

## GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Central Utah Counseling

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character  
Limit/Count**

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

2000

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.

282

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

2000

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.

782

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	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.	418
	How is this amount of public subsidy determined?	2000
	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.	387
	How is information about eligibility and fees communicated to prospective clients?	2000
	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.	362

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at <a href="http://www.niatx.net/Home/Home.aspx">http://www.niatx.net/Home/Home.aspx</a> , or similar structured change model.	2000
	<p>In April of 2016 Central Utah Counseling Center completed a walk-through at two different locations. These were our two busiest offices (Ephraim and Richfield). This walk-through was based upon the NIATx model and template. It included Observations and Recommendations for the First Contact, First Appointment, Intake and Assessment, and First Treatment Session.</p> <p>Overall it was a positive experience that revealed items that were felt to be working very well and one area that could be looked at to improve services. The area that was identified that could be addressed was that of paperwork. It was felt that there was a large amount of information that was being requested and it required a large amount of time to complete the paperwork.</p> <p>CUCC's change process was initiated following the walk through in FY2017 and will be refined throughout FY2018. The initial change that was made was to decrease the amount of paperwork for a returning client that had previously completed all paperwork by printing out the paperwork and requesting a simple review. Required forms such as the Consent to Treat, and HIPAA are still signed at the initial appointment. Furthermore a complete review of the paperwork will be completed in FY2018 and any non-essential items in the paperwork will be removed.</p>	1305
	<p>Are you a National Health Service Core (NHSC) provider? YES/NO</p> <p>In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000
	<p>YES</p> <p>Participation in the National Health Service Core helps programmatically through recruitment by being able to help with student loans. It allows for employee retention as requirements for participation in the program designate a commitment to remain at the participating provider.</p> <p>To maintain eligibility CUCC must complete required paperwork and keep certain items up to date including our sliding scale fee in keeping with the federal poverty guidelines. Each location or office must be designated in the annual application process.</p>	543
	<b>2) Subcontractor Monitoring</b>	
	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 of each subcontractor. 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.	2000

All current subcontractor files are monitored for completeness. Annually, current insurance, current licensure status and BCI applications are completed in the month of April. Failures 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.

FY18 Mental Health Area Plan & Budget													Local Authority: Central Utah Counseling			Form A	
State General Fund													County Funds				
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue				
FY2018 Mental Health Revenue by Source	\$206,140.00	\$1,200,479.00	\$88,844.00	\$299,073.00	\$0.00	\$3,086,949.00	\$57,821.00	\$0.00	\$0.00	\$125,727.00	\$30,000.00	\$404,500.00	\$5,499,533				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)			2,000.00			440,000.00							\$440,000	45	\$9,777.78		
Residential Care (171 & 173)				28,255.00	82,646.00	860,292.00				90,500.00	12,000.00	92,225.00	\$1,558,983	1287	\$1,211.33		
Outpatient Care (22-24 and 30-50)	2,893.00	390,172.00															
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	5,050.00	29,026.00	2,099.00	7,235.00		64,000.00						9,911.00	\$117,321	245	\$478.86		
Psychotropic Medication Management (61 & 62)	25,888.00	292,445.00	21,156.00	68,097.00		644,815.00				35,227.00		79,855.00	\$1,167,483	476	\$2,452.70		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	52,764.00	418,157.00	30,250.00	99,234.00		921,999.00						102,780.00	\$1,625,184	285	\$5,702.40		
Case Management (120 & 130)	0.00	21,542.00	0.00	4,370.00		47,500.00						2,356.00	\$75,768	144	\$526.17		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	2,030.00	11,664.00	3,518.00	19,130.00		25,718.00	40,040.00				18,000.00	7,983.00	\$128,083	106	\$1,208.33		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	67,515.00	21,642.00	1,566.00	5,395.00		47,718.00	17,781.00	0.00				107,390.00	\$269,007	130	\$2,069.28		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				9,800.00									\$9,800				
Services to persons incarcerated in a county jail or other county correctional facility	50,000.00											2,000.00	\$52,000	12	\$4,333.33		
Adult Outplacement (USH Liaison)		15,831.00		3,166.00		34,907.00							\$53,904	5	\$10,780.80		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2018 Mental Health Expenditures Budget	206,140.00	1,200,479.00	88,844.00	299,073.00	0.00	3,086,949.00	57,821.00	0.00	0.00	125,727.00	30,000.00	404,500.00	\$5,499,533				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT	121,623.00	798,292	53,221	176,453		2,061,410	46,040			74,179	25,080	32,155	\$3,388,453	726	\$4,667.29		
YOUTH/CHILDREN	84,517.00	402,187	35,623	122,620		1,025,539	11,781	0		51,548	4,920	372,345	\$2,111,080	561	\$3,763.07		
Total FY2018 Mental Health Expenditures	206,140.00	1,200,479	88,844	299,073	0	3,086,949	57,821	0	0	125,727	30,000	404,500	\$5,499,533	1287	\$4,273.14		
		\$0											\$42,741	0.5641025641			
		\$309,925	0.2654639175										\$33,027	0.4358974359			
													\$75,768				

**FY18 Proposed Cost & Clients Served by Population**

Local Authority: Central Utah Counseling

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
264000	ADULT	27	9777.777778
176000	CHILD/YOUTH	18	9777.777778
<b>Residential Care Budget</b>			
0	ADULT		#DIV/0!
2000	CHILD/YOUTH	1	2000
<b>Outpatient Care Budget</b>			
956755	ADULT	726	1317.844353
602228	CHILD/YOUTH	561	1073.490196
<b>24-Hour Crisis Care Budget</b>			
70993	ADULT	192	369.7552083
46328	CHILD/YOUTH	53	874.1132075
<b>Psychotropic Medication Management Budget</b>			
792616	ADULT	347	2284.195965
374865	CHILD/YOUTH	129	2905.930233
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
956347	ADULT	163	5867.159509
668837	CHILD/YOUTH	122	5482.270492
<b>Case Management Budget</b>			
41791	ADULT	100	417.91
33977	CHILD/YOUTH	44	772.2045455
<b>Community Supports Budget (including Respite)</b>			
100302	ADULT (Housing)	72	1393.083333
27781	CHILD/YOUTH (Respite)	34	817.0882353
<b>Peer Support Services Budget</b>			
80943	ADULT	71	1140.042254
188065	CHILD/YOUTH (includes FRF)	59	3187.542373
<b>Consultation &amp; Education Services Budget</b>			
4800	ADULT		
5000	CHILD/YOUTH		



**FY18 Mental Health Early Intervention Plan & Budget**

Local Authority: Central Utah Counseling

Form A2

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	\$108,855.00	13,020.00			28,980.00				\$150,855		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	100,324.00	13,020.00			28,980.00				\$142,324		#DIV/0!
FRF-ADMIN	8,531.00								\$8,531		
School Based Behavioral Health-CLINICAL									\$0		#DIV/0!
School Based Behavioral Health-ADMIN									\$0		
FY2018 Mental Health Expenditures Budget	\$108,855.00	\$13,020.00	\$0.00	\$0.00	\$28,980.00	0	0	0	\$150,855	0	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

## FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Central Utah Counseling

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

**1a) Adult Inpatient**

Form A1 - FY18 Amount Budgeted:	278,000	Form A1 - FY18 Projected Clients Served:	27		
Form A1 - Amount Budgeted In FY17 Area Plan	\$229,050	Form A1 - Projected Clients Served In FY17 Area Plan	25		
Form A1 - Actual FY16 Expenditures Reported by Locals	\$210,364	Form A1 - Actual FY16 Clients Served as Reported By Locals	27		<b>Character Limit/Count</b>
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.					2,500
Contractual arrangements for inpatient care and services exist between CUCC and ARTC (Utah State Hospital acute unit), 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 Our Director of Crisis Services supervises care in all inpatient hospital locations and attends staff meetings at UVRMC, ARTC, and Provo Canyon regularly, and maintains daily contact by phone with the care givers when an individual has been placed elsewhere. In addition the Director of Crisis Services also attends staffing and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units 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.					1,009
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).					1,000
Our inpatient has been much higher than anticipated in FY2017. In preparation for a possible higher hospitalization rate for FY2018 we have increased our line item for that budget past the 15% mark.					199
Describe any significant programmatic changes from the previous year.					400

<p>Inpatient hospitalizations for FY2017 have been significantly higher than FY2016. Numbers of patients hospitalized and budget numbers for FY2018 reflect this. We don't know if this is a trend, but must prepare for it with increased funding.</p>				242			
<b>1b) Children/Youth Inpatient</b>							
Form A1 - FY18 Amount Budgeted:	162,000	Form A1 - FY18 Projected Clients Served:	18				
Form A1 - Amount Budgeted In FY17 Area Plan	\$140,950	Form A1 - Projected Clients Served In FY17 Area Plan	15				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$76,987	Form A1 - Actual FY16 Clients Served as Reported By Locals	9		<b>Character Limit/Count</b>		
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.				2,500			
<p>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.</p>				835			
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).				1,000			
No significant change from last fiscal year.				44			

Describe any significant programmatic changes from the previous year.				500			
There have been no significant programmatic changes from the previous year.				75			
<b>1c) Adult Residential Care</b>							
Form A1 - FY18 Amount Budgeted:	0	Form A1 - FY18 Projected Clients Served:	0				
Form A1 - Amount Budgeted In FY17 Area Plan	\$0	Form A1 - Projected Clients Served In FY17 Area Plan	0				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$15,724	Form A1 - Actual FY16 Clients Served as Reported By Locals	5				
				<b>Character Limit/Count</b>			
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.				3,000			
<p>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.</p>				1,586			
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).				1,000			



	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).	1,000			
	CUCC rarely utilizes youth residential services. It maintains that the best place to serve a client is in their own community.	129			
	Describe any significant programmatic changes from the previous year.	500			
	There have been no significant programmatic changes from the previous year.	75			
<b>1e) Adult Outpatient Care</b>					
	Form A1 - FY18 Amount Budgeted:	956,755	Form A1 - FY18 Projected Clients Served:	690	
	Form A1 - Amount Budgeted In FY17 Area Plan	\$1,036,709	Form A1 - Projected Clients Served In FY17 Area Plan	849	
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$1,474,840	Form A1 - Actual FY16 Clients Served as Reported By Locals	651	<b>Character Limit/Count</b>
	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.	5,000			

	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.					1,763
	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).					1,000
	No significant change from last fiscal year.					44
	Describe any significant programmatic changes from the previous year.					400
	There have been no significant programmatic changes from the previous year.					77
<b>1f) Children/Youth Outpatient Care</b>						
	Form A1 - FY18 Amount Budgeted:	602,228	Form A1 - FY18 Projected Clients Served:	562		
	Form A1 - Amount Budgeted In FY17 Area Plan	\$617,009	Form A1 - Projected Clients Served In FY17 Area Plan	491		
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$996,765	Form A1 - Actual FY16 Clients Served as Reported By Locals	511		<b>Character Limit/Count</b>

	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.	5,000			
	<p>CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, Family Resource Facilitation and other services as needed. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client and family self-responsibility; Help client's to establish a meaningful role in life; and Use the Wellness model in all aspects of treatment. SED clients, regardless of funding, are considered a priority for receiving services. Funding from the state will be channeled into providing services for this group. CUCC continues to utilize Telehealth and it has proven beneficial for clients. Typically younger clients are more comfortable in the Telehealth setting, but all clients find it helpful. CUCC provides these services directly in most instances, but have subcontracts with private providers for some clients who have requested alternative treatment providers.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.          Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.</p>	1,959			
	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).	1,000			
	No significant change from last fiscal year.	44			
	Describe any significant programmatic changes from the previous year.	1,000			
	There have been no significant programmatic changes from the previous year.	75			
	<b>1g) Adult 24-Hour Crisis Care</b>				

	Form A1 - FY18 Amount Budgeted:	70,993	Form A1 - FY18 Projected Clients Served:	192				
	Form A1 - Amount Budgeted In FY17 Area Plan	\$78,888	Form A1 - Projected Clients Served In FY17 Area Plan	199				
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$29,865	Form A1 - Actual FY16 Clients Served as Reported By Locals	120		<b>Character Limit/Count</b>		
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,500		
	<p>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. <b>Diversion from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to deescalate crisis situations. In these diversions staff members will remain with the client 24 hours per day until either the crisis passes or a higher level of care becomes necessary.</b> The answering service is by contract, the actual clinical intervention is through direct service.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided directly and through contract.</p>					2,082		
	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).					1,000		
	No significant change from last physcal year in adult crisis care.					66		
	Describe any significant programmatic changes from the previous year.					400		

There have been no significant programmatic changes from the previous year.				75			
<b>1h) Children/Youth 24-Hour Crisis Care</b>							
Form A1 - FY18 Amount Budgeted:	46,328	Form A1 - FY18 Projected Clients Served:	53				
Form A1 - Amount Budgeted In FY17 Area Plan	\$19,931	Form A1 - Projected Clients Served In FY17 Area Plan	34				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$23,466	Form A1 - Actual FY16 Clients Served as Reported By Locals	60		<b>Character Limit/Count</b>		
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,500		
<p>"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. <b>Diversion from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to deescalate crisis situations. In these diversions staff members will remain with the client 24 hours per day until either the crisis passes or a higher level of care becomes necessary.</b> The answering service is by contract, the actual clinical intervention is through direct service.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided directly and through contract.</p>					2,082		
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).					1,000		



