

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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Anyone that lives in the catchment area is eligible for services depending upon the 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. Severity is determined through assessment and screening.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
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 women and mothers with dependent children. <i>When an individual calls in and is identified by the office managers as fitting one of the priority populations they are offered an appointment within 48 hours for an initial intake evaluation. After the evaluation the client is placed in necessary services.</i> 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 precedence. 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. <i>CUCC does not have a wait list to obtain services. CUCC offers a one hour initial evaluation appointment for clients and generally all clients can be seen at all CUCC offices within 2-3 days. Consequently when a client requests a specific provider or time, this wait time can be longer, but is always agreed upon by the client requesting services.</i>
What are the criteria used to determine who is eligible for a public subsidy?
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.
How is this amount of public subsidy determined?
If a client lacks funding to pay for services, the primary therapist conducting the initial interview determines the subsidy. This is based upon a Sliding Scale fee and the Fee Schedule Procedure that have been attached to the area plan. For further details please refer to the Procedure and Fee Schedule. The subsidy is determined by the client's income as well as other expenses.
How is information about eligibility and fees communicated to prospective clients?
This is communicated at the time of the initial call or through the triage process when the Center Triage Specialist calls the client back to determine appropriateness and need of services. This is again discussed at the point of the initial appointment with the Center by the office managers as well as the primary therapist conducting the initial

interview.

**Are you a National Health Service Core (NHSC) provider? YES/NO
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.**

YES

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.

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.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review 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.

All current subcontractor files are monitored for completeness. Annually, current insurance, current licensure status and BCI applications are completed in the month of April. Failure to complete these results in the subcontractor being placed in an inactive file until these items are completed. CUCC has developed a tracking form to track the completeness of the subcontractor files. On a monthly basis every subcontractor is monitored through the Federal System for Award Management (SAM) and the Office of Inspector General's (OIG) Exclusions Database Search (EPLS/LEIE). This is tracked in a spreadsheet updated monthly.

Also every three years as required by Medicaid, CUCC utilizes the National Practitioner Data Bank to complete a more thorough search for Federal and State exclusions. This is completed as part of the credentialing and recredentialing process.

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 notes 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.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

CUCC is utilizing DocuSign with the Division currently.

FY20 Mental Health Area Plan & Budget		Local Authority: Central Utah Counseling Center										Form A			
		State General Fund			County Funds										
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
JRI/JRC	\$34,180												\$34,180		
Local Treatment Services	\$460,028	\$900,000	\$39,231	\$279,852		\$3,600,000	\$340,976	\$30,000	\$10,832	\$143,000	\$32,000	\$384,700	\$6,220,619		
FY2020 Mental Health Revenue by Source	\$494,208	\$900,000	\$39,231	\$279,852	\$0	\$3,600,000	\$340,976	\$30,000	\$10,832	\$143,000	\$32,000	\$384,700	\$6,254,799		
		State General Fund			County Funds										
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)						\$799,412							\$799,412	60	\$13,323.53
Residential Care (171 & 173)				\$3,400									\$3,400	2	\$1,700.00
Outpatient Care (22-24 and 30-50)	\$217,345	\$309,299	\$19,134	\$133,473		\$1,042,783	\$261,350			\$101,850	\$10,000	\$151,705	\$2,246,939	1,465	\$1,533.75
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$9,040	\$28,173	\$2,000	\$2,167		\$60,511	\$4,897					\$8,071	\$114,859	207	\$554.87
Psychotropic Medication Management (61 & 62)	\$28,250	\$205,815	\$5,000	\$45,539		\$640,243	\$8,456			\$37,150		\$48,652	\$1,019,105	445	\$2,290.12
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$65,423	\$308,427	\$7,000	\$73,542		\$922,084	\$8,579					\$49,350	\$1,434,405	240	\$5,976.69
Case Management (120 & 130)		\$10,568	\$2,000	\$4,085		\$49,503	\$5,874					\$2,022	\$74,052	191	\$387.71
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$10,587	\$2,100	\$4,042		\$30,193	\$51,820				\$20,000	\$13,900	\$132,642	94	\$1,411.09
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$137,624	\$10,909	\$1,997	\$1,824		\$25,437	\$0	\$30,000	\$10,832			\$107,000	\$325,623	125	\$2,604.98
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		\$9,000											\$9,000		
Services to persons incarcerated in a county jail or other county correctional facility	\$36,526			\$9,180								\$4,000	\$49,706	15	\$3,313.73
Adult Outplacement (USH Liaison)		\$7,222		\$2,600		\$29,834				\$4,000	\$2,000		\$45,656	7	\$6,522.29
Other Non-mandated MH Services													\$0	0	#DIV/0!
FY2020 Mental Health Expenditures Budget	\$494,208	\$900,000	\$39,231	\$279,852	\$0	\$3,600,000	\$340,976	\$30,000	\$10,832	\$143,000	\$32,000	\$384,700	\$6,254,799		
		State General Fund			County Funds										
FY2020 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT	\$349,868	\$630,000	\$20,000	\$163,926		\$2,700,000	\$340,976			\$110,000	\$16,000	\$84,700	\$4,096,446	818	\$5,007.88
YOUTH/CHILDREN	\$144,340	\$270,000	\$9,097	\$84,446		\$900,000		\$30,000	\$10,832	\$33,000	\$16,000	\$300,000	\$1,773,776	647	\$2,741.54
Total FY2020 Mental Health Expenditures	\$494,208	\$900,000	\$29,097	\$248,372	\$0	\$3,600,000	\$340,976	\$30,000	\$10,832	\$143,000	\$32,000	\$384,700	\$5,870,222	1,465	\$4,006.98

