

## **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 not upon an individual's ability to pay.

**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. With the advent of JRI, the substance abusing criminal justice population will of necessity take precedence over individuals in the community without criminal justice involvement, but by no means will CUCC withhold services to those in need of medically necessary services where CUCC is the best option for services.

**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.

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### **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 the 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 the office managers as well as the primary therapist conducting the initial interview.

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

Yes.

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### 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 April. 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 an 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.

**Form A – Mental Health Budget Narrative**

Instructions:

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

**1a) Adult Inpatient**

*Form A1 - FY16 Amount Budgeted: \$199,000*

*Form A1 - FY17 Amount Budgeted: \$229,050*

*Form A – FY16 Projected Clients Served: 22*

*Form A – FY17 Projected Clients Served: 25*

**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. CUCC's 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 are seen as a vital part of treatment services offered by CUCC. 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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 - FY16 Amount Budgeted: \$176,000*

*Form A1 - FY17 Amount Budgeted:\$140,950*

*Form A – FY16 Projected Clients Served: 18*

*Form A – FY17 Projected Clients Served: 15*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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

**1c) Adult Residential Care**

*Form A1 - FY16 Amount Budgeted: \$58,696*

*Form A1 - FY17 Amount Budgeted: 0*

*Form A – FY16 Projected Clients Served: 34*

*Form A – FY17 Projected Clients Served: 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 maintains three adult residential support units. One is located in Mt. Pleasant and is called the ATF (Acute Treatment Facility) which can house 12 individuals, the second is located in Nephi and is called the THU (Transitional Housing Unit) which can house 10, and the third is located in Richfield and can house 12 individuals. 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. All these residential support units can also be utilized to bring individuals out of the inpatient setting as a step down unit closer to their homes and communities when there is space available. 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. The addition of the Residential Support Unit in Richfield will greatly increase the number of residential/supportive living options to clients in need of this level of care in the Sevier, Piute and Wayne communities.

**Provided Directly or through Contracted Provider:** Provided Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

CUCC has not made any significant changes to our adult residential program. CUCC provides supportive housing for clients in need of this level of service. The supportive housing budget and client count is found under Community Supports.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. The addition of the 12 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 - FY16 Amount Budgeted: \$12,203*

*Form A1 - FY17 Amount Budgeted: \$2000*

*Form A – FY16 Projected Clients Served: 2*

*Form A – FY17 Projected Clients Served: 1*

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

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. A recent example included New Beginnings Behavioral Treatment Agency in Salt Lake City. 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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

CUCC rarely utilizes youth residential services. It maintains that the best place to serve a client is in their own community.

**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 - FY16 Amount Budgeted: \$924,221*

*Form A1 - FY17 Amount Budgeted: \$978,308*

*Form A – FY16 Projected Clients Served: 754*

*Form A – FY17 Projected Clients Served: 849*

**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, Gunnison and Ephraim.

**Provided Directly or through Contracted Provider:** Provided Directly and through Subcontractors.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

*Form A1 - FY16 Amount Budgeted: \$653,752*

*Form A1 - FY17 Amount Budgeted: \$617,009*

*Form A – FY16 Projected Clients Served: 546*

*Form A – FY17 Projected Clients Served: 491*

**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 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.

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

**Provided Directly or through Contracted Provider:** Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

*Form A1 - FY16 Amount Budgeted: \$71,251*

*Form A1 - FY17 Amount Budgeted: \$75,888*

*Form A – FY16 Projected Clients Served: 175*

*Form A – FY17 Projected Clients Served: 199*

**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 of the client. The assessment of a client begins as soon as the therapist speaks with the client or professional such as an ER Doctor or law enforcement 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, Gunnison, and Ephraim.

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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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**

**1h) Children/Youth 24-Hour Crisis Care**

*Form A1 - FY16 Amount Budgeted: \$12,220*

*Form A1 - FY17 Amount Budgeted: \$19,931*

*Form A – FY16 Projected Clients Served: 30*

*Form A – FY17 Projected Clients Served: 34*

**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 of the client and family. The assessment of a client begins as soon as the therapist speaks with the client, family, or professional such as an ER Doctor or law enforcement 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, Gunnison, and Ephraim.

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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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 - FY16 Amount Budgeted: \$716,624*

*Form A1 - FY17 Amount Budgeted: \$714,625*

*Form A – FY16 Projected Clients Served: 316*

*Form A – FY17 Projected Clients Served: 316*

**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 physician assistant (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 an 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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 - FY16 Amount Budgeted: \$201,835*

*Form A1 - FY17 Amount Budgeted: \$203,119*

*Form A – FY16 Projected Clients Served: 89*

*Form A – FY17 Projected Clients Served: 89*

**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 physician assistant (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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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 - FY16 Amount Budgeted: \$864,378*

*Form A1 - FY17 Amount Budgeted: \$835,954*

*Form A – FY16 Projected Clients Served: 156*

*Form A – FY17 Projected Clients Served: 159*

**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. This past year, CUCC has added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.

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

**Provided Directly or through Contracted Provider:** Provided Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

This past year, CUCC has added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

Form A – Mental Health Budget Narrative

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY16 Amount Budgeted: \$523,068*

*Form A1 - FY17 Amount Budgeted: \$535,068*

*Form A – FY16 Projected Clients Served: 94*

*Form A – FY17 Projected Clients Served: 97*

**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. This past year, CUCC has added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.

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

**Provided Directly or through Contracted Provider:** Provided Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

This past year, CUCC has added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY16 Amount Budgeted: \$27,226*

*Form A1 - FY17 Amount Budgeted: \$37,861*

*Form A – FY16 Projected Clients Served: 87*

*Form A – FY17 Projected Clients Served: 99*

**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. With the use of On-Going Assessment, this needs assessment is continually looked at for unfulfilled needs. 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, Gunnison, and Ephraim.

**Provided Directly or through Contracted Provider:** Provided Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

CUCC is continuing to realign services and increase Case Management services. These desires are reflected in the increase outlined.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

Form A – Mental Health Budget Narrative

**1n) Children/Youth Case Management**

*Form A1 - FY16 Amount Budgeted: \$19,012*

*Form A1 - FY17 Amount Budgeted: \$21,800*

*Form A – FY16 Projected Clients Served: 33*

*Form A – FY17 Projected Clients Served: 38*

**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. With the use of On-Going Assessment, this needs assessment is continually looked at for unfulfilled needs. 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, Gunnison, and Ephraim.