	<p>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. 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 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. CUCC will also observe medication when ordered by medical staff when clinically indicated. To accomplish this staff will travel to clients places of residence.</p> <p>Where: On all three geographic teams.</p>	1,868			
	<p>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).</p>	1,000			
	<p>No significant change from last fiscal year.</p>	44			
	<p>Describe any significant programmatic changes from the previous year.</p>	400			
	<p>There have been no significant programmatic changes from the previous year.</p>	75			
<p><b>1j) Children/Youth Psychotropic Medication Management</b></p>					
	<p>Form A1 - FY18 Amount Budgeted:</p>	<p>374,865</p>	<p>Form A1 - FY18 Projected Clients Served:</p>	<p>129</p>	

	Form A1 - Amount Budgeted In FY17 Area Plan	\$203,119	Form A1 - Projected Clients Served In FY17 Area Plan	89				
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$367,670	Form A1 - Actual FY16 Clients Served as Reported By Locals	78		<b>Character Limit/Count</b>		
	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.					2,500		
	<p>CUCC has one full time psychiatrist, and one full time physician assistant (PA) 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. 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. 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 continued 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.</p> <p>Where: On all three geographic teams with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim.</p> <p>Provided Directly and through contract.</p>					2,384		
	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).					1,000		
	<p>Increase in funding and numbers of Medication Management due mainly to the increase in funding from IGP funds. Many children and youth in the area will have access to a Psychiatrist for the first time.</p>					202		
	Describe any significant programmatic changes from the previous year.					1,000		

There have been no significant programmatic changes from the previous year.				75			
<b>1k) Adult Psychoeducation Services &amp; Psychosocial Rehabilitation</b>							
Form A1 - FY18 Amount Budgeted:	956,347	Form A1 - FY18 Projected Clients Served:	163				
Form A1 - Amount Budgeted In FY17 Area Plan	\$835,954	Form A1 - Projected Clients Served In FY17 Area Plan	159				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$556,099	Form A1 - Actual FY16 Clients Served as Reported By Locals	99		<b>Character Limit/Count</b>		
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.					2,500		
<p>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. <b>Recently</b> CUCC added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided Directly</p>					1,964		
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).					1,000		

No significant change from last fiscal year.				44			
Describe any significant programmatic changes from the previous year.				400			
There have been no significant programmatic changes from the previous year.				75			
<b>1) Children/Youth Psychoeducation Services &amp; Psychosocial Rehabilitation</b>							
Form A1 - FY18 Amount Budgeted:	668,837	Form A1 - FY18 Projected Clients Served:	122				
Form A1 - Amount Budgeted In FY17 Area Plan	\$535,068	Form A1 - Projected Clients Served In FY17 Area Plan	97				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$575,540	Form A1 - Actual FY16 Clients Served as Reported By Locals	109		<b>Character Limit/Count</b>		
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.				2,500			

	<p>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.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided Directly</p>	1,879			
	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).	1,000			
	<p>Increase in funding and numbers of youth and children in psychoeducation and psychosocial services due mainly to the increase in funding from IGP funds. Many children and youth in the area will have on campus and off campus access to these service for the first time.</p>	268			
	Describe any significant programmatic changes from the previous year.	1,000			
	There have been no significant programmatic changes from the previous year.	75			
<b>1m) Adult Case Management</b>					
	Form A1 - FY18 Amount Budgeted:	41,791	Form A1 - FY18 Projected Clients Served:	100	

	Form A1 - Amount Budgeted In FY17 Area Plan	\$40,861	Form A1 - Projected Clients Served In FY17 Area Plan	99				
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$36,854	Form A1 - Actual FY16 Clients Served as Reported By Locals	99		<b>Character Limit/Count</b>		
	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.					2,500		
	<p>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.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided Directly</p>					1,642		
	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).					1,000		
	No significant change from last year.					37		
	Describe any significant programmatic changes from the previous year.					400		

There have been no significant programmatic changes from the previous year.				75			
<b>1n) Children/Youth Case Management</b>							
Form A1 - FY18 Amount Budgeted:	33,977	Form A1 - FY18 Projected Clients Served:	44				
Form A1 - Amount Budgeted In FY17 Area Plan	\$21,800	Form A1 - Projected Clients Served In FY17 Area Plan	38				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$12,285	Form A1 - Actual FY16 Clients Served as Reported By Locals	33		<b>Character Limit/Count</b>		
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.					2,500		
<p>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.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Provided Directly</p>					1,566		
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).					1,000		

Change due to increase in funding from IGP.				43			
Describe any significant programmatic changes from the previous year.				1,000			
There have been no significant programmatic changes from the previous year.				75			
<b>1o) Adult Community Supports (housing services)</b>							
Form A1 - FY18 Amount Budgeted:	100,302	Form A1 - FY18 Projected Clients Served:	72				
Form A1 - Amount Budgeted In FY17 Area Plan	\$100,038	Form A1 - Projected Clients Served In FY17 Area Plan	60				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$68,512	Form A1 - Actual FY16 Clients Served as Reported By Locals	29		<b>Character Limit/Count</b>		
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.				2,000			

	<p>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&amp;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.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: CUCC provides community supports either directly or through subcontractors.</p>	1,468			
	<p>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).</p>	1,000			
	<p>With the increase in funding to JRI, CUCC anticipates serving more individuals in Adult Community Supports.</p>	150			
	<p>Describe any significant programmatic changes from the previous year.</p>	400			
	<p>There have been no significant programmatic changes from the previous year.</p>	75			
<p><b>1p) Children/Youth Community Supports (respite services)</b></p>					
	<p>Form A1 - FY18 Amount Budgeted:</p>	<p>27,781</p>	<p>Form A1 - FY18 Projected Clients Served:</p>	<p>34</p>	

	Form A1 - Amount Budgeted In FY17 Area Plan	\$31,000	Form A1 - Projected Clients Served In FY17 Area Plan	38				
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$6,407	Form A1 - Actual FY16 Clients Served as Reported By Locals	18		<b>Character Limit/Count</b>		
	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.					2,500		
	<p>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.</p> <p>Where: On all three geographic teams.</p> <p>CUCC provides this directly.</p>					2,480		
	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).					1,000		
	No significant change from last fiscal year.					92		
	Describe any significant programmatic changes from the previous year.					1,000		

There have been no significant programmatic changes from the previous year.				75			
<b>1q) Adult Peer Support Services</b>							
Form A1 - FY18 Amount Budgeted:	80,943	Form A1 - FY18 Projected Clients Served:	71				
Form A1 - Amount Budgeted In FY17 Area Plan	\$70,996	Form A1 - Projected Clients Served In FY17 Area Plan	62				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$17,550	Form A1 - Actual FY16 Clients Served as Reported By Locals	23		<b>Character Limit/Count</b>		
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.				2,000			
<p>CUCC currently employs 9 trained Peer Specialists which includes 7 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 7 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.</p> <p>Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties.</p> <p>Provided Directly or through Contracted Provider: Directly</p>				773			
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).				1,000			
No significant change from last fiscal year.				92			

	How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?			1,000			
	Supervision for the Peer Specialists is provided by their direct supervisor which is a masters level clinician. This is done both in a group as well as individual settings. The supervisors attended a recent training provided by DSAMH regarding Peer Supervision.			264			
	Describe any significant programmatic changes from the previous year.			400			
	There have been no significant programmatic changes from the previous year.			75			
<b>1r) Children/Youth Peer Support Services</b>							
	Form A1 - FY18 Amount Budgeted:	188,065	Form A1 - FY18 Projected Clients Served:	59			
	Form A1 - Amount Budgeted In FY17 Area Plan	\$164,286	Form A1 - Projected Clients Served In FY17 Area Plan	45			
	Form A1 - Actual FY16 Expenditures Reported by Locals	\$130,537	Form A1 - Actual FY16 Clients Served as Reported By Locals	23	<b>Character Limit/Count</b>		
	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.			2,500			
	<p>CUCC currently employs 9 trained Peer Specialists which includes 7 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 7 Family Resource Facilitators employed at CUCC provide WRAP services to families in need of additional resources to help cope with challenges.</p> <p>Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties.</p> <p>Provided Directly or through Contracted Provider: Directly</p>			614			

	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).	1,000			
	There were three part time FRF's hired through the IGP grant for School based services.	87			
	How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?	1,000			
	Supervision for the Family Resource Facilitators by their direct supervisor which is a masters level clinician. This is done both in a group as well as individual settings. The supervisors attended a recent training provided by DSAMH regarding Peer Supervision. Also Allies for Families continues to provide mentoring for the FRF's at CUCC.	342			
	Describe any significant programmatic changes from the previous year.	1,000			
	There were three FRF's hired through the IGP grant for School based services. CUCC has begun providing services in 37 new schools in the area.	142			
<b>1s) Adult Consultation &amp; Education Services</b>					
	Form A1 - FY18 Amount Budgeted:	4,800			
	Form A1 - Amount Budgeted In FY17 Area Plan	\$4,968			

	Form A1 - Actual FY16 Expenditures Reported by Locals				<b>Character Limit/Count</b>			
					2,000			
	<p>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.</p>	<p>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.</p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Directly</p>			1,969			
					1,000			
					92			
					400			

There have been no significant programmatic changes from the previous year.		77			
<b>1t) Children/Youth Consultation &amp; Education Services</b>					
Form A1 - FY18 Amount Budgeted:	5,000				
Form A1 - Amount Budgeted In FY17 Area Plan	\$4,968				
Form A1 - Actual FY16 Expenditures Reported by Locals				<b>Character Limit/Count</b>	
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.		2,500			
<p>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. <a href="#">CUCC participates in regional Systems of Care Meetings. CUCC also hosts members of Systems of Care in it Ephraim Administrative Building.</a></p> <p>Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Gunnison, and Ephraim.</p> <p>Provided Directly or through Contracted Provider: Directly</p>		2,108			
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).		1,000			

No significant change from last fiscal year.				92			
Describe any significant programmatic changes from the previous year.				1,000			
There have been no significant programmatic changes from the previous year.				77			
<b>1u) Services to Incarcerated Persons</b>							
Form A1 - FY18 Amount Budgeted:	52,000	Form A1 - FY18 Projected Clients Served:	12				
Form A1 - Amount Budgeted In FY17 Area Plan	\$61,102	Form A1 - Projected Clients Served In FY17 Area Plan	13				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$1,698	Form A1 - Actual FY16 Clients Served as Reported By Locals	6		<b>Character Limit/Count</b>		
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.				2,000			

	<p>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 DSAMH to provide services, but rather use Beer Tax and local funds for the provision of behavioral health services. Local private providers under contract provide direct behavioral health services in all jails. 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 and has made arrangements for the provision of MH and SA services, including med management. 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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly and through Contracted Providers</p>	1,882			
	<p>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).</p>	1,000			
	<p>No significant change from last fiscal year.</p>	92			
	<p>Describe any significant programmatic changes from the previous year.</p>	400			
	<p>There have been no significant programmatic changes from the previous year.</p>	77			
	<b>1v) Adult Outplacement</b>				
	Form A1 - FY18 Amount Budgeted:	53,904	Form A1 - FY18 Projected Clients Served:	5	



<b>1w) Children/Youth Outplacement</b>				<b>Character Limit/Count</b>			
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.				2,000			
<p>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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly</p>				558			
Describe any significant programmatic changes from the previous year.				1,000			
There have been no significant programmatic changes from the previous year.				77			
<b>1x) Unfunded Adult Clients</b>							
Form A1 - FY18 Amount Budgeted:	53,221	Form A1 - FY18 Projected Clients Served:	49				
Form A1 - Amount Budgeted In FY17 Area Plan	\$228,937	Form A1 - Projected Clients Served In FY17 Area Plan	190				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$217,637	Form A1 - Actual FY16 Clients Served as Reported By Locals	140				
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.				<b>Character Limit/Count</b>			
				2,000			

	<p>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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly and through contracted providers.</p>	572			
	<p>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).</p>	1,000			
	<p>CUCC had allocated extra funds last fiscal year into the unfunded population. This change is simply a reflection of the actual amount that was given for the unfunded population.</p>	179			
	<p>Describe any significant programmatic changes from the previous year.</p>	400			
	<p>There have been no significant programmatic changes from the previous year.</p>	77			

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

Form A1 - FY18 Amount Budgeted:	35,623	Form A1 - FY18 Projected Clients Served:	33				
Form A1 - Amount Budgeted In FY17 Area Plan	\$92,943	Form A1 - Projected Clients Served In FY17 Area Plan	115				
Form A1 - Actual FY16 Expenditures Reported by Locals	\$40,864	Form A1 - Actual FY16 Clients Served as Reported By Locals	26		<b>Character Limit/Count</b>		

	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.	2,500			
	<p>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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly and through contracted providers.</p>	580			
	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).	1,000			
	CUCC had allocated extra funds last fiscal year into the unfunded population. This change is simply a reflection of the actual amount that was given for the unfunded population.	179			
	Describe any significant programmatic changes from the previous year.	1,000			
	There have been no significant programmatic changes from the previous year.	77			
<b>1z) Other non-mandated Services</b>					
	Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:		
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		