FY20 Mental Health Early Intervention Plan & Budget				Local Authority:		Central Utah Counseling Center		Form A2			
		State General Fund		County Funds							
FY2020 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 FY2020 Revenue		
FY2020 Mental Health Revenue by Source	\$110,644	\$10,909						\$10,832	\$132,385		
		State General Fund		County Funds							
FY2020 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 FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$101,432	\$10,909						\$10,832	\$123,173		#DIV/0!
FRF-ADMIN	\$9,212								\$9,212		
School Based Behavioral Health-CLINICAL									\$0		#DIV/0!
School Based Behavioral Health-ADMIN									\$0		
FY2020 Mental Health Expenditures Budget	\$110,644	\$10,909	\$0	\$0	\$0	\$0	\$0	\$10,832	\$132,385	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!**

1) Adult Inpatient

Form A1 - FY20 Amount Budgeted:	\$494,208		35
Form A1 - Amount budgeted in FY19 Area Plan	\$334,678	Form A1 - Projected Clients Served in FY19 Area Plan	34
Form A1 - Actual FY18 Expenditures Reported by Locals	\$285,698	Form A1 - Actual FY18 Clients Served as Reported by Locals	42
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Contractual arrangements for inpatient care and services exist between CUCC and Provo Canyon Hospital and University Hospital (UNI). Other inpatient psychiatric hospitals in the state are utilized on an emergency basis when there are no beds at contracted locations. CUCC's Director of Crisis Services monitors care at these inpatient hospital locations and attend staff meetings at Provo Canyon regularly, and maintains daily contact by phone with the caregivers 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 stay in inpatient psychiatric hospitals has been reduced as well as resulted in better continuity of care and discharge planning.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Much higher cost of hospitalizations expected this next year based on this year's experience. Statewide trends indicate that inpatient services continue to increase.			
Describe any significant programmatic changes from the previous year.			
There have been no significant programmatic changes this past year.			

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	\$319,765	Form A1 - FY20 Projected clients Served:	25
Form A1 - Amount budgeted in FY19 Area	\$245,322	Form A1 - Projected Clients Served in FY19 Area Plan	26

Plan			
Form A1 - Actual FY18 Expenditures Reported by Locals	\$304,884	Form A1 - Actual FY18 Clients Served as Reported by Locals	31
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
CUCC has contracts with University Hospital (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 monitors care in all inpatient hospital locations and attend staff meetings regularly, and maintains daily contact by phone with the caregivers where an individual has been placed. In addition the Director of Crisis Services also attends staffing and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units are seen as a vital part of treatment services offered by CUCC. Through this discharge planning, CUCC has seen improved care and reduced cost of Inpatient Psychiatric care through shorter lengths of stay. This has increased resources for improved care for clients in other services.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Much higher cost of hospitalizations expected this next year based on this year's experience. Statewide trends indicate that inpatient services continue to increase.			
Describe any significant programmatic changes from the previous year.			
There have been no significant programmatic changes from the previous year.			