**Provided Directly or through Contracted Provider:** Provided Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

Form A – Mental Health Budget Narrative

**1o) Adult Community Supports (housing services)**

*Form A1 - FY16 Amount Budgeted: 0*

*Form A1 - FY17 Amount Budgeted: \$100,038*

*Form A – FY16 Projected Clients Served: 0*

*Form A – FY17 Projected Clients Served: 60*

**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 licensed for supportive living. CUCC has also received funding from the Community Impact Board (CIB) to build a 8 unit residential facility in Richfield in 2015. This unit was completed in early 2016.

**Where:** On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, Gunnison, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

These changes reflect CUCC's supportive housing that is offered to clients in need of this level 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**

**1p) Children/Youth Community Supports (respite services)**

*Form A1 - FY16 Amount Budgeted: \$69,258*

*Form A1 - FY17 Amount Budgeted: \$31,000*

*Form A – FY16 Projected Clients Served: 44*

*Form A – FY17 Projected Clients Served: 38*

**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" specific group at one location where there seemed to be a greater need. All other locations offer Respite as a service as part of a continuum of care for parents in 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, Gunnison, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This number is reflected in current trends of decreased utilization and efforts to decrease cost of respite services.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY16 Amount Budgeted: \$94,219*

*Form A1 - FY17 Amount Budgeted: \$106,074*

*Form A – FY16 Projected Clients Served: 62*

*Form A – FY17 Projected Clients Served: 62*

**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. The 5 Family Resource Facilitators employed at CUCC provide WRAP services to families in need of additional resources to help cope with challenges. Often these services are provided for adult clients of the Center with challenges of their own along with a youth/child in the home with additional challenges. CUCC has implemented a Peer Support group in Sanpete County. This group focuses upon challenges that clients face in their recovery process. The Peer Specialists that facilitate the group add credibility to the possibility of recovery through their own lived experience by conveying hope to clients. The Adult Peer Specialists not only facilitate the group, but provide individual Peer Support services to clients needing and/or desiring these services.

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change 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

**1r) Children/Youth Peer Support Services**

*Form A1 - FY16 Amount Budgeted: \$74,482*

*Form A1 - FY17 Amount Budgeted: \$74,100*

*Form A – FY16 Projected Clients Served: 49*

*Form A – FY17 Projected Clients Served: 45*

**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. The 5 Family Resource Facilitators employed at CUCC provide WRAP services to families in need of additional resources to help cope with challenges.

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

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

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

*Form A1 - FY16 Amount Budgeted: \$2,144*

*Form A1 - FY17 Amount Budgeted: \$4968*

*Form A – FY16 Projected Clients Served: N/A*

*Form A – FY17 Projected Clients Served: N/A*

**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. Medical staff readily responds to these requests in hopes of alleviating challenges to community members. 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. CUCC has established a strong relationship with Wayne Community Health Center (WCHC) a FQHC in the area. Often the medical staff face challenges in clients that are being served at the Health Center. In these cases CUCC medical staff have readily responded to consultation requests.

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

**Provided Directly or through Contracted Provider:** Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This change reflects the increase in efforts in prevention of mental illness.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

*Form A1 - FY16 Amount Budgeted: \$2,144*

*Form A1 - FY17 Amount Budgeted: \$4968*

*Form A – FY16 Projected Clients Served: N/A*

*Form A – FY17 Projected Clients Served: N/A*

**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. Medical staff readily responds to these requests in hopes of alleviating challenges to community members. 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. CUCC has established a strong relationship with Wayne Community Health Center (WCHC) a FQHC in the area. Often the medical staff face challenges in clients that are being served at the Health Center. In these cases CUCC medical staff have readily responded to consultation requests.

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

**Provided Directly or through Contracted Provider:** Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This change reflects the increase in efforts in prevention of mental illness.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

*Form A1 - FY16 Amount Budgeted: \$54,611*

*Form A1 - FY17 Amount Budgeted: \$61,102*

*Form A – FY16 Projected Clients Served: 9*

*Form A – FY17 Projected Clients Served: 13*

**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). The Sheriff is looking for a private provider to provide ongoing treatment. In this case, there is a provider available to provide case management services, assess for medication need and arrange for needed prescriptions being provided in the jail setting and looks at behavioral health service need. 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 its afterhours emergency system. CUCC has developed strong collaborative relationships to work together to improve communities. Each County Sheriff has elected to not contract with CUCC regarding direct jail services. Each jail has made arrangements for the provision of MH and SA services, including medication management services. As a part of these arrangements, CUCC 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 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 sought arrangements for the provision of behavioral health services in the correctional facilities in the six county area.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This change reflects efforts to increase services to incarcerated individuals and the increased funding for JRI.

**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 - FY16 Amount Budgeted: \$37,043*

*Form A1 - FY17 Amount Budgeted: \$49,903*

*Form A – FY16 Projected Clients Served: 4*

*Form A – FY17 Projected Clients Served: 5*

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

CUCC 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 or stand in the way of 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This change reflects CUCC's efforts to meet the needs of its clients.

**Describe any significant programmatic changes from the previous year.**

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

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

CUCC has designated a staff member to attend the Continuity of Care meeting held monthly at the State Hospital. CUCC is aware of the process of requesting these funds and when there has been a need CUCC has done so. These funds have been used to help family members attend staff meetings at the state hospital, help to make arrangements for discharge and add additional supports to a child/youth in need of additional resources.

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

CUCC has not routinely encumbered these outplacement funds but is aware of the process of requesting these funds and when there has been a need CUCC has done so. It will continue to assess need and request the funds as 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**

**1x) Unfunded Adult Clients**

*Form A1 - FY16 Amount Budgeted: \$62,221*

*Form A1 - FY17 Amount Budgeted: \$63,639*

*Form A – FY16 Projected Clients Served: 51*

*Form A – FY17 Projected Clients Served: 44*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

*Form A1 - FY16 Amount Budgeted: \$45,057*

*Form A1 - FY17 Amount Budgeted: \$25,836*

*Form A – FY16 Projected Clients Served: 38*

*Form A – FY17 Projected Clients Served: 32*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The numbers of clients served is a slight decrease, whereas the amount budgeted was decreased due to the decrease in funds that were available. It is CUCC's desire to attempt to maintain the same level of services, but increase efficiencies to maintain the number of clients served.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

*Form A1 - FY16 Amount Budgeted: 0*

*Form A1 - FY17 Amount Budgeted: \$232,405*

*Form A – FY16 Projected Clients Served: 0*

*Form A – FY17 Projected Clients Served: 229*

**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. 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 6 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This category of budgeting was not accounted for in the Area Plan last 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. CUCC has also worked closely with local food banks to increase opportunities for clients to work for pay and in some cases volunteer.