	Form A1 - Actual FY16 Expenditures Reported by Locals	Form A1 - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count			
	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.			3,000			
	<p>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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly.</p>			1,611			
	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).			1,000			
	No significant change from last fiscal year.			92			
	Describe any significant programmatic changes from the previous year.			400			
	There have been no significant programmatic changes from the previous year.			77			

	<p><b>2) Client Employment</b></p>				
	<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with <b>Employment First 62A-15-105.2</b></p>	<p><b>Character Limit/Count</b></p>			
	<p>Competitive employment in the community (include both adults and transition aged youth).</p>	<p>2,000</p>			
	<p>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.</p>	<p>467</p>			
	<p>Collaborative efforts involving other community partners.</p>	<p>1,500</p>			
	<p>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.</p>	<p>612</p>			
	<p>Employment of people with lived experience as staff.</p>	<p>1,500</p>			
	<p>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.</p>	<p>546</p>			
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	<p>1,500</p>			

	CUCC currently has a total of 9 Peer specialists including 7 Family Resource Facilitators. 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.	302			
	Evidence-Based Supported Employment.	1,500			
	CUCC has not implemented Supported Employment to fidelity.	60			
	<b>3) Quality &amp; Access Improvements</b>				
	Identify process improvement activities including implementation and training of:	<b>Character Limit/Count</b>			
	Describe access and quality improvements	1,500			
	CUCC has recently opened an additional office in Gunnison. Also CUCC has increased access to Supportive Housing through the completion of a Residential Facility in Richfield.	175			
	Identify process improvement activities - Implementation	1,500			

	CUCC is working on decreasing the amount of paperwork that is required at the initial appointment.	100			
	Identify process improvement activities - Training of Evidence Based Practices	1,000			
	CUCC will be retraining on the OQ/YOQ systems. CUCC will be implementing Motivational Interviewing to fidelity this year by bringing in trainers from another agency that have been trained as Trainers. CUCC will be requiring participants to submit monthly recordings of sessions to monitor to fidelity and to improve performance.	330			
	Identify process improvement activities - Outcome Based Practices	1,000			
	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. CUCC has adopted and trained its providers on the OQ/YOQ which utilizes direct feedback into the process of treatment that has been shown to promote better outcomes.	544			
	Identify process improvement activities - Increased service capacity	1,000			

	<p>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. <a href="#">CUCC recently hired two new clinicians to expand capacity for the IGP school based grant. It still has one outstanding position to fill.</a></p>	459			
	<p>Identify process improvement activities - Increased Access for Medicaid &amp; Non-Medicaid Funded Individuals</p>	1,000			
	<p>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. <a href="#">CUCC has hired two new therapists to provide inschool services for the IGP grant. Along with this there have been three FRF's employed to meet these needs.</a></p>	554			
	<p>Identify process improvement activities - Efforts to respond to community input/need</p>	1,000			
	<p>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.</p>	857			
	<p>Identify process improvement activities - Coalition Development</p>	1,000			

	<p>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.</p>	189			
	<p>Describe how mental health needs for people in Nursing Facilities are being met in your area</p>	1,000			
	<p>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, Centerville, 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.</p>	492			
	<p>Other Quality and Access Improvements (not included above)</p>	1,000			
	<p>N/A</p>	3			
<p><b>4) Integrated Care</b></p>		<p><b>Character Limit/Count</b></p>			
	<p>Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.</p>	1,500			

	<p>CUCC has formed a strong relationship with a FQHC 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.</p>	1,481			
	<p>Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	1,500			
	<p>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 are 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. Through the assessment process, screening for health concerns and need for recovery support are assessed. This is an on-going process.</p>	1,357			
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	1,500			
	<p>Treatment plans are based upon medical necessity based upon areas of concern identified in the assessment. Where there are problem areas, including HIV, TB, Hep-C, Diabetes etc that can stand in the way of recovery, these areas are addressed accordingly. This can be through case management by making referrals to outside providers such as a Health Department or a primary care physician. It could include referrals to providers at CUCC for skills. This could include providers to address smoking cessation.</p>	1,357			
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a <b>tobacco free environment</b>. SUD Target= reduce tobacco and nicotine use by 5%.</p>	1,500			

	<p>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. CUCC recently began a new smoking cessation group for clients that are interested in the stopping the use of tobacco products. Initial results have been extremely positive.</p>	1,266			
	<p><b>5a) Children/Youth Mental Health Early Intervention</b></p>	<p><b>Character Limit/Count</b></p>			
	<p>Describe the <b>Family Resource Facilitation with Wraparound</b> activities you propose to undertake and identify where services are provided. <b>Describe how you intend to partner with other Department of Human Services child serving agencies.</b> For each service, identify whether you will provide services directly or through a contracted provider.</p>	2,500			
	<p>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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly.</p>	761			
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000			
	<p>CUCC recently hired 3 part time FRF's for the IGP grant for school based services.</p>	82			
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000			

	CUCC recently hired 3 part time FRF's for the IGP grant for school based services.	82		
	<b>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</b>	[1]	YES	Cell was locked from editing.
	<b>5b) Children/Youth Mental Health Early Intervention</b>	<b>Character Limit/Count</b>		
	Describe the <b>Mobile Crisis Team</b> activities you propose to undertake and identify where services are provided. <b>Please note the hours of operation.</b> For each service, identify whether you will provide services directly or through a contracted provider.	5,000		
	N/A	3		
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000		
	N/A	3		
	Describe any significant programmatic changes from the previous year.	1,500		

	N/A	3			
	Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000			
	N/A	3			
	<b>5c) Children/Youth Mental Health Early Intervention</b>	<b>Character Limit/Count</b>			
	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.	5,000			
	CUCC has hired two full time therapists and three part time FRF's for the provision of school based services. CUCC is now providing services in schools in all six counties. Where IGP funding has been allocated, there are a greater number of services and time available. Treatment begins with a referral from the school. The therapist and or the FRF then make contact with the parent to obtain consent to treat and obtain parental involvement in the treatment process. Services that CUCC provides individual and group work, including classroom interventions. Education for teachers and administrators are offered to help in working with students with behavioral and mental health challenges. The FRF's help to address issues and challenges in the home environment, including parental education and support in working with children and youth with behavioral and mental health challenges. Services are provided directly by CUCC.	931			
	Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000			

	CUCC recently hired 3 part time FRF's for the IGP grant for school based services.	82			
	Describe any significant programmatic changes from the previous year, including TANF. <b>(Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</b>	1,500			
	CUCC recently hired 3 part time FRF's for the IGP grant for school based services.	83			
	Describe outcomes that you will gather and report on.	1,500			
	CUCC is gathering YOQ scores, GPA, Office Disciplinary Referrals (ODR), Dibles Composit scores and/or the SAGE math, SAGE English, SAGE Science scores, for outcome reporting. The GPA, DIBLES and SAGE scores will be based upon age and school setting. For example the GPA will be for middle school and higher, the DIBLES will be for elementary school with SAGE being for multiple settings.	388			
	<b>6) Suicide Prevention, Intervention &amp; Postvention</b>	<b>Character Limit/Count</b>			
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000			

	<p>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: <a href="http://www.cucc.us/home.html">http://www.cucc.us/home.html</a> (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 occurs 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.</p>	1,609			
	<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	1,500			
	<p>CUCC then developed and implemented a Suicide Prevention Policy focused upon the tenets of Zero Suicide. It looks at specific training needs based upon the individual needs of all staff at the Center. It includes looking at community needs and educational needs. Prevention efforts include the 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 began utilizing the C-SSRS in 2015. As a result of this effort, CUCC's baseline rates of C-SSRS utilization were among the highest in the State at the time. CUCC's current rate of C-SSRS utilization at year one were at 76.1%. This was a statistically significant improvement from baseline. In the rate of same day safety planning, CUCC saw a 27% increase. This also was a statistically significant change from baseline to year one.</p>	925			
	<p>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 as specific efforts for your clients.</p>	1,500			
	<p>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.</p>	1,442			
	<p><b>7) Justice Reinvestment Initiative</b></p>	<b>Character Limit/Count</b>			
	<p>Identify the members of your local JRI implementation Team.</p>	1,500			

	<p>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&amp;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 Scott Burns (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&amp;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.</p>	1,399			
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500			
	<p><a href="#">CUCC utilizes the RANT in the identification of need of the offender.</a> In collaboration with AP&amp;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. <a href="#">All CUCC clinicians providing JRI services have been trained in the LSI tools and the interpretation of the results. Treatment planning was an important part of the training along with coordination of services with AP&amp;P and other local law enforcement including the courts.</a> 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.</p>	1,325			
	<p>Identify your proposed outcome measures.</p>	1,000			
	<p>CUCC would propose using reduced use, increased employment, less criminal justice involvement, treatment compliance and completion.</p>	131			

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Central Utah Counseling		Form B	
FY2018 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 FY2018 Revenue				
Drug Court	137,915	5,000	22,000		11,000	32,256						\$208,171				
Drug Offender Reform Act												\$0				
JRI	155,019	5,100	29,900		11,900				2,000	1,000		\$204,919				
Local Treatment Services	263,484	85,975	77,180		196,025	249,112	102,562		30,875	24,000	15,000	\$1,044,213				
Total FY2018 Substance Use Disorder Treatment Revenue	\$556,418	\$96,075	\$129,080	\$0	\$218,925	\$281,368	\$102,562	\$0	\$32,875	\$25,000	\$15,000	\$1,457,303				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	9,000											\$9,000	2	\$4,500		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)						11,233	5,000					\$16,233	7	\$2,319		
Outpatient (Methadone: ASAM I)												\$0	0	#DIV/0!		
Outpatient (Non-Methadone: ASAM I)	428,906	64,560	123,813		182,005	214,335	74,512	0	29,375	20,000	15,000	\$1,152,506	535	\$2,154		
Intensive Outpatient (ASAM II.5 or II.1)	4,312	10,025	2,867		33,420	23,800	5,050	0	3,500			\$82,974	18	\$4,610		
Recovery Support (includes housing, peer support, case management and other non-clinical )	12,000	1,050	2,400		3,500	30,000	18,000					\$66,950	95	\$705		
Other (Screening & Assessment, Drug testing, MAT)	102,200	20,440				2,000		0		5,000		\$129,640	80	\$1,621		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$556,418	\$96,075	\$129,080	\$0	\$218,925	\$281,368	\$102,562	\$0	\$32,875	\$25,000	\$15,000	\$1,457,303	737	\$1,977		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	16,673	49,572	16,974		112,534	49,221	102,562	0	9,417	7,161	4,297	\$368,411				
All Other Women (18+)	145,000	22,869	36,176		52,388	44,660		0	4,120	3,133	1,880	\$310,226				
Men (18+)	311,598	3,138	66,356		7,190	166,974		0	16,900	12,852	7,711	\$592,718				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	83,147	20,496	9,574		46,813	20,513		0	2,438	1,854	1,113	\$185,949				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$556,418	\$96,075	\$129,080	\$0	\$218,925	\$281,368	\$102,562	\$0	\$32,875	\$25,000	\$15,000	\$1,457,303				

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Central Utah Counseling.	Form B1
FY2018 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 FY2018 Expenditures		
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)		160205			\$160,205		
Intensive Outpatient (ASAM II.5 or II.1)		6900			\$6,900		
Recovery Support (includes housing, peer support, case management and other non-clinical )		6456			\$6,456		
Other (Screening & Assessment, Drug testing, MAT)		30000			\$30,000		
FY2018 DORA and Drug Court Expenditures Budget	\$0	\$203,561	\$0	\$0	\$203,561		

## FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Central Utah Counseling

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$9,000	Form B - FY18 Projected Clients Served:	2	
Form B - Amount Budgeted In FY17 Area Plan	8,000	Form B - Projected Clients Served In FY17 Area Plan	2	
Form B - Actual FY16 Expenditures Reported by Locals	8,000	Form B - Actual FY16 Clients Served as Reported By Locals	0	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
CUCC utilizes medically managed intensive inpatient detoxification in an inpatient hospital infrequently and there is little variation from year to year. 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. Clients access this level of care by calling the center for an assessment. 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. 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. Where: CUCC utilizes 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. Provided Directly and through Contracted Providers				1980
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).				2000

	No significant change from last fiscal year.				44
	Describe any significant programmatic changes from the previous year.				2000
	There have been no significant programmatic changes from the previous year.				75
	<b>2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)</b>				
	Form B - FY18 Amount Budgeted:	\$16,233	Form B - FY18 Projected Clients Served:	7	
	Form B - Amount Budgeted In FY17 Area Plan	14,176	Form B - Projected Clients Served In FY17 Area Plan	7	
	Form B - Actual FY16 Expenditures Reported by Locals	14,176	Form B - Actual FY16 Clients Served as Reported By Locals	0	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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. 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 and through Contracted Providers.</p>	1950
	<p>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).</p>	2000
	<p>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.</p>	207
	<p>Describe any significant programmatic changes from the previous year.</p>	2000

There have been no significant programmatic changes from the previous year.					75
<b>3) Outpatient (Methadone - ASAM I)</b>					
Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0		
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.					2000
<p>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.</p> <p>Where: N/A</p> <p>Provided Directly or through Contracted Provider: CUCC has no current contract nor a license to provide this type of service.</p>					754
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).					2000