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$1700	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$2,000	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
CUCC maintains three adult residential support units. One is located in Mt. Pleasant and is called the ATF (Acute Treatment Facility) which can house 12 individuals, the second is located in Nephi and is called the THU (Transitional Housing Unit) which can house 10, and the third is located in Richfield and can house 12 individuals. The ATF also has an additional acute observation unit known as the RSM (Residential Support Mount Pleasant) with 2 beds which can be used at times of crisis to help an individual stabilize a psychiatric emergency while avoiding an inpatient hospitalization. All these residential support units can also be utilized to bring individuals out of the inpatient setting as a step down unit closer to their homes and communities when there is space available. All persons have a full array of services available including; medication management; observation of medications; group therapy; case management; individual therapy; individual and group skills development; vocational assistance; and other needed community services such as food bank, SSI and Medicaid application assistance,			

etc. Additionally, there is a nurse that is available that monitors resident's physical health and medication compliance and response. The addition of the Residential Support Unit in Richfield has greatly increased the number of residential/supportive living options to clients in need of this level of care in Sevier, Piute and Wayne communities.

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

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

Describe any significant programmatic changes from the previous year.

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

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	\$1700	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$0	Form A1 - Projected Clients Served in FY19 Area Plan	0
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	0

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

CUCC rarely utilizes residential facilities for child/youth. CUCC maintains that the best place for a child/youth is in their home and community. However, when the occasion has presented itself, CUCC has established for children or youth requiring residential services to receive residential treatment through an arrangement with urban mental health centers and their youth and children facilities. CUCC has also used Primary Hospital's residential program in the past and it remains an option in the future. CUCC has also established a relationship with DCFS and we have in the past utilized a residential housing situation with a foster family for one youth in this setting. CUCC provided all therapeutic support and the team met monthly with the family, DCFS, schools and Center staff to coordinate services and do appropriate planning and evaluation. [CUCC has utilized New Beginnings Behavioral Treatment Agency and Imperial Healing Estate as its two most recent youth residential programs.](#)

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

5) Adult Outpatient Care

Form A1 - FY20 Amount	\$1,311,710	Form A1 - FY20 Projected	
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Budgeted:		clients Served:	818
Form A1 - Amount budgeted in FY19 Area Plan	\$1,185,013	Form A1 - Projected Clients Served in FY19 Area Plan	881
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,116,118	Form A1 - Actual FY18 Clients Served as Reported by Locals	776

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

CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, and other services as needed. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client self-responsibility; Help clients to establish a meaningful role in life; Use the Wellness model in all aspects of treatment. Non-Medicaid 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, Mount Pleasant, and Ephraim.

Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

CUCC seeks to provide treatment to individuals in the least restrictive setting, while at the same time attempting to provide the greatest opportunities for stability for the individual. These individuals that currently face a civil commitment order work closely with their therapist to arrange the least restrictive setting possible while maintaining the greatest level of mental health. This individualized programmatic approach to working with clients is key to helping clients have the greatest amount of autonomy while simultaneously seeking not only their safety but the greater safety of the community. Programming for these individuals are tailored for their specific needs and desires, but can include supportive housing, medication management, observed medications, individual therapy, group skills, psychoeducational services, case management and personal services.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$614,001	Form A1 - FY20 Projected clients Served:	647
Form A1 - Amount budgeted in FY19 Area Plan	\$533,994	Form A1 - Projected Clients Served in FY19 Area Plan	470
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,188,765	Form A1 - Actual FY18 Clients Served as Reported by Locals	629

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

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

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

Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$74,774	Form A1 - FY20 Projected clients Served:	142
Form A1 - Amount budgeted in FY19 Area Plan	\$78,877	Form A1 - Projected Clients Served in FY19 Area Plan	115

Form A1 - Actual FY18 Expenditures Reported by Locals	\$61,548	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	139
<p>Describe access to crisis services during daytime work hours, after-hours, 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.</p>			
<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). CUCC has a crisis team that includes a group of master's level licensed clinicians that are spread out through all the three geographic teams. This team of clinicians is considered mobile and can respond to any emergency throughout the six county area in a short amount of time. The individual responding would be the masters level clinician. There are no other members of the crisis team such as a peer or case manager. It is anticipated that CUCC will begin utilizing the Statewide Crisis line in FY20 where CUCC staff will be available for warm handoffs for needed services. 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. Diversion from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to de-escalate 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. 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>			
<p>Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.</p>			
<p>CUCC's Director of Crisis Services tracks all clients that are either civilly committed or placed on an assisted outpatient treatment court order. CUCC's electronic health record (EHR) known as Credible allows for this to be easily accomplished as there is a designated field that allows for easy access and tracking. Depending upon the situation, there might be a case manager or therapist assigned to contact and make regular communication with the client. When civil commitment status is coming due for a court review, the Director of Crisis Services contacts that Team Leader and Primary Therapist to again evaluate and complete civil commitment papers for the court.</p>			
<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>			
<p>No significant change from last fiscal year in adult crisis care.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>There have been no significant programmatic changes from the previous year.</p>			