**• Employment of consumers as staff**

Currently CUCC have at least 6 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 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, Seeking Safety, MRT, Solutions for Wellness and Team Solutions, and WRAP.

#### **• Outcome Based Practices**

CUCC had adopted the use of the DLA-20 to measure clients functioning. A past Performance Improvement Project (PIP) focused 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 produced positive improvement in the quality of life and improved functioning in clients. With the change from the DSM-IV, which utilized the Global Assessment of Functioning (GAF) score, which the DLA-20 helped identify, to the ICD-10, CUCC changed from utilizing the DLA-20 to the WHODAS 2.0. The WHODAS 2.0 will be used much like the DLA-20 to help identify needed areas of a clients life that needs additional focus and identify progress as a result of treatment.

#### **• 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. This past year, CUCC replaced two clinicians, and had one return from active military duty.

#### **• 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. This past year, CUCC replaced two clinicians, and had one return from active military duty.

#### **• Efforts to respond to community input/need**

CUCC remains committed to meeting the needs of community partners and clients. 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. CUCC's Authority Board are elected officials representing each of their counties in the capacity as Commissioners. Feedback from the various communities to the Commissioners and then to CUCC is offered at regular Board meetings. This feedback is vital and extremely important as it provides CUCC with opportunities to grow and meet the demands of the communities that it serves. CUCC also participates in Consumer Feedback Surveys annually and the feedback is reviewed for community needs and expectations.

### **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.

- **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 staff to maintain eligibility and assist in the application process for providers interested in enrolling in the NHSC. The process for maintaining eligibility includes regular submission of numbers of clients served with primary insurance verses indigent and unfunded clients. The process of maintaining eligibility can be a time consuming process, but CUCC has found that its ability to recruit and retain quality providers is enhanced by being able to offer National Health Service Corp loan repayment programs.

- **Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

CUCC often responds to needs in local nursing facilities, including emergencies, assessments, and therapy. There are six nursing care facilities in the area (Ephraim, Mount Pleasant, Centerfield, Nephi, Delta and Richfield). Each of the care facilities have CUCC's contact information and can request services for residents. In most cases residents are transported to CUCC offices, but in certain circumstances clinicians can and will provide treatment for individuals in nursing facilities.

- **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 the 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. Telehealth equipment is available so that their physicians can consult with CUCC's psychiatrist or our psychiatrist can even evaluate clients in need of additional psychiatric services without having to travel long distances for these services. The primary therapist at the clinic has and often will consult with CUCC around clinical issues. CUCC has historically provided 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.

CUCC has opened a new outpatient office in Gunnison which is in the southern part of Sanpete County. It is near Gunnison Valley hospital. CUCC has begun attending a part of the hospital staff meetings as a part of their agenda to discuss emergencies and areas of need and concern. CUCC has also begun conversations with local physicians in the area that are interested in locating in the same building and providing greater integrated care for clients in need.

CUCC has also partnered with IHC to help provide services for the unfunded and underfunded population in need of behavioral health services. This program has received national attention for these collaborative efforts.

**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. Emphasis has been placed on the overall health of all providers at CUCC. As a result of this emphasis additional training and education is provided that directly impacts staff interactions with clients as programming incorporates whole health, not just behavioral health concerns. 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.

**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 has developed cards that are 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 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 over 15%.**

No significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

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

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

Yes, 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. 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. Many of these efforts begin in local coalitions and partnerships with local leaders. These trainings have been provided in these coalition meetings. When CUCC's board of directors were presented with this information (post-vention, mental health first aid), they sought for training with local departments (Sherriff, police, health, etc.) and were instrumental in setting up these trainings.

**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 conducted a comprehensive evaluation related to policies and practices offered at the Center and submitted this report to DSAMH as requested. It looked at current services offered and the current risk assessment tool utilized as well as looking at the C-SSRS. It looked at specific training needs based upon the individual needs of all staff at the Center. It included looking at community needs and educational needs. Prevention efforts were 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.). CUCC then developed and implemented a Suicide Prevention Policy focused upon the tenets of Zero Suicide.

**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 a 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.

## **7. Justice Reinvestment Initiative**

### **Identify the members of your local JRI Implementation Team.**

CUCC has implemented six JRI planning committee's with each of the local counties being a part of the team. Members of each team include but are not limited to the following: AP&P workers from each jurisdiction, CUCC administration including the CEO and CFO and the local treatment provider Team Leader for each of the local teams. Primary Commissioners involved in the JRI planning include but are not limited to: Dennis Blackburn, Darin Bushman, Rick Carlton, Claudia Jarrett, Alan Roper, and Gordon Topham. County Attorneys include: Jared Eldridge (Juab), Dale Eyre (Sevier), Patrick S. Finlinson (Millard), Brody L. Keisel (Sanpete), LeEllen McCartney (Wayne), and Mark McIff (Piute). Sherriff's include: Douglas Anderson (Juab), Nathan Curtis (Sevier), Robert A. Dekker (Millard), Marty Gleave (Piute), Brian Nielson (Sanpete), Kurt R. Taylor (Wayne). CUCC staff include Brian Whipple (CEO), Farrel Marx (CFO), Alan Nell, Chad Williams, and Chet Ludlow (Team Leaders). AP&P officers from each jurisdiction are also included. County Jail staff have often attended these meetings as well, especially around the coordination of the LSI screening tools etc. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, these initial teams should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

### **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. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. Based upon the results of these screening and assessment tools 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, Seeking Safety, MRT, 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.

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

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

**1) Screening and Assessment**

*Form B - FY16 Amount Budgeted: 0*

*Form B - FY17 Amount Budgeted: 0*

*Form B – FY16 Projected Clients Served: 0*

*Form B – FY17 Projected Clients Served: 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/or any expected increase or decrease in the number of individuals served (15% or greater change). N/A**

**Describe any significant programmatic changes from the previous year.**

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

**Form B – Substance Abuse Treatment Budget Narrative**

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

*Form B - FY16 Amount Budgeted: \$8000*

*Form B - FY17 Amount Budgeted: \$8000*

*Form B – FY16 Projected Clients Served: 2*

*Form B – FY17 Projected Clients Served: 2*

**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, Dayspring in Heber Valley 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/or any expected increase or decrease in the number of individuals served (15% or greater change).N/A**

**Describe any significant programmatic changes from the previous year.**

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

**Form B – Substance Abuse Treatment Budget Narrative**

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

*Form B - FY16 Amount Budgeted: \$24,870*

*Form B - FY17 Amount Budgeted: \$14,176*

*Form B – FY16 Projected Clients Served: 11*

*Form B – FY17 Projected Clients Served: 7*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Trends seem to indicate a decrease in this service at this point. Also with CUCC's new supportive housing unit in the Richfield area, CUCC anticipates a decrease in the utilization of this level of service.