No expected changes				19
Describe any significant programmatic changes from the previous year.				2000
There have been no significant programmatic changes from the previous year.				75
<b>4) Outpatient (Non-methadone – ASAM I)</b>				
Form B - FY18 Amount Budgeted:	\$1,173,033	Form B - FY18 Projected Clients Served:	535	
Form B - Amount Budgeted In FY17 Area Plan	1,113,575	Form B - Projected Clients Served In FY17 Area Plan	520	
Form B - Actual FY16 Expenditures Reported by Locals	1,164,059	Form B - Actual FY16 Clients Served as Reported By Locals	386	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>Individual, group and family counseling is provided by licensed therapists as determined by the individual's Assessment and Treatment Plan. Individual and group behavioral management is provided by appropriate licensed providers. Medication Management and consultation services are provided when indicated. 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 medical provider. 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. 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 drug users within 48 hours for interim services. Each case is reviewed by a therapist and given an appropriate appointment. Clients are made aware of a 24 hour crisis number at that time. Assessment includes looking for co-occurring or dual diagnosis. 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 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. Provided Directly at all offices.</p>	1962
	<p>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).</p>	2000
	<p>Not a significant change from last fiscal year.</p>	47
	<p>Describe any significant programmatic changes from the previous year.</p>	2000

There have been no significant programmatic changes from the previous year.				77
<b>5) Intensive Outpatient (ASAM II.5 or II.1)</b>				
Form B - FY18 Amount Budgeted:	\$82,974	Form B - FY18 Projected Clients Served:	18	
Form B - Amount Budgeted In FY17 Area Plan	89,661	Form B - Projected Clients Served In FY17 Area Plan	19	
Form B - Actual FY16 Expenditures Reported by Locals	40,654	Form B - Actual FY16 Clients Served as Reported By Locals	13	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>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. Provided Directly at Richfield, Ephraim, Nephi.</p>				1978

	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).				2000
	Not a significant change from last fiscal year.				47
	Describe any significant programmatic changes from the previous year.				2000
	There have been no significant programmatic changes from the previous year.				77
<b>6) Recovery Support Services</b>					
	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.				
	Form B - FY18 Amount Budgeted:	\$66,950	Form B - FY18 Projected Clients Served:	95	
	Form B - Amount Budgeted In FY17 Area Plan	63,136	Form B - Projected Clients Served In FY17 Area Plan	93	
	Form B - Actual FY16 Expenditures Reported by Locals	53,020	Form B - Actual FY16 Clients Served as Reported By Locals	93	<b>Character Limit/Count</b>

	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	<p>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. CUCC provides U/A's; treatment for families; including Substance abuse/recovery education programs, family treatment sessions (typically individual); Employer contacts; Daily reporting to designated monitor; Telephone reporting from job; aftercare attendance at groups; Peer support through CUCC's Peer Specialists; and 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. Medication used in MAT are reviewed with the client as a possible support to the recovery process and prescribed when indicated. Emergency services are available for crisis intervention through master's level staff 24 hours a day seven days a week. 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.</p> <p>Where: Each geographic team taking in Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly or through Contracted Provider: Directly and through informal supports</p>	1615
	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).	2000
	Not a significant change from last fiscal year.	47
	Describe any significant programmatic changes from the previous year.	2000

	There have been no significant programmatic changes from the previous year.				77
<b>7) Peer Support Services</b>					
	Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:		
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		<b>Character Limit/Count</b>
	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.				2,000
	Peer Support Services are available on every geographic team at every outpatient office. Services are available in the community as well. CUCC is utilizing the Peer Specialists primarily with the criminal justice system as a means of support and obtaining needed additional helps in the road to recovery. Services include Peer Services, Case Management, Skills, and Psychoeducational services to help with vocational enhancement. These services are provided directly by CUCC staff.				484
	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).				1,000

	Not a significant change from last fiscal year.	47
	How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?	1,000
	Supervision for the Peer Specialists is provided by their direct supervisor which is a masters level clinician. This is done both in a group as well as individual settings. The supervisors attended a recent training provided by DSAMH regarding Peer Supervision.	264
	Describe any significant programmatic changes from the previous year.	400
	There have been no significant programmatic changes from the previous year.	77

	8) Opioid Treatment and Recovery Support Formula Funds	
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> <li>1. Contract with Opioid Treatment Programs (OTP);</li> <li>2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);</li> <li>3. Provision of evidence based-behavioral therapies for individuals with OUD;</li> <li>4. Support innovative telehealth in rural and underserved areas;</li> <li>5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;</li> <li>6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;</li> <li>7. Enhance or support the provision of peer and other recovery supports.</li> </ol>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided.	2000
	<p>CUCC will enter into partnerships with local providers for the provision of prescriptions for Medication Assisted Treatment. These prescriptions will be provided to individuals identified at high risk for OUD and will be referred into CUCC for counseling or will be referred from CUCC to local providers in need of medication in conjunction with outpatient treatment. These services will be offered at local clinics, hospitals, and FQHC's including Richfield, Nephi, Mt. Pleasant, Gunnison, Bicknell, Fillmore, Delta, and Ephraim. Outpatient services will be provided at all CUCC locations including Ephraim, Gunnison, Nephi, Delta, Fillmore, Richfield, Junction and Loa. For further information on Outpatient and Intensive Outpatient services please see these sections above. For further information on Evidence Based Practices, see that section included in this Area Plan. CUCC will be having both prescribers trained to be able to prescribe Suboxone for open clients of CUCC. Currently there is only one prescriber in the six county area that has completed the required 8 hour course. CUCC will also work with Utah County who has an Addictionologist on staff. This Addictionologist will be able to provide Telehealth services in the six county area for CUCC clients.</p>	1274
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
	<p>CUCC will engage clients in the local area through working with local prescribers providing prescriptions for medications that will assist them with OUD's. Payment for meds will be contingent upon participation in outpatient treatment services both with CUCC and local providers in the area. CUCC has entered into an agreement with IHC where IHC prescribers and therapists provide outpatient treatment for the unfunded/underfunded clients in the area. CUCC's role in the program is as the fiscal agent. This has enhanced CUCC's connection with local hospitals and providers in the area. CUCC therapists were recently trained in Motivational Interviewing which has been shown to increase the engagement of clients that at times can be reluctant to fully engage in treatment.</p>	775
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000

	By increasing the number of prescribers in the area that can prescribe Suboxone from one to three will greatly increase access to needed services for the OUD population in the area. By connecting further with the other prescribers in the area that can provide other prescriptions associated with Medication Assisted Treatment (MAT) access and knowledge of the importance of MAT will increase.	392
	For each service, identify whether you will provide services directly or through a contracted provider.	2000
	CUCC will be both providing Medication Management and Outpatient treatment directly as well as through contracted providers in the area.	137
	<b>9) Quality &amp; Access Improvements</b>	
	Identify process improvement activities including implementation and training of:	<b>Character Limit/Count</b>
	Describe access and quality improvements.	2000

	<p>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.</p> <p>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.</p> <p>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.</p>	1449
	Identify process improvement activities - implementation.	2000
	<p>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</p> <p>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</p>	1447
	Identify process improvement activities - Training of Evidence Based Practices.	2000

	<p>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. CUCC is brining in Motivational Interviewing Training in April of 2017. Trainers will be brought in to help CUCC implement the use of MI along with monitoring to fidelity going foward. CUCC has implemented MRT through training provided through the DSAMH.</p>	787
	Identify process improvement activities - Outcome Based Practices.	2000
	<p>CUCC continues to utilize the OQ/YOQ measures as process tools to help facilitate positive outcomes. According to NREPP the OQ measures tool has been shown to be effective in working with the SA population. Also CUCC has begun utilizing the WHODAS 2.0. 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. It returns a score along a 100 point continuum and allows for easy tracking for outcome based monitoring. 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</p>	785
	Identify process improvement activities - Increased Service Capacity.	2000
	<p>CUCC has opened a new outpatient office in Gunnison to meet the service demand in the area.</p>	92
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000

	CUCC has opened a new outpatient office in Gunnison to meet the service demand in the area.	92
	Identify process improvement activities - Efforts to respond to community input/need.	2000
	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.	540
	Identify process improvement activities - Coalition Development	2000
	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.	250
	Other Quality and Access Improvements (not included above)	2000

	CUCC is beginning the process of looking at the initial intake paperwork required of all clients coming into services. This is in response to the NIATX walk-through conducted in FY2017. It is our desire to decrease the amount of paperwork to improve and shorten the intake process for all clients seeking services through CUCC.	329
	<b>10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility</b>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	<p>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 DSAMH to provide services, but rather use Beer Tax and local funds for the provision of behavioral health services. Local private providers under contract provide direct behavioral health services in all jails. 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 and has made arrangements for the provision of MH and SA services, including med management. 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.</p> <p>Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.</p> <p>Provided Directly and through Contracted Providers</p>	1882
	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).	2000

	No significant change from last fiscal year.	92
	Describe any significant programmatic changes from the previous year.	2000
	There have been no significant programmatic changes from the previous year.	77
	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.	2000

	CUCC does not utilize SAPT block grant dollars for the provision of services in county or State correctional facilities.	121
	<b>11) Integrated Care</b>	<b>Character Limit/Count</b>
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000
	CUCC has formed a strong relationship with a FQHC 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.	1528
	Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	2000

	<p>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 are 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. Through the assessment process, screening for health concerns and need for recovery support are assessed. This is an on-going process.</p>	1357
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000
	<p>Treatment plans are based upon medical necessity based upon areas of concern identified in the assessment. Where there are problem areas, including HIV, TB, Hep-C, Diabetes etc that can stand in the way of recovery, these areas are addressed accordingly. This can be through case management by making referrals to outside providers such as a Health Department or a primary care physician. It could include referrals to providers at CUCC for skills. This could include providers to address smoking cessation.</p>	510
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a <b>tobacco free environment</b>. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000

		<p>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. CUCC recently began a new smoking cessation group for clients that are interested in the stopping the use of tobacco products. Initial results have been extremely positive.</p>							1266	
		<b>12) Women's Treatment</b>								
		Form B - FY18 Amount Budgeted:	\$678,636							
		Form B - Amount Budgeted In FY17 Area Plan	614,521							
		Form B - Actual FY16 Expenditures Reported by Locals	695,680							<b>Character Limit/Count</b>
		Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.								2000
		<p>CUCC offers OQ, MRT, Seeking Safety, EMDR, Life in Balance, and Team Solutions and Solutions for Welness as the evidence-based services. Woman's specific programming takes place in the Richfield and Sanpete teams. Woman specific groups dealing with issues of abuse, trauma etc. are explored. CUCC has a SSW who participates in the woman's specific treatment/training meetings provided by the state. CUCC provides these services directly. In each of the offices gender specific consideration is given to each client seeking services along with Trauma Informed care. Each clinician considers these issues when creating a treatment plan for clients seeking services. If a client requests a specific gender for their therapist these requests are granted with very few exceptions. With the service provider who participates in woman's specific treatment and training, a focus on trauma informed care is being adopted through formal and informal trainings provided. Psychoeducational services are offered to help address needed vocational skills. Case management and Peer Services are offered to address clinically relevent challenges that are common to women moving towards recovery.</p>								1187
		Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.								2000

	<p>In the assessment for the client, each child is considered and needs are assessed including developmental needs, educational needs, potential for abuse including physical, sexual and emotional neglect. Included is assessing the potential for substance use. Efforts are made to include DCFS in regular staff meetings to address issues with common clients needing additional supervision and coordination between agencies. These meetings have proven extremely helpful in addressing issues quickly before they become bigger. Children in these situations often become clients and services are coordinated to prevent additional burdens by the client to have to make multiple trips. Client transportation can and often is provided in situations where the client simply cannot find means to attend regular therapy sessions. Services for the youth and children included individual therapy, skills development, medication management, case management and FRF related services.</p>	969
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000
	<p>Following the assessment, Childcare and transportation needs are addressed. Transportation can be provided when clients do not have access to transportation. Client reimbursement for transportation can be made depending upon the specific situation. Child care is addressed in a case by case basis. If the client's children are open clients coordination is made to schedule appointments so as to create the least burden for the client while meeting the clinical needs of both the mother and children simultaneously. In cases where the children are not clients, CUCC facilities have been arranged to allow for supervision of the children in a play area while the mother receives needed services.</p>	693
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>There was not a significant change from last fiscal year.</p>	57