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$35,188	Form A1 - FY20 Projected clients Served:	165
Form A1 - Amount budgeted in FY19 Area Plan	\$40,545	Form A1 - Projected Clients Served in FY19 Area Plan	100
Form A1 - Actual FY18 Expenditures Reported by Locals	\$19,002	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	37

Describe access to crisis services during daytime work hours, after-hours, 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.

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). CUCC has a crisis team that includes a group of master's level licensed clinicians that are spread out through all the three geographic teams. This team of clinicians is considered mobile and can respond to any emergency throughout the six county area in a short amount of time. The individual responding would be the masters level clinician. There are no other members of the crisis team such as a peer or case manager. It is anticipated that CUCC will begin utilizing the Statewide Crisis line in FY20 where CUCC staff will be available for warm handoffs for needed services. 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. Diversion from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to de-escalate 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. The answering service is by contract, the actual clinical intervention is through direct service.

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

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

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

No significant change from last fiscal year. CUCC will serve more individuals through crisis services than is reported as not all required information can be gathered in a crisis situation.

Describe any significant programmatic changes from the previous year.

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

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$788,306	Form A1 - FY20 Projected clients Served:	353
Form A1 - Amount budgeted in FY19 Area Plan	\$839,968	Form A1 - Projected Clients Served in FY19 Area Plan	298
Form A1 - Actual FY18 Expenditures Reported by Locals	\$392,039	Form A1 - Actual FY18 Clients Served as Reported by Locals	335

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

CUCC has [one full time APRN](#) and [one part time APRN](#) prescribing psychotropic medications and providing 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 prescriber. The nurse then informs the prescriber of the client's status at which point the client then visits with the prescriber. Medication Management is provided directly through CUCC and through subcontract. CUCC will also observe medication when ordered by medical staff when clinically indicated. To accomplish this staff will travel to clients places of residence.

Where: On all three geographic teams.

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$222,343	Form A1 - FY20 Projected clients Served:	92
Form A1 - Amount budgeted in FY19 Area Plan	\$229,431	Form A1 - Projected Clients Served in FY19 Area Plan	147
Form A1 - Actual FY18 Expenditures Reported by	\$325,334	Form A1 - Actual FY18 Clients Served as	86

Locals	Reported by Locals
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>CUCC has one full time APRN and one part time APRN prescribing psychotropic medications and providing 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 caregivers 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 staffings 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 prescriber of the client's status at which point the client then visits with the prescriber. 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>	
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	
No significant change from last fiscal year.	
Describe any significant programmatic changes from the previous year.	
There have been no significant programmatic changes from the previous year.	

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$1,005,296	Form A1 - FY20 Projected clients Served:	154
Form A1 - Amount budgeted in FY19 Area Plan	\$956,347	Form A1 - Projected Clients Served in FY19 Area Plan	155
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,074,655	Form A1 - Actual FY18 Clients Served as Reported by Locals	137
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the 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. CUCC uses an evidence based practice (EBP) in its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.

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

Provided Directly or through Contracted Provider: Provided Directly

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$499,299	Form A1 - FY20 Projected clients Served:	86
Form A1 - Amount budgeted in FY19 Area Plan	\$530,802	Form A1 - Projected Clients Served in FY19 Area Plan	127
Form A1 - Actual FY18 Expenditures Reported by Locals	\$422,896	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	54

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

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the SED population. Others, however, can move in and out of the program depending upon their level of functioning. These services are not gender selective and groups run with both males and females. The programs generally run at various times throughout the week, and during the school year are either prior to or immediately after school. Overall wellness and physical health is emphasized. We have observed that our clients overall mental health improves in conjunction with their physical health. The skills and activities that are taught are focused on improved functioning in activities of daily living and as a result often improve nutrition, increase physical activity. Some activities also focus upon vocational skills. Each of these services focus upon the individual goals of the clients, and action plans are outlined for how they can obtain these goals through the group or individual process. The

vocational training is provided by staff, invited guests, or members of other agencies such as vocational rehabilitation, but is billed as Psycho-educational services. The vocational training assists them in developing a better self-concept and capability for future work. Eligibility for psychosocial rehabilitation services is not limited to funding. CUCC continues to look at psychosocial rehabilitation and psychoeducation as a prime means of providing quality care to larger numbers of persons. CUCC has added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.