**Describe any significant programmatic changes from the previous year.**

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

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Outpatient (Methadone - ASAM I)**

*Form B - FY16 Amount Budgeted: 0*

*Form B - FY17 Amount Budgeted: 0*

*Form B – FY16 Projected Clients Served: 0*

*Form B – FY17 Projected Clients Served: 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No expected changes

**Describe any significant programmatic changes from the previous year.**

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

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Outpatient (Non-methadone – ASAM I)**

*Form B - FY16 Amount Budgeted: \$1,180,539*

*Form B – FY16 Projected Clients Served: 480*

*Form B - FY17 Amount Budgeted: \$1,083,421*

*Form B – FY17 Projected Clients Served: 520*

**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 served by Central Utah Counseling Center. 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 Assessment and Treatment Plan for both Drug Court and non-Drug Court participants. Individual and group behavioral management is provided by appropriate licensed providers. 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 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 provider 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. 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 throughout the Center. CUCC screens for Medication Assisted Treatment in its assessments. Historically CUCC has paid for medication assisted therapy for individuals in need of this level of care, including Vivitrol, and Antabuse. Suboxone is prescribed by local physicians who are licensed to do so and coordination is provided for treatment. In certain instances individuals seeking services have been convicted of prior crimes (violent, sex offense etc). CUCC will not exclude these individuals from receiving medically necessary services, but at the same time seek to maintain the safety of vulnerable adults, children and youth also seeking and receiving services. Special arrangements will be made to ensure the safety of clients, while meeting the needs of all clients.

**Where:** Outpatient services are offered in Ephraim, Gunnison, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Not a significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form B – Substance Abuse Treatment Budget Narrative**

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

*Form B - FY16 Amount Budgeted: \$88,633*

*Form B – FY16 Projected Clients Served: 19*

*Form B - FY17 Amount Budgeted: \$89,661*

*Form B – FY17 Projected Clients Served: 19*

**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. CUCC screens for the need for Medication Assisted Treatment in its assessments. Historically CUCC has paid for medication assisted therapy for individuals in need of this level of care, including Vivitrol, and Antabuse. Suboxone is prescribed by local physicians who are licensed to do so and coordination is provided for treatment. In certain instances individuals seeking services have been convicted of prior crimes (violent, sex offense etc). CUCC will not exclude these individuals from receiving medically necessary services, but at the same time seek to maintain the safety of vulnerable adults, children and youth also seeking and receiving services. Special arrangements will be made to ensure the safety of clients, while meeting the needs of all clients.

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Not a significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Recovery Support Services**

*Form B - FY16 Amount Budgeted: \$24,000*

*Form B – FY16 Projected Clients Served: 81*

*Form B - FY17 Amount Budgeted: \$65,020*

*Form B – FY17 Projected Clients Served: 93*

**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; 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; Peer support through CUCC's Peer Specialists; Case Management services. 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. Medication used in Medication Assisted Treatment 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. CUCC has begun to utilize Supportive Housing for recovery support for individuals in need of this level of care. Efforts are made to prevent opiate overdose in the area through the following means: staff education around the availability of Naloxone, and prevention staff providing prevention intervention through regular prevention and education in the area. Providers and Prevention Staff in turn educate clients and family about the availability of Naloxone. CUCC is working on plans to provide Naloxone directly. This will include having some available on site as well as prescription for individuals that abuse and are addicted to opiates.

**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 utilizing a residential support building in Richfield that is utilized for recovery housing or transitional housing on a case by case basis and depending upon current residents within the residential support building. This has proven extremely helpful in stabilizing individuals needing safe housing options.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

CUCC completed a new residential supportive housing unit in the Richfield area. Due to this change, the cost will go up due to different utilization of available resources.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Drug Testing**

*Form B - FY16 Amount Budgeted: \$79,234*

*Form B - FY17 Amount Budgeted: \$105,000*

*Form B – FY16 Projected Clients Served: 44*

*Form B – FY17 Projected Clients Served: 72*

**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 follows standard protocols for selecting and administering drug testing procedures. 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, Gunnison, Nephi, Fillmore, Delta, Richfield, Junction, and Loa.

**Provided Directly or through Contracted Provider:** Directly

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

With the advent of the JRI, additional drug testing supplies and resources will be utilized.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

## **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. CUCC utilizes the YOQ/OQ as a process tool. 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.

CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area. It is located next to the hospital where improved access can occur along with greater coordination of care between the clients primary care physician and CUCC staff.

#### **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), Seeking Safety, Team Solutions and Solutions for Wellness, 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). After the state sponsored MRT training, MRT will be implemented on two of the geographic teams

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.

CUCC has updated its assessment to better utilize the ASAM-PPC2R. Part of this training provided included an updated version of its treatment plan including the six domains of the ASAM. During the transition CUCC sought and received license from the World Health Organization to utilize the WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0) which is an evidenced based tool used to identify areas of an individual's life that are sources of difficulty. This was adopted out of CUCC's effort to continue to show positive outcomes due to targeted interventions. All CUCC staff were trained on the WHODAS 2.0

**Form B – Substance Abuse Treatment Budget Narrative**

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

**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). The Sheriff is looking for a private provider to provide ongoing treatment. In this case, there is a provider available to provide case management services, assess for medication need and arrange for needed prescriptions being provided in the jail setting and looks at behavioral health service need. 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 its afterhours emergency system. CUCC has developed strong collaborative relationships to work together to improve communities. Each County Sheriff has elected to not contract with CUCC regarding direct jail services. Each jail has made arrangements for the provision of MH and SA services, including medication management services. As a part of these arrangements, CUCC 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 sought arrangements for the provision of behavioral health services in the correctional faculties in the six county area.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

There was not a significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

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

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

CUCC does not utilize SAPT block grant dollars for the provision of services in county or State correctional facilities.

## **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 a Community Health Center known as Wayne Community Health Center in Bicknell, Wayne County. WCHC has 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. CUCC has also partnered with IHC to help provide services for the unfunded and underfunded population in need of behavioral health services. This program has received national attention for these collaborative efforts.

CUCC has opened a new outpatient office in Gunnison which is in the southern part of Sanpete County. It is near Gunnison Valley hospital. CUCC has begun attending a part of the hospital staff meetings as a part of their agenda to discuss emergencies and areas of need and concern. CUCC has also begun conversations with local physicians in the area that are interested in locating in the same building and providing greater integrated care for clients in need.

