bagley, Dale Eyre (Sevier), LeEllen McCartney (Wayne County Attorney), Mark McIff (Piute County Attorney), Casey Jewkes, assistant county attorney (Sevier), Doug Neely, public defender (Sevier), Chad Williams (Team Leader Piute, Wayne and Sevier Counties), Brian Whipple, Brandon Christensen, Cindy Knaphus, from CUCC. Denise Fowkes from AP&P, Keith Hastings deputy sheriff,(Sevier) Sheriff Marty Gleave (Piute) and Sheriff Kurt R. Taylor (Wayne). Also invited to the meeting are Commissioners Gordan Tophan (Sevier County), Dennis Blackburn (Wayne County), and Darren Bushman (Piute County).

Millard County - Does not have a date yet for the initial meeting. Sheriff Dekker, Judge Brown and Commissioner Alan Roper, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Juab County - tentative date of July 1st at 10:30, Jared Eldridge County Attorney, Sheriff Douglas Anderson, Commissioner Rick Carlton, Chet Ludlow, Lea Gibson and Merrill Shaw have been invited to the initial meeting.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

CUCC's initial plan will be to utilize the RANT in the identification of need of the offender. Based upon the results treatment and prevention efforts can be customized to best meet the needs of the offender as well as providing the right amount of intervention. Treatment will be based upon the needs of the offender but possible treatment options will include, MI, CBT, MAT, Life in Balance and the work of Stanton Samenow and Samuel Yochelson on the Criminal Personality and correcting thinking errors. Recovery support can include additional treatment following discharge, rent, medication (MAT or other), and other personal needs.

Identify your proposed outcome measures.

CUCC would propose using reduced use, increased employment, less criminal justice involvement, treatment compliance and completion, and increased scores on the DLA-20 functional assessment and the WHODAS 2.0. CUCC will be active in the Performance Development Committee in the development of further outcome measures.

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY

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

PLEASE PRINT:

Name: Claudia Jarrett

Title: Sanpete County Commissioner, CUCC Board Chair

Date: _____

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 therapist's decision of the co-pay amount by following the grievance procedures by completing a Grievance Form.

11. Drug Court fees are based upon the sliding scale fee and are based upon a per service fee. There is a monthly max included on the sliding scale fee. Individual discretion is given to clinicians to evaluate clinical need and ability to pay in order to set the client fees.

Fee Schedule 2-24-2009

Effective 4-1-2009

Estimated 2009 Poverty Guideline	
Estimated 2009 200% Poverty	

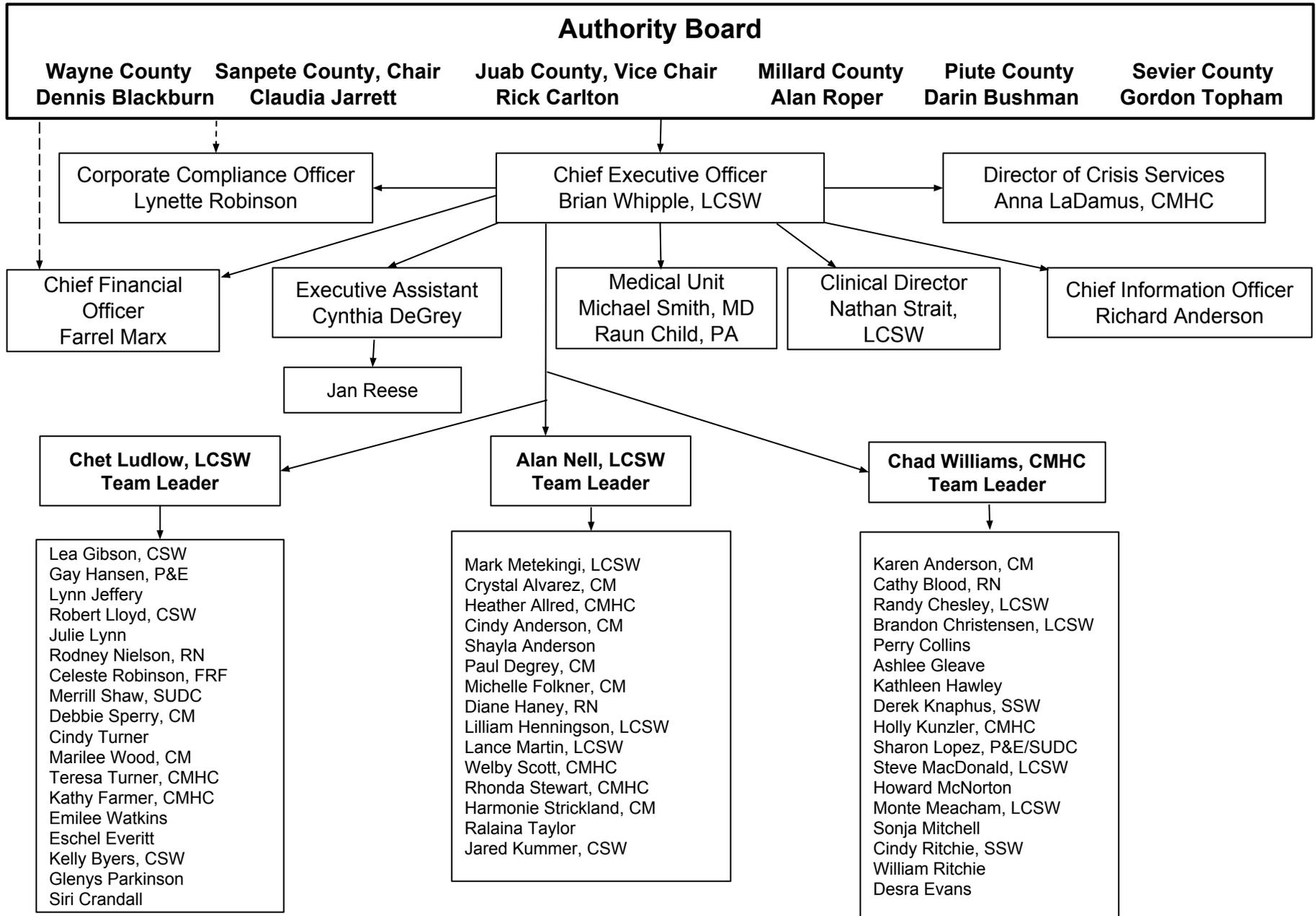
Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Monthly Income	1	2	3	4	5	6	7	8
100%	\$0-\$851	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
150%	\$852-\$1277	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00
200%	\$1278-\$1702	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$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 Organizational Chart



FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 116,621	\$ 1,007,208	\$ 49,397	\$ 107,278	\$ 84,674	\$ 182,350	\$ 3,048,250	\$ 56,102	\$ 2,953	\$ 54,611	\$ 91,000	\$ 20,000	\$ 32,220	\$ 4,852,664

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)							375,000							\$ 375,000	40
Residential Care (171 & 173)				2000										\$ 2,000	1
Outpatient Care (22-24 and 30-50)		347,030	49,397	64,500	80,386	66,304	920,779	12,203			66,431	4,000	26,220	\$ 1,637,250	1,300
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		20,719		4,000		3,752	55,000							\$ 83,471	205
Psychotropic Medication Management (61 & 62)		226,277		21,978		40,973	600,662				24,569	4,000		\$ 918,459	405
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		358,513		7,800		66,495	954,638							\$ 1,387,446	250
Case Management (120 & 130)		12,055				2,183	32,000							\$ 46,238	120
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		19,758		7,000		-	49,500	43,899				12,000	6,000	\$ 138,157	79
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	116,621	12,808				2,319	34,000		2,953					\$ 168,701	111
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information					4,288									\$ 4,288	
Services to persons incarcerated in a county jail or other county correctional facility										54,611				\$ 54,611	9
Adult Outplacement (USH Liaison)		10,048				324	26,671							\$ 37,043	4
Other Non-mandated MH Services														\$ -	
FY2016 Mental Health Expenditures Budget	\$ 116,621	\$ 1,007,208	\$ 49,397	\$ 107,278	\$ 84,674	\$ 182,350	\$ 3,048,250	\$ 56,102	\$ 2,953	\$ 54,611	\$ 91,000	\$ 20,000	\$ 32,220	\$ 4,852,664	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	46,648	628,645	49,397	53,639	47,277	111,211	2,000,363	43,899	-	54,611	57,000	10,000	6,000	\$ 3,108,690	754
YOUTH/CHILDREN	69,973	378,563		53,639	37,397	71,139	1,047,887	12,203	2,953		34,000	10,000	26,220	\$ 1,743,974	546
Total FY2016 Mental Health Expenditures	\$ 116,621	\$ 1,007,208	\$ 49,397	\$ 107,278	\$ 84,674	\$ 182,350	\$ 3,048,250	\$ 56,102	\$ 2,953	\$ 54,611	\$ 91,000	\$ 20,000	\$ 32,220	\$ 4,852,664	1,300

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue									
FY2016 Mental Health Revenue by Source									\$ -

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2016 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	110,150	12,808		2,319	34,000			2,953	\$ 162,230	111	\$ 1,462
FRF-ADMIN	6,471								\$ 6,471		
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2016 Mental Health Expenditures Budget	\$ 116,621	\$ 12,808	\$ -	\$ 2,319	\$ 34,000	\$ -	\$ -	\$ 2,953	\$ 168,701	111	\$ 1,520