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

Provided Directly or through Contracted Provider: Provided Directly

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

CUCC is increasing efforts to increase the number served.

Describe any significant programmatic changes from the previous year.

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

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$54,542	Form A1 - FY20 Projected clients Served:	150
Form A1 - Amount budgeted in FY19 Area Plan	\$54,666	Form A1 - Projected Clients Served in FY19 Area Plan	114
Form A1 - Actual FY18 Expenditures Reported by Locals	\$44,218	Form A1 - Actual FY18 Clients Served as Reported by Locals	198

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

CUCC provides case management and personal services designed to assist clients in linking with needed services. Case management helps clients overcome any barriers that may impede their ability to function in the community and assist clients to achieve their personal goals and dreams. Medicaid clients who are SMI 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 the 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.

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

Provided Directly

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

CUCC is attempting to increase the amount of services provided to individuals in need of this case management and personal services. There is an increase in the amount of money allocated to this service. Internal trends seem to indicate that the actual number of clients in need of this service have decreased slightly.

Describe any significant programmatic changes from the previous year.

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

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$13,636	Form A1 - FY20 Projected clients Served:	41
Form A1 - Amount budgeted in FY19 Area Plan	\$13,009	Form A1 - Projected Clients Served in FY19 Area Plan	49
Form A1 - Actual FY18 Expenditures Reported by Locals	\$3,347	Form A1 - Actual FY18 Clients Served as Reported by Locals	19

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

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.

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

Provided Directly

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	\$106,114	Form A1 - FY20 Projected clients Served:	74
Form A1 - Amount budgeted in FY19 Area Plan	\$104,309	Form A1 - Projected Clients Served in FY19 Area Plan	75
Form A1 - Actual FY18 Expenditures Reported by Locals	\$118,466	Form A1 - Actual FY18 Clients Served as Reported by Locals	29

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

CUCC provides community supports designed to assist clients and their family in receiving needed services and related support. These services include in-home services, multi-agency client staffing's, respite, and family support services. In home services include therapists, nurses and other providers traveling to the home of clients who are unable to leave their home to provide needed services. Supportive housing is also offered to SMI clients that are unable to live on their own. Medical staff makes frequent (weekly) contact, skills development staff offer services multiple times per week to increase skills, regular therapy is provided and transportation services for appointments are provided when necessary. Observed medication is also offered when needed to help clients maintain their highest level of functioning. 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 staffings are DCFS and Adult Probation and Parole (AP&P). These staffings are valuable for coordinating all the support the family and client require. Family support involves collateral contacts from Center staff as well as educational meetings to help family members understand the client's illness and needs. Family involvement is seen as a crucial element of recovery. Through respite, education, and encouragement, family members become a key part of the recovery process.

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

CUCC provides community supports both directly and through subcontractors.

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	\$26,528	Form A1 - FY20 Projected clients Served:	28
Form A1 - Amount budgeted in FY19 Area Plan	\$30,501	Form A1 - Projected Clients Served in FY19 Area Plan	35
Form A1 - Actual FY18 Expenditures Reported by	\$8,966	Form A1 - Actual FY18 Clients Served as	14

Locals	Reported by Locals
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>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 interagency staffings is DCFS and JJS. CUCC will attend schools for case staffing's requiring additional help from the center. These include Individual Education Plan (IEP's). These staffings are valuable for coordinating all the support 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 and through subcontract.</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).	
The increase is a desire to increase the availability of this service for the parents of the SED youth that we serve.	
Describe any significant programmatic changes from the previous year.	
There have been no significant programmatic changes from the previous year.	

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$95,414	Form A1 - FY20 Projected clients Served:	49
Form A1 - Amount budgeted in FY19 Area Plan	\$110,747	Form A1 - Projected Clients Served in FY19 Area Plan	71
Form A1 - Actual FY18 Expenditures Reported by Locals	\$36,120	Form A1 - Actual FY18 Clients Served as Reported by Locals	27

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

CUCC currently employs 9 trained Peer Specialists which includes 3 Family Resource Facilitators. CUCC has began utilizing Peer Services in a group setting in one location (Ephraim) and has seen positive outcomes so far. CUCC is exploring possible ways of expanding peer services on all geographic teams and at all service locations. The 3 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.

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

Provided Directly or through Contracted Provider: Directly

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

No significant change from last fiscal year.