	<b>13) Adolescent (Youth) Treatment</b>							
	Form B - FY18 Amount Budgeted:	\$185,949						
	Form B - Amount Budgeted In FY17 Area Plan	186,153						
	Form B - Actual FY16 Expenditures Reported by Locals	213,235						<b>Character Limit/Count</b>
	Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.							2000
	CUCC provides the following EBP's: CAMS, C-SSRS, DBT, EMDR, Med Man, MI, MRT, YOQ, Seeking Safety, TF-CBT, and Team Solutions and Solutions for Wellness. CUCC's plan to address the 10 key elements is: (1): CUCC screens and assesses all clients accessing services. (2): CUCC completes a comprehensive assessment that includes MH needs. All treatment is holistic and addresses both SA/MH challenges. (3): CUCC attempts to address all issues youth face, not just the SA use issues. (4): All staff have been trained in developmental issues. Treatment is designed considering chronological, developmental age, and accompanying issues. (5): Family involvement is vital for addressing issues. Family sessions are a common part of adolescent treatment. (6): Providers are trained and will be trained to fidelity in Motivational Interviewing in April. Getting family involvement, especially parental involvement is vital in client retention. (7): All staff have been specifically trained in substance abuse treatment. All staff is given an annual conference budget that allows for continued staff development. When deficiencies are identified, CUCC arranges for specific training as seen by upcoming MI training. (8): Clients are offered helps throughout treatment to address challenges including case management for school and family based issues. Following completion of treatment, clients have continued access to treatment and treatment providers through follow up appointments and the afterhour's emergency number. (9): CUCC staff training focuses upon meeting the individual needs of the client. (10): CUCC utilizes the WHODAS 2.0 and the YOQ for monitoring of outcomes. An initial WHODAS score and follow up scores every 6 months are completed. The YOQ is administered every individual therapy session.							1802
	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).							2000

	There was not a significant change from last fiscal year.				57
	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.				2000
	There was not a significant change from last fiscal year. CUCC works closely with DCFS and often has local case workers and or supervisors attend regular staff meetings to collaborate of shared cases. These have proven highly effective. CUCC works with two different regions associated with Systems of Care. CUCC staff regularly attend these monthly meetings. CUCC has also provided office space for the Regional Coordinator housed in Ephraim along with the Care Coordinator which will greatly enhance CUCC's ability to coordinate care with SOC. CUCC works closely with DSPD and their group homes in the area. CUCC provides care and medication management for DSPD clients that have co-occurring mental health concerns. CUCC works closely with JJS and Juvenile courts through FRF's, case managers and the individual therapist coordinating care.				849
	<b>14) Drug Court</b>				
	Form B - FY17 Amount Budgeted: Felony		Form B - FY18 Amount Budgeted: Felony	\$192,561	
	Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.		
	Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile		
	Form B - FY17 Recovery Support Budgeted		Form B - FY18 Recovery Support Budgeted		<b>Character Limit/Count</b>
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000

	<p>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.</p>	523
	<p>Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>Individual, group and family counseling is provided by licensed therapists for 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. Medication management is offered when indicated. 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 and coordination of 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. Crisis services are made available for all participants. Assessment for co-occurring conditions is completed. In the assessment 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. 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). Provided directly except for UA lab work.</p>	1979
	<p>Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).</p>	2000

	<p>CUCC allows for the use of Medication Assisted Treatment (MAT) in all of its Drug Court Programs. There are a few local physicians that will prescribe medication to assist with cravings etc that CUCC will work closely with to coordinate treatment services. Prescribers at CUCC can also offer MAT and have historically prescribed Naloxone, Vivitrol, and Antabuse. Neither of CUCC's prescribers has completed the required 8 hour training to enable the prescription of Suboxone, but a local physician, (Dr. Gary Cole) provides these when indicated. These services are provided directly by CUCC.</p>	592
	<p>Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)</p>	2000
	<p>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 <a href="#">as established by DSAMH</a>. 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.</p> <p>Where: Drug testing services are offered in Ephraim, Gunnison, Nephi, Fillmore, Delta, Richfield, Junction, and Loa.</p> <p>Provided Directly or through Contracted Provider: Directly</p>	1091
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000

	<p>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.</p>	255
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>There was not a significant change from last fiscal year.</p>	57
	<p>Describe the Recovery Support Services you will provide with Drug Court RSS funding.</p>	2000
	<p>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.</p>	420

15) Justice Reinvestment Initiative					Character Limit/Count
	Form B - FY17 Amount Budgeted:	162,085	Form B - FY18 Amount Budgeted:	\$155,019	
	Identify the members of your local JRI Implementation Team.				2000
	<p>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&amp;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 Scott Burns (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&amp;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.</p>				1399
	Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.				2000
	<p><b>CUCC utilizes the RANT in the identification of need of the offender.</b> In collaboration with AP&amp;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. <b>All CUCC clinicians providing JRI services have been trained in the LSI tools and the interpretation of the results. Treatment planning was an important part of the training along with coordination of services with AP&amp;P and other local law enforcement including the courts.</b> 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.</p>				1373
	Identify training and/or technical assistance needs.				2000

	<p>The MRT training that has been offered has been extremely helpful. Additional training would be great to expand the number of MRT providers would be helpful. Also specific CBT training would be helpful in working with the criminal population. CUCC will be undertaking to train the majority of all clinicians in Motivational Interviewing and will be establishing fidelity protocols. The training for the LSRNR was helpful to gain an understanding of the tool. This was brought back to the Center and all JRI providers were trained in the interpretation of the instruments and risk scores.</p>	592
<b>16) Drug Offender Reform Act</b>		
<p>In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:</p>		
Form B - FY18 Amount Budgeted:	N/A	
Form B - Amount Budgeted In FY17 Area Plan		
Form B - Actual FY16 Expenditures Reported by Locals		<b>Character Limit/Count</b>
<p><b>Local DORA Planning and Implementation Team:</b> 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&amp;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.</p>		2000
N/A		3

	<p><b>Individuals Served in DORA-Funded Treatment:</b> How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	2000
	N/A	3
	<p><b>Continuum of Treatment Services:</b> Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2018, 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.</p>	2000
	N/A	3
	<p><b>Evidence Based Treatment:</b> Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.</p>	2000

	N/A	
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FY18 Substance Abuse Prevention Area Plan & Budget													Local Authority: Central Utah Counseling		Form C	
		State Funds		County Funds												
FY2018 Substance Abuse Prevention 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 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 FY2018 Revenue				
FY2018 Substance Abuse Prevention Revenue						161,800	17,000				18,000	\$196,800				
		State Funds		County Funds												
FY2018 Substance Abuse Prevention Expenditures Budget	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 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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures		
Universal Direct						56,783					4,000		\$60,783			
Universal Indirect						73,693	17,000				5,000		\$95,693			
Selective Services						22,248					18,000		\$40,248			
Indicated Services						9,076					986		\$10,062			
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$161,800	\$17,000	\$0	\$0	\$0	\$27,986	\$0	\$206,786	\$0		
		State Funds		County Funds												
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total									
Primary Prevention Expenditures	\$72,580.00	\$43,538.00	\$20,324.00	\$11,364.00	\$53,218.00	\$5,762.00	\$206,786									

**FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE**

Local Authority:

The next sections help you create an overview of the *entire* plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

**Executive Summary**

In this section, *please write an overview or executive summary of the entire plan*. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a *brief* but informative overview that you could share with key stakeholders.

**Character  
Limit/Count**

**3,500**

	<p>Central Utah Counseling’s strategic plan for FY2018 focuses largely on the community prevention coalitions within each of the six counties (Juab, Millard, Wayne, Piute, Sevier and Sanpete) working to cultivate healthy behaviors in collaboration with community agencies and partners.</p> <p>Central Utah Counseling assists each coalition; JUMP (Juab Unties Motivating Prevention), East Millard Prevention Coalition, Delta Community First, Sanpete LIC, Central Utah Prevention Coalition, Wayne YCC (Youth Coordinating Committee), Piute YCC and Sevier YCC; utilizing the Strategic Prevention Framework (SPF). Each coalition is committed to the prevention of substance abuse and suicide prevention.</p> <p>Central Utah’s coalitions are guided in prevention efforts by data specific to each area. Central Utah Counseling Prevention Specialists are working to complete a Community Needs Assessment, with a goal that it be completed by August 2017 in Juab and Sevier Counties. Meanwhile, we continue to assess data available in each area using the Student Health and Risk Prevention survey for all counties with the exception of Juab and Tintic School Districts, which do not participate. Other data also used, where available, is the Community Health Needs Assessment, and other death and injury reports. With the help of the SHARPs and other data, risk and protective factors have been or will be determined with the prioritized problem behavior, by workgroups for each area.</p> <p>To address risk and protective factors contributing to the problem behaviors some gaps in services have been identified, such as, the need for Hope Squad in Manti and Youth Courts in Millard.</p> <p>According to the data specific to each area, plans previously written by Sharon Lopez and Gay Hansen are being reviewed and/or developed and will be written with the help of Gay Hansen and Ashlee Gleeve, prevention specialists for Central Utah Counseling; with assistance from contributors consisting of local hospital, school, law enforcement, county health department, county extension, domestic violence advocates, etc., from our coalitions.</p> <p>Strategies that have already been identified and implemented throughout Central Utah to impact the factors related to substance abuse and depressive symptoms are: Guiding Good Choices, Strengthening Families, Hope Squads, Love &amp; Logic, Why Try, Prime for Life, Parents Empowered, Prevention Dimensions, Ending Nicotine Dependence, QPR (teen and adult), and Mental Health First Aid (teen and adult).</p> <p>Evaluation of each program offered by Central Utah Counseling for fidelity and success continues through pre and post tests and updated personal training of our facilitators for certification in the strategies offered to better serve the needs within six counties.</p>	2769
1)	<b>Assessment</b>	
	Example:	
	<p>The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.</p>	<b>Character Limit/Count</b>

	<p><b>Things to Consider/Include:</b> Methodology/what resources did you look at? What did it tell you? Who was involved in looking at data? How did you come up with the prioritization? Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.</p>	1,000,000
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Central Utah Counseling continues to collect and analyze data and complete community readiness surveys to address prioritized risk and protective factors. Assessment within Central Utah Counseling and within each area's coalitions is ongoing, reviewing programs, policies and resources, identify gaps in resources to provide the coalitions it serves with evidence based prevention programs, trainings, and services to support community needs.

Training for Prime for Life and Ending Nicotine Dependence for our recently added prevention specialist has taken place. Other trainings needed for prevention specialists and coalition partners include the Substance Abuse Prevention Specialists Training, Utah Prevention Coalition Association Summit, Community Anti-Drug Coalitions of America Academy, and Fall Substance Abuse Conference. We are also assessing the need to have training in Guiding Good Choices to fill a gap for Sevier, Wayne and Piute areas (all other areas are currently offering Guiding Good Choices).

Juab Unites Motivating Prevention, JUMP, created a workgroup consisting of Celeste Robinson, Nick Stewart, Laurie Bates, Robert Shroud, Alicen Allred, and Gay Hansen, who met Nov. 29, 2016 to assess the data available. Using the 2013 Community Health Needs Assessment, 2016 Community Family Night Out surveys, and other school and community data, smoking use was identified as the prioritized problem. This information was presented to the JUMP coalition Dec. 4, 2016. Youth in attendance included Juab High School Governing Youth Council and Hope Squad. Evaluation and Strategies were discussed. Youth also informed us of the high use of marijuana, of which we currently have no data. Counselors from Juab High School also confirmed the marijuana problems effecting attendance, rebelliousness, and lack of attention to education and future success for many students. Using the "Why?", "But why here?" model from SPF, Parental attitudes, involvement in the problem behavior and friends who engage in the problem behavior were identified as risk factors. Ongoing resources include Ending Nicotine Dependence, Youth Court, school health education, and Guiding Good Choices. Strategies to educate parents, youth, and community were discussed and resources would be available at our Community Family Night Out to be held in April 2017 (which was attended by nearly 700). JUMP continues to build capacity through coalition education & training to move community readiness to support participation in the SHARPS.

Sanpete County LIC just started working on their vision and mission statements, and workgroups for reviewing assessments. They continue to look at their SHARPS data divided by North and South Sanpete as they evaluate the risk and protective factors. However, both had identified depressive symptoms and early initiation of antisocial behavior as prioritized risks over the past couple of years. QPR (Question, Persuade, Refer) was presented to Gunnison Jr., Manti High School Students, parents, and North Sanpete Staff. North Sanpete held a Hawk Strong Community Night in November 2016 to address depressive symptoms, suicide and early initiation of antisocial behavior which was attended by 350. Already in place in the communities is NAMI, QPR (Question, Persuade, Refer), MHFA (Mental Health First Aid), and Hope Squad in North Sanpete, with Hope Squad being identified as a gap in services for South Sanpete.

Sharon Lopez and Gay Hansen reviewed Sevier County's SHARPS data which revealed depressive symptoms and parental attitudes favorable to ASB. Services already being offered are END, Hope Squads, GYC, QPR, MHFA, and Prevention Dimensions. We continue to educate and encourage using the SPF/CTC (Strategic Prevention Framework/Communities that Care) models for this coalition. The Strategic Prevention Framework model for coalitions was presented to the coalitions in Sevier in Apr. 2017. They were receptive to use SPF to drive the prevention efforts. Due to the problems involving sexting and suicide in this area the coalition is collaborating with the Sevier School District in school and parent education which will take place in May 2016.

Wayne County YCC (Youth Coordinating Committee) was assessed by Sharon Lopez with the SHARPs (Student Health and Risk Prevention) data. Parental attitudes favorable to anti-social behavior and early initiation of anti-social behavior were prioritized as the risk factors which will drive the continued efforts for END, Prevention Dimensions, Connect Prevention, MHFA and QPR.

Piute County YCC (Youth Coordinating Committee) assessment by Sharon Lopez using the SHARPS data. Prioritized risks in this community were early initiation of ASB and depressive symptoms. Again, MHFA and QPR along with other preventative measures are being provided to the community, schools and families. They are working on creating a youth court.