**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. In 2015 CUCC implemented an Evidence Based Practice known as Team Solutions and Solutions for Wellness that help providers focus upon recovery and whole health.

**Form B – Substance Abuse Treatment Budget Narrative**

**12) Women’s Treatment**

*Form B - FY16 Amount Budgeted: \$663, 867*

*Form B - FY17 Amount Budgeted: \$654,163*

**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 and Sanpete teams. Woman specific groups are offered in Richfield, and Ephraim where 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.. Evidenced Based Treatments that are offered to Women include but are not limited to Seeking Safety, EMDR, OQ and DBT. Level of treatment range from Outpatient to Intensive Outpatient treatment. When a women needs higher levels of care including Residential services, CUCC will utilize the House of Hope and a contract through Utah County for these services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

There was not a significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

A gender specific group has been added to the Sanpete team that focuses upon issues of abuse, trauma, and other specific woman's issues.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Adolescent (Youth) Treatment**

***Form B - FY16 Amount Budgeted: \$169,661***

***Form B - FY17 Amount Budgeted: \$186,153***

**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. 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 a treatment plan is developed and the case is reviewed by a multi-disciplinary team which reviews the assessment, treatment plan, and 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, Gunnison, 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 appropriate 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

There was not a significant change from last fiscal year.

**Describe any significant programmatic changes from the previous year.**

There have been no significant programmatic changes from the previous year. CUCC has opened a new outpatient office in Gunnison Utah to further address client needs in the area.

## Form B – Substance Abuse Treatment Budget Narrative

### 14) Drug Court

**Form B - FY16 Amount Budgeted: \$234, 408**

**Form B - FY17 Amount Budgeted: Felony: \$256,430**

**Form B - FY17 Amount Budgeted: Family Dep. 0**

**Form B - FY17 Amount Budgeted: Juvenile 0**

**Form B1 - FY16 Recovery Support Budgeted: \$7,000**

**Form B1 - FY17 Recovery Support Budgeted: \$7,116**

**Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

CUCC runs Felony Drug Courts in Juab, Millard, Sanpete and Sevier Counties. As such eligibility criteria include a felony drug charge. CUCC utilizes the RANT as a part of the screening process for inclusion or exclusion in the drug court program. Inclusion is limited to High Risk High Need clients. Violent offenders are typically screened out along with those without a dependency or abuse diagnosis. Participants must also live within the area of the court so as to be able to complete treatment recommendations etc. Those who live outside the treatment area are excluded. This exclusion process includes treatment team staffing's and consultation with the County attorney's office. Currently CUCC is able to meet the demand of referrals for Drug Court from the County Attorney's office.

**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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

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 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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).** Felony: There was not a significant difference from last fiscal year. CUCC does not operate either family dependency or juvenile drug courts.

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).** CUCC has a sliding scale fee based upon the clients income. This also includes a monthly maximum so as to not be cost prohibitive to clients. This scale can be as low as \$5 a visit. Clients testing dirty can be charged for a contested and confirmed U/A.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).** There have been no significant programmatic changes in any of the Felony Drug Courts that CUCC operates from the previous year.

**Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).** CUCC provides recovery support services based upon need. It has helped to pay for medication, including Vivitrol for Medication Assisted Treatment, it has paid for rent, it has provided supported housing, monetary support for medical/dental bills, clothing etc. CUCC cannot guarantee that these same needs will arise in this next fiscal year, but when there is a need CUCC will provide needed Recovery Support Services.

## Form B – Substance Abuse Treatment Budget Narrative

### 15) Justice Reinvestment Initiative

*Form B - FY16 Amount Budgeted: \$198,000 Form B - FY17 Amount Budgeted: \$162,085*

#### **Identify the members of your local JRI Implementation Team.**

CUCC has implemented six JRI planning committee's with each of the local counties being a part of the team. Members of each team include but are not limited to the following: AP&P workers from each jurisdiction, CUCC administration including the CEO and CFO and the local treatment provider Team Leader for each of the local teams. Primary Commissioners involved in the JRI planning include but are not limited to: Dennis Blackburn, Darin Bushman, Rick Carlton, Claudia Jarrett, Alan Roper, and Gordon Topham. County Attorneys include: Jared Eldridge (Juab), Dale Eyre (Sevier), Patrick S. Finlinson (Millard), Brody L. Keisel (Sanpete), LeEllen McCartney (Wayne), and Mark McIff (Piute). Sherriff's include: Douglas Anderson (Juab), Nathan Curtis (Sevier), Robert A. Dekker (Millard), Marty Gleave (Piute), Brian Nielson (Sanpete), Kurt R. Taylor (Wayne). CUCC staff include Brian Whipple (CEO), Farrel Marx (CFO), Alan Nell, Chad Williams, and Chet Ludlow (Team Leaders). AP&P officers from each jurisdiction are also included. County Jail staff have often attended these meetings as well, especially around the coordination of the LSI screening tools etc. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, these initial teams should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

#### **Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

CUCC's initial plan will be to utilize the RANT in the identification of need of the offender. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. Based upon the results of these screening and assessment tools 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, Seeking Safety, MRT, 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 training and/or technical assistance needs.**

Although the MRT training provided by the Division will be extremely helpful, and will add to the resources in the area, only two providers were allowed to attend. Further MRT trainings would be extremely helpful. The Seeking Safety training will also prove helpful. One of the biggest challenges that CUCC faces is the implementation of urban models of treatment in frontier regions. CUCC will continue to adapt to the best of its ability as one of its strengths is its flexibility in meeting the needs of its clients in extremely diverse challenging situations.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

*Form B - FY16 Amount Budgeted: N/A*

*Form B - FY17 Amount Budgeted: N/A*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 2017? 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, 2016)?