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

FY2016 Form A (1) - Proposed Cost and Clients Served by Population

Local Authority _____

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ 199,000	ADULT	22	\$ 9,045
\$ 176,000	CHILD/YOUTH	18	\$ 9,778
Residential Care Budget			
\$ 58,696	ADULT	34	\$ 1,726
\$ 12,203	CHILD/YOUTH	2	\$ 6,102
Outpatient Care Budget			
\$ 924,221	ADULT	754	\$ 1,226
\$ 653,752	CHILD/YOUTH	546	\$ 1,197
24-Hour Crisis Care Budget			
\$ 71,251	ADULT	175	\$ 407
\$ 12,220	CHILD/YOUTH	30	\$ 407
Psychotropic Medication Management Budget			
\$ 716,624	ADULT	316	\$ 2,268
\$ 201,835	CHILD/YOUTH	89	\$ 2,268
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 864,378	ADULT	156	\$ 5,541
\$ 523,068	CHILD/YOUTH	94	\$ 5,565
Case Management Budget			
\$ 27,226	ADULT	87	\$ 313
\$ 19,012	CHILD/YOUTH	33	\$ 576
Community Supports Budget (including Respite)			
	ADULT (Housing)		#DIV/0!
\$ 69,258	CHILD/YOUTH (Respite)	44	\$ 1,574
Peer Support Services Budget			
\$ 94,219	ADULT	62	\$ 1,520
\$ 74,482	CHILD/YOUTH (includes FRF)	49	\$ 1,520
Consultation & Education Services Budget			
\$ 2,144	ADULT		
\$ 2,144	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 54,611	ADULT Jail Services	9	\$ 6,068
Outplacement Budget			
\$ 37,043	ADULT	4	\$ 9,261
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 3,049,413	Total Adult
\$ 1,743,974	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)			
\$ 62,221	ADULT	51	\$ 1,220
\$ 45,057	CHILD/YOUTH	38	\$ 1,186
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Central Utah Counseling Center

Form B

Local Authority

FY2016 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	186,908	7,500		22,000							18,000		\$234,408
Drug Offender Reform Act													\$0
Local Treatment Services	255,872	75,816	148,191	129,178		199,684	213,176	102,562		32,000	12,000	180,218	\$1,348,697
Total FY2016 Substance Use Disorder Treatment Revenue	\$442,780	\$83,316	\$148,191	\$151,178	\$0	\$199,684	\$213,176	\$102,562	\$0	\$32,000	\$30,000	\$180,218	\$1,583,105

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served	Total FY2016 Cost/ Client Served
Assessment Only			37,047	7,409									\$44,456		#DIV/0!
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	8,000												\$8,000	2	\$4,000
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)							16,750	8,120					\$24,870	11	\$2,261
Outpatient (Methadone: ASAM I)													\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	346,546	60,301	81,144	137,866		164,264	167,426	87,642		26,500	28,000	180,218	\$1,279,907	480	\$2,666
Intensive Outpatient (ASAM II.5 or II.1)		22,015	10,000	1,898		32,420	20,000	4,800		5,500	2,000		\$98,633	19	\$5,191
Recovery Support (includes housing, peer support, case management and other non-clinical)	9,000	1,000				3,000	9,000	2,000					\$24,000	81	\$296
Drug testing	79,234		20,000	4,005									\$103,239	44	\$2,346
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$442,780	\$83,316	\$148,191	\$151,178	\$0	\$199,684	\$213,176	\$102,562	\$0	\$32,000	\$30,000	\$180,218	\$1,583,105	637	\$2,485

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	67,279	40,521		16,820		103,901	44,132	102,562		12,000	4,000	3,475	\$394,690
All Other Women (18+)	93,944	18,344		34,788		41,232	35,600			8,000	6,000	31,269	\$269,177
Men (18+)	203,678	15,001		50,735		29,000	108,060			2,000	17,800	145,474	\$571,748
Youth (12- 17) (Not Including pregnant women or women with dependent children)	77,879	9,450		19,197		25,551	25,384			10,000	2,200	0	\$169,661
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$442,780	\$83,316	\$0	\$121,540	\$0	\$199,684	\$213,176	\$102,562	\$0	\$32,000	\$30,000	\$180,218	\$1,405,276

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Form B1

Local Authority

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only		3,625			3,625
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)		8,000			8,000
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)					0
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)		61,549			61,549
Intensive Outpatient (ASAM II.5 or II.1)		70,000			70,000
Recovery Support (includes housing, peer support, case management and other non-clinical)		12,000			12,000
Drug testing		79,234			79,234
FY2016 DORA and Drug Court Expenditures Budget	0	234,408	0	0	234,408

Local Authority

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue			\$ -				\$ 135,316					\$ 24,000	\$ 159,316

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct							47,450							\$ 47,450	\$ 40,332
Universal Indirect							66,130							\$ 66,130	\$ 13,226
Selective Services							15,000							\$ 15,000	\$ 12,750
Indicated Services							6,736					24,000		\$ 30,736	\$ 27,662
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 135,316	\$ -	\$ -	\$ -	\$ -	\$ 24,000	\$ -	\$ 159,316	\$ 93,970

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 49,076	\$ 26,900	\$ 12,950	\$ 6,500	\$ 35,890	\$ 4,000	\$ 135,316