Millard County is divided by West (Delta Community First Coalition) and East (East Millard Prevention Coalition). Delta Community First Coalition: assessment completed by Darla Ewart and Pam Goodrich using the SHARPS data, grades and attendance records, free and reduced lunch data, and student and parent surveys. Prioritized risks were identified as lack of commitment to school and depressive symptoms. This information was presented to the coalition board of directors. Why Try was implemented and is used to fidelity in the after school program. Delta Youth Activity Center which provides life skills, prevention, and tutoring for youth Monday thru Thursday. Staff

2)	<b>Capacity Building</b>	
	Example:	
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	<b>Character Limit/Count</b>
	<b>Things to Consider/Include:</b> Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)	1,000,000
	<p>Central Utah Counseling continues to build capacity within each community throughout the six county area to strengthen sustainable support for prioritized prevention programs and interventions.</p> <p>Central Utah Counseling will complete the Community Readiness Survey for Juab and Sevier and value continued coordination with other agencies in each community to further build capacity for implementing prevention strategies and programs.</p> <p>CUC will continue to bring community partners, stakeholders, and youth together to participate in the Strategic Prevention Framework coalition process; increasing awareness, developing new partnerships, collaborating on common strategies, providing resources, being data driven to measure outcomes, and invite participation and views in decision making to secure united prevention efforts. Training specific to the SPF process has recently taken place in Sanpete and Sevier counties. SPF was well received and coalition members agreed to use this model to increasing their prevention efforts.</p> <p>Central Utah Counseling will encourage and provide training to increase knowledge and skills among community partners with additional Strategic Prevention Framework process with training opportunities to attend Utah Prevention Coalition Summit, Fall Substance Abuse Conference, Substance Abuse Prevention Specialists Training, and other prevention webinars throughout FY2018 -2020.</p> <p>CUC will continue to build capacity within each coalition using the SPF process.</p>	1499
3)	<b>Planning</b>	
	Example:	
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.	

	<p><b>Things to Consider/Include:</b>  Write in a logical format or In a narrative. Logical Format is:  Goal: 1  Objective: 1.1  Measures/outcomes  Strategies:  Timeline:  Responsible/Collaboration:</p>	<p><b>Character Limit/Count</b></p>
	<p>What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?  What agencies and/or people assisted with this plan?</p>	<p>1,000,000</p>

Central Utah Counseling continues to prioritize underage drinking and suicide. The plan was written by Sharon Lopez and Gay Hansen after evaluating the Central Utah 2013 SHARPs data and assessing the risk and protective factors.

Each coalition throughout Central Utah's six counties collaborate with CUC's efforts and lend support to address the risk and protective factors associated with underage drinking and suicide. Contributing members include local school districts, law enforcement, mental health & substance abuse agency, public health, school board, hospital, domestic violence, private business, parents, etc. These coalitions vary in the following: Juab's includes the mayor of Nephi, a commissioner, and active GYC & Hope Squad youth. Delta's has a commissioner. Fillmore has a retired senator from Colorado and active youth members.

Central Utah Counseling (six counties):

Problem Behavior: Underage drinking

- Risk & Protective Factor: Parental attitudes favorable to anti-social behavior
  - o Program 1: Guiding Good Choices, 7 Cycles, goal to provide training to 50 families
  - o Program 2: Prime for Life, 6 cycles, anticipate serving 30 people
  - o Program 3: Parents Empowered, community events, goal to reach 5000 attendees
  - o Program 4: Easy Compliance Checks, Juab & Sevier, goal to do checks 2 times each in Juab and Sevier
  - o Program 5: Ending Nicotine Dependence, as requested for youth and adults, goal to run 5+ cycles

Problem Behavior: Suicide

- Risk & Protective Factor: Depressive symptoms
  - o Program 1: Guiding Good Choices; 7 Cycles, goal to provide training to 50 families
  - o Program 2: Hope Squads; Support & encourage one at each Jr & High school, goal to have 10 squads in operation
  - o Program 3: Question, Persuade, Refer; 5 courses, goal to provide training to 45
  - o Program 4: Mental Health First Aid; 4 courses, goal to provide training to 25

Each coalition identified problems, or are in the process of assessment, using data collected from their specific community to prioritize risk and protective factors. The above services provided by CUC are implemented to assist and address community needs.

- JUMP: Working to build capacity through training, involve key community leaders, and community readiness to gain reliable data to assess community problems.
- East Millard Prevention Coalition: Family management, depressive symptoms, and academic failure. The prioritized problem behavior is underage drinking.
- Delta Community First Coalition: Low neighborhood attachment, availability of guns, family history of Anti-social behavior, depressive symptoms, low commitment to schools. Prioritized problem behavior is underage drinking.
- North Sanpete: Low neighborhood attachment, family conflict, low commitment to schools, early initiation of anti-social behaviors, depressive symptoms. Prioritized problem behavior in underage drinking and suicide.
- South Sanpete: Depressive symptoms and early initiation of anti-social behavior. Prioritized problem behavior is underage drinking and suicide.
- Sevier County: Depressive symptoms and parental attitudes favorable to anti-social behavior.
- Wayne County: Parental attitudes favorable to anti-social behavior and depressive symptoms.
- Piute: Early initiation of anti-social behavior and depressive symptoms.

4) **Implementation**

Example:

	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.	<b>Character Limit/Count</b>
	<p><b>Things to Consider/Include:</b></p> <p>Please outline who or which agency will implement activities/programming identified in the plan.  Provide details on target population, where programming will be implemented (communities, schools). How many sessions?  **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).</p>	1,000,000
	<p>The following evidence based prevention strategies were selected to impact the factors and negative outcomes related to substance abuse and suicide and will be implemented as follows:</p> <ul style="list-style-type: none"> <li>•Community Coalitions impacting youth and adults in the six county area</li> <li>•Guiding Good Choices with 2 sessions yearly in Delta, Nephi, and Fillmore; 1 session yearly in Ephraim to help with parents identified by courts, DCFS, and Family Recourse Facilitators, also open to any community member.</li> <li>•Ending Nicotine Dependence in collaboration with the Health Dept., Central Utah Counseling will provide adult and youth tobacco cessation with 4 rounds a year or more as interested citizens make requests or youth are referred.</li> <li>•Prime for Life will be held every 6 months in Ephraim, Fillmore, Delta, and Nephi as needed.</li> <li>•Parents Empowered messaging and materials will be used at community events, health fairs, etc.</li> <li>•EASY compliance checks discussed in detail with Juab and Sevier law enforcement agencies and encouragement to complete them will continue</li> <li>•Hope Squad for Jr. high and high school students</li> <li>•QPR Teen for Hope Squads, QPR Adult for community members</li> <li>•MHFA will be offered 3 times</li> <li>•Connect will be held and offered upon request.</li> <li>•PFS funds will help with youth retreats and trainings, coalition members trainings and conferences, to build capacity for community coalitions and teach skills in prevention.</li> </ul>	1426
5)	<b>Evaluation</b>	
	Example:	
	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	<b>Character Limit/Count</b>
	<p><b>Things to Consider/Include:</b></p> <p>What do you do to ensure that the programming offered is</p> <ol style="list-style-type: none"> <li>1) implemented with fidelity</li> <li>2) appropriate and effective for the community</li> <li>3) seeing changes in factors and outcomes</li> </ol>	1,000,000

Process of Central Utah Counseling's evaluation begins by evaluating evidence based strategies that demonstrate needed results to address prioritized risk and protective factors. To insure that they are implemented with fidelity those who will be providing the programs are trained and certified. We co-facilitate newly trained instructors with others who are trained and proficient in that program, whenever possible. Before and after surveys are conducted, reviewed, and evaluated. We insure that persons providing prevention programs keep current in recertifying and use the required materials for each. Reviewing programs to make sure that they have been proven to be effective for both the population/community, and that they target the prioritized community risk factors, producing desired outcomes. We follow up our efforts with evaluating both failures and successes, and evaluate data to make needed improvements or adjustments. We also ensure that prevention staff get needed training in NPN, Utah Prevention Coalition Summit, Utah Fall Substance Abuse Conference, webinars, SAPTS, etc.

1096

6) Attach Logic Models for each program or strategy.

**Logic Model 1**

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Hope Squads				Yes	
Agency		Tier Level:			
Central Utah Counseling		N/A			
			Focus Population: U/S/I		Outcomes
	Goal	Factors	Universal/Selective/Indicated	Strategies	Short      Long

			Reduce lifetime alcohol use in all grades 6-12	*Early Initiation of ASB	Grades 6-12 school-based peer support program empowering students to take action to improve the school environment within Delta High School, Millard High School, North Sanpete Jr. High & High School, Richfield High School.	Trusted school peer leadership teams and staff will be trained to recognize suicide warning signs and emerging mental health disorders. Build positive supportive relationships among peers, Central Utah Counseling and community coalitions, reducing stigmas and creating awareness of tools available to prevent suicide.	Reduce early initiation of ASB from 25.2 in 2015 to 24.2 in 2017 & 23.2 in 2019.	Reduce lifetime alcohol use in all grades 6-12 from 16.3 in 2015, 16.0 in 2017, 15.75 in 2019, and 15.0 in 2021.	
	Logic								
	Measures & Sources	CU SHARPS 2015; 17; 19; 21	CU SHARPS 2015; 2017	School Districts with Hope Squads; Sevier, N. Sanpete, & Millard.	Schools with Hope Squads established in Central Utah	Central Utah SHARPS 2015; 2017	Central Utah SHARPS 2015; 17; 19; 21		

## Logic Model 2

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Guiding Good Choices					Yes	
Agency			Tier Level:			
Central Utah Counseling			4			
			Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal/Selective/Indicated	Strategies	Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	*Poor Family Management	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 (up to 2 yearly determined by participants) will be offered in Delta, Fillmore, & Sanpete. Estimated attendance in each class is 6 – 15 adults and children	Guiding Good Choices will be offered in Juab, Millard & Sanpete Counties (which show 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.	Poor family management will indicate improvement <ul style="list-style-type: none"> <li>• GGC post-tests of 15% improvement over pre-tests</li> <li>• Poor family management will decrease from 29.0 in 2015 to 28.5 in 2017 to 28.0 in 2019</li> </ul>	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019 and 5.5 in 2021

	Measures & Sources	SHARPS 2013; 15;17;19, 21	Pre/post GGC surveys  SHARPS 15, 17, 19	Program Attendance Records	Program Participation Records/Referrals	GGC Pre/post surveys; SHARPS 2015, 17, 19	SHARPS 2013, 15;17;19, 21
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**Logic Model 3**

Program Name		Cost to Run Program		Evidence Based: Yes or No	
END - Ending Nicotine Dependence - smoking cessation				Yes	
Agency		Tier Level:			
Central Utah Counseling		2			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes
			<b>Universal/Selective/Indicated</b>		Short      Long

	Logic	Reduce 30 day cigarette use in grades 6 through 12. Juab: Reduce regularly smoking population.	Early Initiation of ASB Juab: Percentage of regularly smoking population (Parental Attitudes favorable to ASB).	Youth referred by schools, courts and/or families or self-referred who are exhibiting problem behavior. Estimated number for participants is 10.	Instructors will offer END (Ending Nicotine Dependence) and provide upon request.	Reduce early Initiation of ASB in 2013 grade 6 to 12 from 28.6% to 27.6% by 2015. Reduce regularly smoking population from 12.30% which indicates favorable parental attitudes to ASB (2016 CHNA does not give a summary of smoking population)	Reduce 30 day cigarette use in 2013 grade 6 through 12 from 3.3%; (2015 2.6); to 2.3% in 2017; and 2.0 in 2019. Juab: Reduce population regularly smoking from 12.30% (2016 in regards to previous column) to 11.0% in 2019 and 10.5% in 2022
	Measures & Sources	SHARPS 2013; 15;17;19 CVMC CHNA 2013	SHARPS 2013; 15;17;19 Attendance Records CVMC CHNA 2013	Program Attendance Records	Program Participation Records/Referrals Post/Pre Surveys	SHARPS 2013; 15;17;19 CVMC CHNA 2013	SHARPS 2013, 15;17;19 CVMC CHNA 2013, 2019, 2022
	<b>Logic Model 4</b>						
	Program Name			Cost to Run Program		Evidence Based: Yes or No	
	Media Campaigns/Collaboration					Yes	
	Agency			Tier Level:			
	Central Utah Counseling			3 Parents Empowered			
				Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal/Selective/Indicated		Strategies	Short	Long



**Logic Model 5**

	Program Name			Cost to Run Program		Evidence Based: Yes or No		
	Community Coalitions					Yes		
	Agency			Tier Level:				
	Central Utah Counseling			3				
				Focus Population: U/S/I			Outcomes	
		Goal	Factors	<b>Universal/Selective/Indicated</b>		Strategies	Short	Long