**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.)**

Local Authority: Central Utah Counseling Center



## 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)**

<b>Personnel</b>	
<b>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.</b>	
<b>Total Personnel Costs</b>	\$     N/A

(Provide budget detail and narrative here)

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

(Provide budget detail and narrative here)

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

(Provide budget detail and narrative here)

<b>Travel/Transportation</b>	
<b>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.</b>	
<b>Total Travel/Training Costs</b>	\$     N/A

(Provide budget detail and narrative here)

<b>Total Grant</b>	\$     N/A
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Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**SITE 1:**

Site Name: Central Utah Counseling Center Ephraim Outpatient

Site Administrator's Name: Alan Nell

Address: 390 West 100 North

Ephraim, UT 84627

Phone Number: 435-283-4065 Administrator's Email Address: alann@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 2:**

Site Name: Central Utah Counseling Center Fillmore Outpatient

Site Administrator's Name: Chet Ludlow

Address: 90 North Main

Fillmore, UT 84631

Phone Number: 435-743-5121 Administrator's Email Address: chetl@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 3:**

Site Name: Central Utah Counseling Center Delta Outpatient

Site Administrator's Name: Chet Ludlow

Address: 51 North Center

Delta, UT 84624

Phone Number: 435-864-3073 Administrator's Email Address: chetl@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 4:**

Site Name: Central Utah Counseling Center Junction Outpatient

Site Administrator's Name: Chad Williams

Address: 550 North Main  
Junction, UT 84740

Phone Number: 435-577-2055; 435-836-8236 Administrator's Email Address: chadw@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 5:**

Site Name: Central Utah Counseling Center Loa Outpatient

Site Administrator's Name: Chad Williams

Address: 45 South Main Suite #4  
Loa, UT 84747

Phone Number: 435-836-2209; 435-896-8236 Administrator's Email Address: chadw@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 6:**

Site Name: Central Utah Counseling Center Nephi Outpatient

Site Administrator's Name: Chet Ludlow

Address: 944 North Main  
Nephi, UT 84648

Phone Number: 435-623-1456\_ Administrator's Email Address: chetl@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 7:**

Site Name: Central Utah Counseling Center Richfield Outpatient

Site Administrator's Name: Chad Williams

Address: 255 South Main  
Richfield, UT 84701

Phone Number: 435-896-8236 Administrator's Email Address: chadw@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient

Residential

**SITE 8:**

Site Name: Central Utah Counseling Center Richfield Residential Support

Site Administrator's Name: Chad Williams

Address: 268 South 100 East  
Richfield, UT 84701

Phone Number: 435-896-8236\_\_ Administrator's Email Address: chadw@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention         Outpatient         Intensive Outpatient         Inpatient  
                          Residential Support

**SITE 9:**

Site Name: Central Utah Counseling Center Gunnison Outpatient

Site Administrator's Name: Alan Nell

Address: 34 East 100 North  
Gunnison, UT 84634

Phone Number: 435-283-4065\_\_\_\_\_ Administrator's Email Address: alann@cucc.us

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention         Outpatient         Intensive Outpatient         Inpatient  
                          Residential

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** Central Utah Counseling Center

**Agency Director's Name:** Brian Whipple

**Agency Director's Email Address:** brianw@cucc.us

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
  - i. Criminogenic- High, Moderate, Low,
  - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
  - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

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Signature of Authorizing Officer

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Date

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Sevier County	Depressive symptoms & Parental Attitudes favorable	Rewards for prosocial involvement (community & Opportunities for Prosocial involvement	Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website  Central Utah Prevention Coalition & Sevier County Youth Coordinating Council
Wayne County	Parental attitudes favorable to ASB & Early Initiation of ASB	Rewards for prosocial involvement (community & Opportunities for Prosocial involvement	Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website  Central Utah Prevention Coalition & Wayne County Youth Coordinating Council
Piute County	Early Initiation of ASB & Depressive Symptoms	Rewards for prosocial involvement (community & Opportunities for Prosocial involvement	Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website  Central Utah Prevention Coalition & Piute County Youth Coordinating Council
Millard County (Delta) & (Fillmore)	Depressive Symptoms & Early Initiation of anti-social behavior	Rewards for prosocial involvement (community & Opportunities for Prosocial involvement	Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website  Delta First Coalition (West Millard County) / East Millard Coalition (East Millard County)
North Sanpete & South Sanpete	Depressive Symptoms & Early Initiation of anti-social behavior	Rewards for prosocial involvement (community & Opportunities for Prosocial involvement	Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website  Sanpete LIC
Juab County			Approval Pending for a Prevention link on <a href="http://cucc.us">cucc.us</a> Website

			Juab Unites Motivating Prevention Coalition
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- In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Central Utah LSAA has: Coalitions (Juab, Millard, Sevier, Wayne & Piute) Youth Coordinating Councils (Sevier, Wayne, Piute) and LIC (Sanpete County). We will continue to train members in utilizing the SPF/CTC process. Last year we were able to send agency staff, members of the Coalitions and Councils to Utah Coalition Training Summit, CADAC, Fall Conference and/or NPN Conference will continue to do so if funding /budget permits in 2017.

Central Utah Prevention Coalition, East Millard Coalition, Juab Unites Motivating Prevention Coalition, Sanpete LIC, Sevier, Wayne and Piute Youth Coordinating Councils consider Suicide Prevention to be a priority in our Six County area and support b QPR and Mental Health First Aid Training in their areas. Central Utah Counseling Center also has two employees trained in Post-vention. Prevention by Design Proposal has been submitted to NAMI that would fund 4 more people to be trained in QPR.

A Community Needs assessment should be completed by September 2016 in the Tri-County area (Wayne, Sevier, Piute). The next community assessment will be planned for February 2017 with a focus on the areas that have not been assessed. SHARPS survey will be utilized. All areas participate in the survey except Juab & Tintic School Districts. Efforts continue to be made encouraging Juab and Tintic to utilize the SHARPS survey. Central Utah Counseling Center & Juab Unites Motivating Prevention Coalition continue to encourage Juab School District and Tintic to participate in the SHARPS Survey. In the meantime, prevention services Juab reflect the same as in our other areas.

- Attach Logic Models for each program or strategy.

Program Name: Community Awareness, Events, Presentations			Cost to run program \$12,662		Evidence Based: <b>No</b>			
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 – Sevier, Wayne, Piute, Millard, Sanpete, Juab. Estimated number served – 600			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 8.0% in 2015 to 7.0% in 2017	Reduce 30 day alcohol use in grades 6 through 12 from 6.4% in 2015 to 5% by 2021

Program Name: Parenting Classes – Guiding Good Choices			Cost to run program \$17,000		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 2015 grade 6 to 12 from 29% to 28.5% by 2017. *Decrease grade 6 – 12 parental attitudes favorable to antisocial behaviors in 2015 from 27.2 to 26.5% by 2017	Reduce 30 day alcohol use in grades 6 through 12 from 6.4% in 2015 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: END Smoking Cessation training			Cost to run program \$17,100		Evidence Based: <u>Yes</u>			
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  Reduce 30 day e-cigarette use	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 20.			Instructors will offer END (Ending Nicotine Dependence curricula and/or life skills course materials.	Reduce early Initiation of ASB in 2015 grade 6 to 12 from 25.2% to 24.5% by 2017.	Reduce 30 day cigarette use in 2015 grade 6 through 12 from 2.6% to 2.3% by 2019.  Reduce past 30 day e-cigarette use from 7.1% in 2015 to 6.5% 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 to run program \$13,315		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 2015 from 8.0% to 7.5 by 2017.	Reduce 30 day alcohol use in 2015 grade 6 to 12 from 6.4% to 6.0% by 2019

Program Name: Community Coalitions Activities/Collaboration			Cost to run program \$15,000		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	Reduce 30 day alcohol use in grades 6 through 12  Reduce 30 day any prescription abuse grades 6 through 12.	Parental attitudes favorable to antisocial behavior	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, <b>Juab Coalition</b> , Youth Coordinating Councils in Sevier, Sanpete, Millard. An estimate total of participants in above coalitions/LIC and YCC is 75			*Existing coalitions will receive training as needed or upon request in the SPF and/or CTC model of prevention to better help them identify and address local issues. *Continue efforts to organize a coalition in Fillmore *Complete minimum Standards Assessment Tool *Hold trainings and submit coalition logs. *Complete and/or update Community Readiness Survey and Resource Assessment. Bi-annually.	Decrease in grade 6 – 12 parental Attitudes favorable to antisocial behaviors in 2015 from 27.2% to 27.0% by 2017.	Reduce 30 day alcohol use in 2015 grade 6 to 12 from 6.4% to 6.0% by 2019  Reduce 30 day any prescription drug abuse in 2015 grades 6 through 12 from 1.9% to 1% by 2019
Measures & Sources	SHARPS 2013;15;17;19  Key leader Surveys / Community media campaign saturation reports	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 2015;17	SHARPS 2013, 15;17;19

Program Name: EASY Compliance Checks/Collaboration			Cost to run program \$5,050		Evidence Based: <i>Yes</i>			
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 20.3% in 2015 to 19.5% by 2017	Reduce 30 day alcohol use in 2015 grade 6 to 12 from 6.4% to 6.0% by 2019

Program Name: PRIME for Life (PRI) Adult DUI Psychoeducational Group & Collaboration			Cost to run program \$10,733		Evidence Based: <u>Yes</u>			
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 to run program \$8,532		Evidence Based: <u>Yes</u>			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<u>I</u>		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 to run program \$12,935		Evidence Based: <u>Yes</u>			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<u>I</u>		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 to run program \$15,050		Evidence Based: <b>Yes</b>			
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 2015 Grade 6 to 12 from 25.2 by 2017.	Reduce 30 day alcohol use in 2015 grade 6 to 12 from 6.4% to 6% by 2019.
Measures & Sources	PD survey information as gathered by USOE  SHARPS 2015;17;19	PD survey information as gathered by USOE  SHARPS 2015;17;19					PD survey information as gathered by USOE  SHARPS 2015;17;19	PD survey information as gathered by USOE  SHARPS 2015;17;19

Program Name: Prevention Dimension (PD) Training			Cost to run program \$8,500		Evidence Based: <u>Yes</u>			
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 2015 Grade 6 to 12 from 25.2% to 24% by 2017.	Reduce 30 day alcohol use in 2013 grade 6 – 12 from 6.4% in 2015 to 5.7% by 2019.

Program Name: QPR for Suicide Prevention (QPR)			Cost to run program \$17,100		Evidence Based: <u>Yes</u>			
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.</p> <p>Training of 1.0 to 2.0 hours in length will take place throughout the Six County area. <a href="#">Central Utah Prevention Coalition</a>, <a href="#">Delta First Coalition</a>, <a href="#">East Millard Coalition</a> &amp; <a href="#">Sanpete Lic</a> assist in providing these trainings.</p>	<p>*Reduce depressive symptoms in grade 6 – 12 from 32.3% in 2015 to 31.5% by 2017</p> <p>* Increase rewards for pro-social involvement from 66.2% in 2015 to 71.0% by 2017</p>	<p>Reduce 30 day alcohol use in 2015 grade 6 – 12 from 6.4% to 6.0% by 2019.*Reduce 30 day marijuana use in 2015 Grade 6 through 12 from 3.1% in to 2.0% by 2019.*Reduce 30 day any prescription use in 2015 grade 6 through 12 from 1.9 in 2015 to 1.0 by 2019</p>

Program Name: Mental Health First Aid			Cost to run program \$17,100		Evidence Based: <u>Yes</u>			
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	

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 212,775	\$ 1,062,637	\$ 89,475	\$ 155,616	\$ 117,362	\$ 3,070,001	\$ 52,523	\$ 5,836	\$ 54,000	\$ 94,000	\$ 21,000	\$ 32,000	\$ 4,967,225

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)						370,000							\$ 370,000	40	\$ 9,250
Residential Care (171 & 173)			2,000										\$ 2,000	1	\$ 2,000
Outpatient Care (22-24 and 30-50)	47,000	353,633	42,177	119,081	41,957	946,870	11,000			69,000	3,000	20,000	\$ 1,653,718	1,340	\$ 1,234
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	3,000	27,818	6,700		3,301	58,000							\$ 98,819	233	\$ 424
Psychotropic Medication Management (61 & 62)	4,000	225,215	17,798	9,000	26,721	611,010				25,000	3,000		\$ 921,744	405	\$ 2,276
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		368,500	4,800		43,722	954,000							\$ 1,371,022	256	\$ 5,356
Case Management (120 & 130)	3,000	14,000	6,000		1,661	38,000							\$ 62,661	137	\$ 457
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		21,000	10,000	14,000		17,515	41,523				15,000	12,000	\$ 131,038	98	\$ 1,337
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	155,775	39,174		2,333		38,000							\$ 235,282	107	\$ 2,199
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				4100				5,836					\$ 9,936		
Services to persons incarcerated in a county jail or other county correctional facility				7,102					54,000				\$ 61,102	13	\$ 4,700
Adult Outplacement (USH Liaison)		13,297				36,606							\$ 49,903	5	\$ 9,981
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2017 Mental Health Expenditures Budget	\$ 212,775	\$ 1,062,637	\$ 89,475	\$ 155,616	\$ 117,362	\$ 3,070,001	\$ 52,523	\$ 5,836	\$ 54,000	\$ 94,000	\$ 21,000	\$ 32,000	\$ 4,967,225		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	57,000	646,567	63,639	116,866	71,577	2,068,998	40,988	2,918	54,000	60,040	18,000	20,000	\$ 3,220,593	784	\$ 4,108
YOUTH/CHILDREN	155,775	416,070	25,836	38,750	45,785	1,001,003	11,535	2,918	-	33,960	3,000	12,000	\$ 1,746,632	551	\$ 3,170
Total FY2017 Mental Health Expenditures	\$ 212,775	\$ 1,062,637	\$ 89,475	\$ 155,616	\$ 117,362	\$ 3,070,001	\$ 52,523	\$ 5,836	\$ 54,000	\$ 94,000	\$ 21,000	\$ 32,000	\$ 4,967,225	1,335	\$ 3,721