	<p><b>Juab:</b> Opioid deaths</p> <p><b>Sanpete:</b> Lifetime alcohol use</p> <p><b>Sevier Central Utah Prevention Coalition:</b> Lifetime alcohol use</p> <p><b>Wayne:</b> Lifetime alcohol use &amp; e-cigarette use</p> <p><b>Piute:</b> Lifetime e-cigarette use &amp; alcohol use</p> <p><b>East Millard Prevention Coalition:</b> Lifetime alcohol use</p> <p><b>Delta First Coalition:</b> Lifetime alcohol use</p>	<p><b>Juab:</b> capacity building training and readiness</p> <p><b>Sanpete:</b> Early initiation of ASB</p> <p><b>Sevier:</b> Parental attitudes favorable to ASB</p> <p><b>Seviere:</b> Parental attitudes favorable to ASB.</p> <p><b>Wayne:</b> Capacity training and readiness to address parental attitudes favorable to ASB and Early initiation of ASB</p> <p><b>Piute:</b> Capacity training and readiness to address early Initiation of ASB &amp; Depressive symptoms</p> <p><b>Delta First Coalition:</b> Lack of commitment to school.</p> <p><b>East Millard Prevention Coalition:</b> Parental attitudes favorable to ASB</p>	<p>Local organizations, key community leaders, and agencies participate in coalitions within the communities of Central Utah. Coalition participation is open to community members of all socio-economic and ethnic backgrounds. Existing Coalitions include Delta Community First, Sanpete LIC, Central Utah Prevention Coalition, Juab Coalition, Youth Coordinating Councils in Sevier, Sanpete, Millard. An estimate total of participants in above coalitions/LIC and YCC is 100.</p>	<p>*Existing coalitions will receive training as needed or upon request in the SPF and/or CTC model of prevention to better help them identify and plan strategies for local issues.</p> <p>*Hold trainings and provide training.</p> <p>*Complete and/or update Community Readiness Survey and Resource Assessment.</p>	<p>Juab: focus on capacity building through readiness, encouraging SHARPs for viable data &amp; reduce smoking rates from 12.3 in 2013 to 11.33 (data not addressed in the CHNA 2016) 11.0 in 2019, CFNO to address SDS &amp; target 7th grade students &amp; families for GGC</p> <p>Sanpete: Reduce early initiation of ASB from 24.5 in 2015 to 22.5 in 2016.</p> <p>Sevier: Reduce parental attitudes favorable to ASB from 27.2 in 2015 to 26.7 in 2017 to 26.2 in 2017.</p> <p>WAYNE: Coalition readiness training to build capacity to address problems, ie; parental attitudes favorable to ASB from 35.9 in 2015 to 35.4 in 2017 to 34.9 in 2017. thru</p>	<p>JUAB: Reduce Opioid deaths from 26.57 per 100,000 in 14-15 to 22.5 in 2017-18 to 20.5 in 2019-20.</p> <p>SANPETE: Reduce lifetime alcohol use from 21.5 in 2015 to 20. in 2017 to 19.5 in 2019 and 18 in 2021.</p> <p>SEVIER: Reduce lifetime alcohol use from 20.1 in 2015 to 19.5 in 2017 to 19. in 2019 and 18.5 in 2021.</p> <p>WAYNE: working with this coalition to address this; Lifetime alcohol use from 7.4 in 2015 to 7.0 in 2017 to 6.5 in 2019 and 6.0 in 2021.</p> <p>PIUTE: working w/coalition to address lifetime alcohol use from 13.4 in 2015 to 13.0 in 2017 to 12.5 in 2017 to 12 in 2019.</p> <p>EAST MILLARD PREVENTION COALITION: Reduce lifetime alcohol use</p>	
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	Measures & Sources	CHNA CVMC 2013, 16, 19, 22 SHARPS 2013; 15;17;19  Opioid Misuse & Abuse Needs Assessment 4/2017	CHNA CVMC 2013, Youth Focus Groups/Youth Coalition members, SHARPS 2015	Coalition rolls and key leader survey results, meeting minutes and attendance rosters.	Coalition agenda, minutes/attendance roster, continued trainings	CHNA CVMC 2013, Youth Focus Groups/Youth Coalition members, SHARPS 2015	SHARPS 2013, 15;17;19 Opioid Misuse & Abuse Needs Assessment 4/2017		
	<b>Logic Model 6</b>								
	Program Name				Cost to Run Program		Evidence Based: Yes or No		
	EASY Compliance Checks						Yes		
	Agency				Tier Level:				
	Central Utah Counseling				3				
				Focus Population: U/S/I			Outcomes		
		Goal	Factors	Universal/ <b>Selective</b> /Indicated		Strategies	Short	Long	
Logic		Reduce 30 day alcohol use in grades 6 through 12	Reduce perceived availability of alcohol/drugs	Collaboration with law enforcement reporting of compliance checks target clerks and cashiers in off premise beer product retail outlets. Collaboration of EASY training and follow-up with law enforcement agencies within the Six Counties of Central Utah. Estimate number to be trained 20.		*Encourage through collaboration with local law enforcement agencies to have them support education of the EASY program; help facilitate EASY training. *Reduce retail availability of alcohol products to youth.	Reduce perceived availability of alcohol in grades 6 to 12 from 21.7% in 2013 to 20.3% by 2015 to 19.7 in 2017	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019 to 5.8 by 2021	

Measures & Sources	SHARPS 2013; 15;17;19	SHARPS 2013; 15	Law Enforcement EASY training dates, participation and Annual Report	Law Enforcement EASY Training Reports	SHARPS 2013; 15: 17 Parents Empowered Annual Report 2014	SHARPS 2013, 15;17;19 Parents Empowered Annual Report 2019; 21
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### Logic Model 7

Program Name	Cost to Run Program	Evidence Based: Yes or No
Prime for Life (PRI) Adult DUI Psychoeducational		Yes
Agency	Tier Level:	
Central Utah Counseling	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/ <b>Indicated</b>		Short	Long
Logic	Reduce Binge Drinking	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.	Attitudes favorable to drug use will decrease with increased understanding about high low risk drug choices. Post-test will show an increased understanding at 20% higher than Pre-test.	Reduce Age-adjusted, Binge Drinking from 43.3 in 2015 to 41.0 in 2019 40.0 in 2021

Measures & Sources	BRFSS/IBIS 2015 Central Utah	Pre/Post test	Participant request for services/referrals & Attendance.	Pre/Post tests, PRI Workbooks, use of curriculum to fidelity	Pre/Post test	IBIS: 2015, 2019, 2021 Central Utah
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### Logic Model 8

Program Name	Cost to Run Program	Evidence Based: Yes or No
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Prime for Life (PRI) 18 -21					Yes	
Agency			Tier Level:			
Central Utah Counseling			4			
			Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal/Selective/ <b>Indicated</b>	Strategies	Short	Long
Logic	Reduce binge drinking	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.	Attitudes favorable to drug use will decrease with increased understanding about high low risk drug choices. Post-test will show an increased understanding at 20% higher than Pre-test.	Reduce Age-adjusted, Binge Drinking from 43.3 in 2015 to 41.0 in 2019 40.0 in 2021
Measures & Sources	BRFSS/IBIS 2015 (18-21) Adult Binge Drinking	Pre/post test	Participant requests for services/referrals and attendance.	Pre/Post tests, PRI Workbooks, use of curriculum to fidelity	Pre/post test	BRFSS/IBIS (18-21) Adult Binge Drinking 2015
<b>Logic Model 9</b>						
Program Name			Cost to Run Program		Evidence Based: Yes or No	
Prime for Life (PRI Youth) Under 18					Yes	
Agency			Tier Level:			
Central Utah Counseling			4			
			Focus Population: U/S/I		Outcomes	
	Goal	Factors	Universal/Selective/ <b>Indicated</b>	Strategies	Short	Long



		30 day alcohol 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
		Logic					
		Measures & Sources	SHARPS 15, 17, 19, 21	Pre/post test	Pre/Post tests, PRI Workbooks, use of curriculum to fidelity	Pre/post test	SHARPS 15, 17, 19, 21

**Logic Model 11**

Program Name			Cost to Run Program		Evidence Based: Yes or No		
QPR for Suicide Prevention					Yes		
Agency			Tier Level:				
Central Utah Counseling			Not Reviewed				
			Focus Population: U/S/I			Outcomes	
	Goal	Factors	Universal/Selective/Indicated		Strategies	Short	Long

	<p>Reduce 30 day alcohol use in grades 6 through 12</p> <p>JUAB: Reduce Binge drinking ages 18-34</p>	<p>Depressive Symptoms</p> <p>Opportunities and rewards for pro-social involvement and interaction</p> <p>JUAB: Family History of ASB</p>	<p>Community members, leaders, agencies, students, educators, law-enforcement organization, first responders, faith groups and agencies in Six County area. Estimated number to be served is 200.</p>	<p>Provide Gatekeeper Training (question, persuade, refer) upon request for the purpose of raising awareness about suicide and better identification and referral of people at risk for suicide. This training provides skills that promote pro-social actions that invite others to feel positive and seek interaction. Training of 1.0 to 2.0 hours in length will take place throughout the Six County area.</p>	<p>Reduce depressive symptoms in grade 6 – 12 from 32.3% in 2015 to 31.7 in 2017 to 31.2 in 2019</p> <p>Increase rewards for pro-social involvement from 67.2% in 2015 to 66.0 in 2017 to 65.0 in 2019</p> <p>JUAB: Reduce Family History of ASB suicide 4yr. rates of 15-24 yr.old suicide rates 2011-14 from 46.32 per 10,000 to 42.5 in 2015-19</p>	<p>Reduce 30 day alcohol use in 2013 grade 6 – 12 from 7.0% in 2013 to 6.0% by 2019.*Reduce 30 day marijuana use in 2013 Grade 6 through 12 from 2.9% in 2013 to 2.0% by 2019. *Reduce 30 day prescription sedatives use in 2013 grade 6 through 12 from 1.0 in 2013 to 0.5 by 2019</p> <p>JUAB: Reduce binge drinking (18-21) in 2015 from 43.3, to 41.0 in 2019, 40.0 in 2021 Reduce opioid deaths from 5 in 2014-15 to 0 in 2017-18</p>	
Logic							

		Measures & Sources	SHARPS 2013; 15;17;19, BRFSS/IBIS Central Utah 18-34 yr olds,Opioid Misuse & Abuse Needs Asmt Apr 17	SHARPS 2013 Bach-Harrison Suicide Data for Central Utah by County.	Attendance Records	Attendance Records, Pre-Post Tests, Utah Department of Health, Office of Vital Records & Statistics, Kids Count Data Center (datacenter.aecf.org	SHARPS 2013; 15 Bach-Harrison Suicide Data for Central Utah by County.	SHARPS 2013;15;17 BRFSS/IBIS Central Utah 18-34 yr olds Opioid Misuse & Abuse Needs Asmt April 2017	
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Program Name: Tutoring			Cost		Evidence Based: Yes or <u>No</u>			
Agency: Central Utah Counseling Center			Tier Level: N/A					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Academic Failure	Students age 12-17 in Delta (Millard School District) who attend the after school drop in center. Open to all students needing academic help with emphasis on Hispanic students. Estimated number of students served - 60			Provide educational tutoring services that affect critical life and social skills for students at the Delta Youth Activity Center for 4 hours per week throughout the school year. *Provide bi-lingual staff and volunteers to assist in reducing possible language barriers.	Reduce Academic Failure rates in grades 6 – 12 from 30.0 in 2013 to 29.0% by 2016	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 5% by 2019
Measures & Sources	SHARPS 2013;15;17;19  Participants student report card	SHARPS 2013;15;17;19  Program attendance Report	Program Logs  Tutoring Attendance Reports/Records			Program Logs  Tutoring Attendance Reports/Records	SHARPS 2015;17;19	SHARPS 2015;17;19

Program Name: Community Awareness, Events, Presentations			Cost		Evidence Based: Yes or <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. Estimated number served – 72,000			Educational presentations and events, seminars and/or workshops in each Six County area, on substance abuse prevention topics that affect critical life and social skills in group or community settings to understand ATOD prevention science and related risk and protective issues .	Decrease parental attitudes favorable to drug use in grades 6 to 12 from 9.0% in 2013 to 8.0% in 2016.	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19	Program Logs Event Attendance Service Delivery Rosters; Records and Post Event Evaluation  Presentation Requests	Program Logs  Event attendance records; pre/post event evaluation; service delivery rosters; participant feedback forms		SHARPS 2015;17;19	SHARPS 2015;17;19	