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 114,663	\$ 39,174			\$ 38,000				\$ 191,837

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	114,663	39,174			38,000				\$ 191,837	107	\$ 1,793
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2017 Mental Health Expenditures Budget	\$ 114,663	\$ 39,174	\$ -	\$ -	\$ 38,000	\$ -	\$ -	\$ -	\$ 191,837	107	\$ 1,793

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

**FY2017 Form A (1) - Proposed Cost and Clients Served by Population**

Central Utah Counseling Center  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2017 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 229,050	ADULT	25	\$ 9,162
\$ 140,950	CHILD/YOUTH	15	\$ 9,397
<b>Residential Care Budget</b>			
	ADULT		#DIV/0!
\$ 2,000	CHILD/YOUTH	1	\$ 2,000
<b>Outpatient Care Budget</b>			
\$ 1,036,709	ADULT	849	\$ 1,221
\$ 617,009	CHILD/YOUTH	491	\$ 1,257
<b>24-Hour Crisis Care Budget</b>			
\$ 78,888	ADULT	199	\$ 396
\$ 19,931	CHILD/YOUTH	34	\$ 586
<b>Psychotropic Medication Management Budget</b>			
\$ 718,625	ADULT	316	\$ 2,274
\$ 203,119	CHILD/YOUTH	89	\$ 2,282
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 835,954	ADULT	159	\$ 5,258
\$ 535,068	CHILD/YOUTH	97	\$ 5,516
<b>Case Management Budget</b>			
\$ 40,861	ADULT	99	\$ 413
\$ 21,800	CHILD/YOUTH	38	\$ 574
<b>Community Supports Budget (including Respite)</b>			
\$ 100,038	ADULT (Housing)	60	\$ 1,667
\$ 31,000	CHILD/YOUTH (Respite)	38	\$ 816
<b>Peer Support Services Budget</b>			
\$ 70,996	ADULT	62	\$ 1,145
\$ 164,286	CHILD/YOUTH (includes FRF)	45	\$ 3,651
<b>Consultation &amp; Education Services Budget</b>			
\$ 4,968	ADULT		
\$ 4,968	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 61,102	ADULT Jail Services	13	\$ 4,700
<b>Outplacement Budget</b>			
\$ 49,903	ADULT	5	\$ 9,981
<b>Other Non-mandated Services Budget</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

**Summary**

<b>Totals</b>	
\$ 3,227,094	Total Adult
\$ 1,740,131	Total Children/Youth

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

<b>Unfunded (\$2.7 million)</b>			
\$ 63,639	ADULT	44	\$ 1,446
\$ 25,836	CHILD/YOUTH	32	\$ 807
<b>Unfunded (all other)</b>			
\$ 165,298	ADULT	146	\$ 1,132
\$ 67,107	CHILD/YOUTH	83	\$ 809

Local Authority												
FY2017 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Applicable Allocation Letter Fund Codes/Notes	(WTA, STL, STS, ADORA5, BDUIF, F, BUCCJJ, BSG15)	(WTA, STL, STS, ADORA5, BDUIF, F, BUCCJJ, BSG15)	Reported by County	Reported by County	(Projected Fed draw down only)	(FTL, WTF)	(WTD)	(BADCI3, BATR13, BTNF15)	Reported by County	Reported by County	Reported by County	
Drug Court	152,125	7,500	22,000		22,500	27,189				18,000		\$249,314
Drug Offender Reform Act												\$0
JRI	145,085	2,000	3,000		9,000					3,000		\$162,085
Local Treatment Services	261,546	68,850	92,173		167,500	238,518	102,562		34,000	12,000	5,000	\$982,149
Total FY2017 Substance Use Disorder Treatment Revenue	\$558,756	\$78,350	\$117,173	\$0	\$199,000	\$265,707	\$102,562	\$0	\$34,000	\$33,000	\$5,000	\$1,393,548

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only												\$0		#DIV/0!
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	8,000											\$8,000	2	\$4,000
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)						9,176	5,000					\$14,176	7	\$2,025
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	435,480	58,345	108,159		165,000	202,531	80,560		28,500	30,000	5,000	\$1,113,575	520	\$2,084
Intensive Outpatient (ASAM II.5 or II.1)	4,256	19,005	1,898		31,000	20,000	5,002		5,500	3,000		\$89,661	19	\$4,719
Recovery Support (includes housing, peer support, case management and other non-clinical )	11,020	1,000	7,116		3,000	29,000	12,000					\$63,136	93	\$699
Drug testing	100,000					5,000						\$105,000	72	\$1,458
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$558,756	\$78,350	\$117,173	\$0	\$199,000	\$265,707	\$102,562	\$0	\$34,000	\$33,000	\$5,000	\$1,393,548	713	\$1,915

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children. (Please include)	39,642	32,209	16,820		100,022	0	102,562		9,000	3,000		\$303,255
All Other Women (18+)	108,999	22,000	34,788		49,000	81,479			8,000	7,000		\$311,266
Men (18+)	320,336	15,000	46,368		30,526	145,844			9,000	20,800	5,000	\$592,874
Youth (12-17) (Not Including pregnant women or women with dependent children)	89,779	9,141	19,197		19,452	38,384			8,000	2,200		\$186,153
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$558,756	\$78,350	\$117,173	\$0	\$199,000	\$265,707	\$102,562	\$0	\$34,000	\$33,000	\$5,000	\$1,393,548

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Form B1

Local Authority

FY2017 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 FY2017 Expenditures
Assessment Only					0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
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)					0
Intensive Outpatient (ASAM II.5 or II.1)					0
Recovery Support (includes housing, peer support, case management and other non-clinical )					0
Drug testing					0
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue						\$ 146,177					\$ 24,000	\$ 170,177

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct						51,300							\$ 51,300	
Universal Indirect						66,577							\$ 66,577	
Selective Services						20,100							\$ 20,100	
Indicated Services						8,200					24,000		\$ 32,200	
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 146,177	\$ -	\$ -	\$ -	\$ -	\$ 24,000	\$ -	\$ 170,177	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 51,307	\$ 30,777	\$ 14,367	\$ 8,033	\$ 37,620	\$ 4,073	\$ 146,177

# 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

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

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

**PROCEDURES FOR SETTING CLIENT CO-PAY:**

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

b. Co-Pay Guidelines for Multiple Services

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

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

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

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

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

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

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

# Central Utah Counseling Center Organizational Chart