Program Name: Hope Squads (or other leadership groups)			Cost		Evidence Based: Yes or <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	<p>Reduce 30 day alcohol use in grades 6 through 12</p> <p>Reduce 30 day school absences due to feeling unsafe at school or on the way home for grades 6-12</p>	<p>*Early Initiation of ASB</p> <p>*Opportunities/Rewards for Pro-social Involvement/Interaction</p> <p>*</p>	<p>Middle &amp; High School students within the districts of Central Utah. (Special emphasis will be to increase participation among minority students to reflect populations. Estimated number of students participating in 4 areas – 25 to 40,</p> <p>Grades 6-12 school-based peer support program empowering students to take action to improve the school environment within Central Utah school districts. Schools with Hope Squads:</p>	<p><small>*Representation of High School students in the districts of Central Utah is estimated to be 25% to 40% of the total student population. The number of students participating in the program is estimated to be 25 to 40. The number of students participating in the program is estimated to be 25 to 40. The number of students participating in the program is estimated to be 25 to 40.</small></p> <p>Trusted school peer leadership teams and staff will be trained to recognize suicide warning signs and emerging mental health disorders. Build positive relationships among peers, Central Utah Counseling and community coalitions, reducing stigmas and creating awareness of tools available to prevent suicide.</p>		<p>Reduce early initiation of ASB in 2013 Grade 6 to 12 from 28.0% to 27.0% by 2016.</p> <p>Increase Opportunities/Rewards for Pro-social involvement in 2013 in grades 6-12 from 67.1 to 68% by 2016.</p> <p>Reduce self-destructive behavior and seriously considering suicide during the past year from 12.8 in 2015 to 11.8 in 2017.</p> <p>Reduce days missed at school Unsafe 7.2 or Bullied 24.2 on school property 2015. To 6.5 &amp; 23.2 in 2017</p>	<p>Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 6% by 2019</p> <p>Reduce past 30 day missed school due to feeling picked on or bullied during the past 30 days from 7.2 in 2015 to 6.2 in 2021</p>	
Measures & Sources	<p>SHARPS 2013;15;17;19</p> <p>SHARPS 2015; 17; 19; 21</p>	<p>SHARPS 2013;15;17;19</p> <p>SHARPS 2015; 2017</p>	<p>Representation from school districts in Central Utah.</p> <p>GYC rolls and records that have peer leadership groups established</p> <p>Schools with Hope Squads established in Central Utah,</p>	<p>Agendas of GYC meetings Local GYC activities reported /peer leader reports / attendance rosters</p> <p>Hope Squad attendance, community involvement and training activities.</p>	<p>SHARPS 2015;17,19</p> <p>SHARPS 2015; 2017</p>	<p>SHARPS 2015;17;19</p> <p>SHARPS 2015; 17; 19; 21</p>		

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

Program Name: <b>Not On Tobacco (NOT)</b>			Cost		Evidence Based: <b>Yes</b> or No			
Agency			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day cigarette use in grades 6 through 12	Early Initiation of ASB	Youth referred by schools, courts, and/or families or self-referred who are exhibiting problem behavior.  Estimated number for participants is 10			Instructors will offer NOT (Not on Tobacco) curriculum	Reduce early initiation of ASB in 2013 grade 6 to 12 from 28.6% by 2016	Reduce 30 day cigarette use in 2013 grade 6 through 12 from 3.3% to 2.3% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19	Program Attendance records			Program participation  Records/Referrals  Post/Pre Survey	SHARPS 2015;17;19	SHARPS 2013;15;17;19

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

Program Name: <b>END Smoking Cessation training</b>			Cost		Evidence Based: <b>Yes</b> or No			
Agency: Central Utah Counseling Center			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day cigarette use in grades 6 through 12	Early Initiation of ASB	Youth referred by schools, courts and/or families or self-referred who are exhibiting problem behavior'  Estimated number for participants is 10.			Instructors will offer END (Ending Nicotine Dependence curricula and/or life skills course materials.	Reduce early Initiation of ASB in 2013 grade 6 to 12 from 28.6% to 27.6% by 2015.	Reduce 30 day cigarette use in 2013 grade 6 through 12 from 3.3% to 2.3% by 2019.
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19  Attendance Records	Program Attendance Records			Program Participation Records/Referrals Post/Pre Surveys	SHARPS 2013;15;17;19	SHARPS 2013, 15;17;19

Program Name: Media Campaigns/Collaboration			Cost		Evidence Based: <b>Yes</b> or No			
Agency: Central Utah Counseling Center			Tier Level: 3 Parents Empowered					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Parental Attitudes Favorable to drug use	General Population and parents of children ages 10 – 19 within the communities of Central Utah’s Six Counties. Campaign components will also be offered in Spanish where needed. Estimated number served – 72,000.			Articles, PSA’s and/or ads will be placed in local newspapers, other media outlets, and community events focusing on ATOD use and risks to include Parents Empowered collateral in all areas and garbage truck wraps in Sevier, Wayne, and Piute. Use Only as Directed, National Take Back, Don’t Drive Stupid, Stop Underage drinking and Way to Quit campaigns to increase awareness of issues regarding ATOD and ASB. Estimated number served is 21,000.	Decrease grade 6 – 12 parental Attitudes favorable to drug use in 2013 from 9.0% to 8.5 by 2015.	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013;15;17;19  media campaign saturation reports	SHARPS 2013;15;17;19	Requests from peer leadership teams, community members and entities, presentations, coalitions, parents.			Media Campaign records/Media Campaign Saturation Reports/collateral distributed/parent surveys	SHARPS 2013;15	SHARPS 2013, 15;17;19

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

Program Name: EASY Compliance Checks/Collaboration				Cost	Evidence Based: <i>Yes</i> or No			
Agency: Central Utah Counseling Center				Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Reduce perceived availability of alcohol/drugs	Collaboration with law enforcement reporting of compliance checks target clerks and cashiers in off premise beer product retail outlets. Collaboration of EASY training and follow-up with law enforcement agencies within the Six Counties of Central Utah. Estimate number to be trained 20.			*Encourage through collaboration with local law enforcement agencies to have them support education of the EASY program; help facilitate EASY training. *Reduce retail availability of alcohol products to youth.	Reduce perceived availability of alcohol in grades 6 to 12 from 21.7% in 2013 to 20.7% by 2015	Reduce 30 day alcohol use in 2013 grade 6 to 12 from 7.0% to 6.0% by 2019
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15	Law Enforcement EASY training dates, participation and Annual Report			Law Enforcement EASY Training Reports	SHARPS 2013;15  Parents Empowered Annual Report 2014	SHARPS 2013, 15;17;19  Parents Empowered Annual Report 2015

Program Name: PRIME for Life (PRI) Adult DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use	Attitudes favorable to drug use	Program will focus on both male and females from all ethnic and socio-economic backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 50.			*PRI Adult curriculum will be used. PRI program is a 16 hours program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

Program Name: PRIME for Life (PRI) Adult Under 21 (18-20) DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use	Attitudes favorable to drug use	Program will focus on both male and females from all ethnic and socio-economic backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 50.			*PRI Adult curriculum will be used. PRI program is a 16 hours program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

Program Name: PRIME for Life (PRI) Adult Under 21 (12-17) DUI Psychoeducational Group & Collaboration			Cost		Evidence Based: <b>Yes</b> or No			
Agency: Central Utah Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use	Attitudes favorable to drug use	Program will focus on both male and females from all ethnic and socio-economic backgrounds. They will be referred through the court system, schools, or individual/self referrals. Estimated number to be served is 50.			*PRI Adult curriculum will be used. PRI program is a 8 hour program taught at least 1x week or 4x month PRN. The program will be offered throughout the Six County area as needed. Sevier County Sheriff's Department serves Sevier, Piute and Wayne Counties.	Perceived risk of drug use will increase 25% from pre-test to post-test	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	Pre/post test	Pre/post test					Pre/post tests	Pre/post tests

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

Program Name: <b>Prevention Dimension (PD) Training</b>				Cost	Evidence Based: <b>Yes</b> or No			
Agency: Central Utah Counseling Center				Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Early Initiation of ASB	K-12 teachers and staff within Central Utah's eight school districts will be encouraged to participate including other interested community members such as PTA/PTO members, peer leaders, and coalition members. Booster sessions will be offered as needed. Teachers needing the training will be identified by each district. Target number of teachers to receive initial or updated training is 80.			PD Training and TOT training will be offered to all eight school districts in coordination with school administration, USOE, and Prevention Staff. *Booster sessions will be offered as needed. *Teachers needing the training will be identified by each district. Target number of teachers to receive initial or updated training is 60.	Reduce early Initiation of ASB in 2013 Grade 6 to 12 from 28.6% to 27.6% by 2016.	Reduce 30 day alcohol use in 2013 grade 6 – 12 from 7.0% in 2013 to 6.0% by 2019,
Measures & Sources	SHARPS 2013; 15;17;19	Pre/post test	Attendance Records			Attendance Records	SHARPS 2013; 15;17	SHARPS 2013;15;17

Program Name: QPR for Suicide Prevention (QPR)			Cost		Evidence Based: <u>Yes</u> or No			
Agency: Central Utah Counseling Center			Tier Level: not reviewed					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	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.</p>	<p>*Reduce depressive symptoms in grade 6 – 12 from 32.7% to 32.5% by 2015</p> <p>* Increase rewards for pro-social involvement from 69.8% in 2013 to 71.0% by 2015</p>	<p>Reduce 30 day alcohol use in 2013 grade 6 – 12 from 7.0% in 2013 to 6.0% by 2019. *Reduce 30 day marijuana use in 2013 Grade 6 through 12 from 2.9% in 2013 to 2.0% by 2019. *Reduce 30 day prescription sedatives use in 2013 grade 6 through 12 from 1.0 in 2013 to 0.5 by 2019</p>
Measures & Sources	SHARPS 2013; 15;17,19	SHARPS 2013	Attendance Records			Attendance Records, Pre-Post Tests, Utah Department of Health, Office of Vital Records & Statistics, Kids Count Data Center (datacenter.aecf.org)	SHARPS 2013; 15	SHARPS 2013;15;17

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

## FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Central Utah Counseling Center

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

**8) Opioid Treatment and Recovery Support Formula Funds**

The allowable uses for this funding are described in the SFY 18 Division Directives:

1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
7. Enhance or support the provision of peer and other recovery supports.

**Character  
Limit/Count**

Describe the activities you propose and identify where services will be provided.

2000

CUCC will enter into partnerships with local providers for the provision of prescriptions for Medication Assisted Treatment. These prescriptions will be provided to individuals identified at high risk for OUD and will be referred into CUCC for counseling or will be referred from CUCC to local providers in need of medication in conjunction with outpatient treatment. These services will be offered at local clinics, hospitals, and FQHC's including Richfield, Nephi, Mt. Pleasant, Gunnison, Bicknell, Fillmore, Delta, and Ephraim. Outpatient services will be provided at all CUCC locations including Ephraim, Gunnison, Nephi, Delta, Fillmore, Richfield, Junction and Loa. For further information on Outpatient and Intensive Outpatient services please see these sections above. For further information on Evidence Based Practices, see that section included in this Area Plan. CUCC will be having both prescribers trained to be able to prescribe Suboxone for open clients of CUCC. Currently there is only one prescriber in the six county area that has completed the required 8 hour course. CUCC will also work with Utah County who has an Addictionologist on staff. This Addictionologist will be able to provide Telehealth services in the six county area for CUCC clients.

1274

Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.

2000

	<p>CUCC will engage clients in the local area through working with local prescribers providing prescriptions for medications that will assist them with OUD's. Payment for meds will be contingent upon participation in outpatient treatment services both with CUCC and local providers in the area. CUCC has entered into an agreement with IHC where IHC prescribers and therapists provide outpatient treatment for the unfunded/underfunded clients in the area. CUCC's role in the program is as the fiscal agent. This has enhanced CUCC's connection with local hospitals and providers in the area. CUCC therapists were recently trained in Motivational Interviewing which has been shown to increase the engagement of clients that at times can be reluctant to fully engage in treatment.</p>	775
	<p>Describe how your plan will improve access and outcomes for individuals with OUD in your community.</p>	2000
	<p>By increasing the number of prescribers in the area that can prescribe Suboxone from one to three will greatly increase access to needed services for the OUD population in the area. By connecting further with the other prescribers in the area that can provide other prescriptions associated with Medication Assisted Treatment (MAT) access and knowledge of the importance of MAT will increase.</p>	392
	<p>For each service, identify whether you will provide services directly or through a contracted provider.</p>	2000
	<p>CUCC will be both providing Medication Management and Outpatient treatment directly as well as through contracted providers in the area.</p>	137

<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.

Updated 04/20/2017

Estimated 2017 Poverty Guideline

Estimated 2017 200% Poverty

Individual Fee			NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income			NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Min. range	Max. range	1	2	3	4	5	6	7	8
100%	\$0	\$1,005	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
150%	\$1,006.00	\$1,508.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00
200%	\$1,509.00	\$2,011.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00
250%	\$2,012.00	\$2,514.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00
300%	\$2,515.00	\$3,016.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
350%	\$3,017.00	\$3,518.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
400%	\$3,519.00	\$4,020.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00
450%	\$4,021.00	\$4,522.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00
500%	\$4,523.00	\$5,024.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00
550%	\$5,025.00	\$5,526.00	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00
600%	\$5,527.00	\$6,028.00	Full Fee	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00
	\$6,029.00	\$6,029.00	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

\* based on 2015 Poverty Guidelines

MONTHLY MAX**			NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income			NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Min. range	Max. range	1	2	3	4	5	6	7	8
100%	\$0	\$1,005	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
150%	\$1,006.00	\$1,508.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00	\$30.00
200%	\$1,509.00	\$2,011.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00
250%	\$2,012.00	\$2,514.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00
300%	\$2,515.00	\$3,016.00	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
350%	\$3,017.00	\$3,518.00	\$300.00	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00
400%	\$3,519.00	\$4,020.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00	\$70.00
450%	\$4,021.00	\$4,522.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00
500%	\$4,523.00	\$5,024.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00
550%	\$5,025.00	\$5,526.00	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00
600%	\$5,527.00	\$6,028.00	Full Fee	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00



**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160046, 160047, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** Central Utah Counseling Center

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

***PLEASE PRINT:***

**Name:** Commissioner Darin Bushman

**Title:** Central Utah Counseling Center Board Chairperson

**Date:** 5/10/17