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Supervision is provided by clinical staff both in a group supervision setting and in individual settings as needed. It is provided by clinical mental health therapists that also serve as Team Leaders for each of CUCC's three geographic teams. These supervisors have been trained in supervision techniques specific to Peer Specialists as provided by the Division of Substance Abuse and Mental Health.

Describe any significant programmatic changes from the previous year.

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

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$205,967	Form A1 - FY20 Projected clients Served:	80
Form A1 - Amount budgeted in FY19 Area Plan	\$191,028	Form A1 - Projected Clients Served in FY19 Area Plan	65
Form A1 - Actual FY18 Expenditures Reported by Locals	\$204,489	Form A1 - Actual FY18 Clients Served as Reported by Locals	30

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

CUCC currently employs 9 trained Peer Specialists which includes 3 Family Resource Facilitators. CUCC is exploring possible ways of expanding peer services on all geographic teams and at all service locations. The 3 Family Resource Facilitators employed at CUCC provide WRAP services to families in need of additional resources to help cope with challenges.

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

Provided Directly or through Contracted Provider: Directly

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

No significant change from last fiscal year.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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. All supervisors have attended training provided by DSAMH regarding Peer Supervision. Also Allies for Families continues to provide mentoring for the FRF's at CUCC. The FRF's regularly attend monthly meetings hosted to provide additional training.

Describe any significant programmatic changes from the previous year.

No significant programmatic change from last fiscal year.

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$6,400		
Form A1 - Amount budgeted in FY19 Area Plan	\$6,400		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$34,825		

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

The local geographic teams are responsible for informing the community of the services offered by CUCC. At local community health fairs CUCC staff have worked in booths where pamphlets describing services are available. Local religious organizations call and staff will attend meeting to discuss various topics of interest. Support groups in the area also request attendance at meetings for educational services. All geographic teams meet regularly with DCFS to discuss cases, particularly difficult cases, which require a wide array of services from several different agencies. There are also regular meetings at the Utah State Hospital in which necessary staff attend to assist with discharge planning and wrap services. Our psychiatrist and PA consult with local physicians on an as needed basis. Coordination of care is an important component of quality care. The consults are available to all clients receiving services at CUCC. CUCC also receives requests on occasion from local physicians to consult with our psychiatrist and PA regarding difficult cases that they are working on within the community. Medical staff readily responds to these requests in hopes of alleviating challenges to community members. The entire population of the Six County area is eligible for receiving educational and consultation services. CUCC also assists any resident to find a resource for treatment even if CUCC is not the agency that will be providing that treatment through our triage system. CUCC has established a strong relationship with Wayne Community Health Center (WCHC) a FQHC in the area. Often the medical staff face challenges in clients that are being served at the Health Center. In these cases CUCC medical staff have readily responded to consultation requests. Additional information has been posted to CUCC's website. This includes screening services, information on community partners and services.

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

and Ephraim.

Provided Directly or through Contracted Provider: Directly

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$2,600		
Form A1 - Amount budgeted in FY19 Area Plan	\$2,600		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$61,296		

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

The local geographic teams are responsible for informing the community of the services offered by CUCC. At local community health fairs CUCC staff have worked in booths where pamphlets describing services are available. Local religious organizations call and staff will attend meeting to discuss various topics of interest. Support groups in the area also request attendance at meetings for educational services. All geographic teams meet regularly with DCFS to discuss cases, particularly difficult cases, which require a wide array of services from several different agencies. There are also regular meetings at the Utah State Hospital in which necessary staff attend to assist with discharge planning and wrap services. Our psychiatrist and PA consult with local physicians on an as needed basis. Coordination of care is an important component of quality care. The consults are available to all clients receiving services at CUCC. CUCC also receives requests on occasion from local physicians to consult with our psychiatrist and PA regarding difficult cases that they are working on within the community. Medical staff readily responds to these requests in hopes of alleviating challenges to community members. The entire population of the Six County area is eligible for receiving educational and consultation services. CUCC also assists any resident to find a resource for treatment even if CUCC is not the agency that will be providing that treatment through our triage system. CUCC has established a strong relationship with Wayne Community Health Center (WCHC) a FQHC in the area. Often the medical staff face challenges in clients that are being served at the Health Center. In these cases CUCC medical staff have readily responded to consultation requests. CUCC participates in regional Systems of Care Meetings. CUCC also hosts members of Systems of Care in it Ephraim Administrative Building. Additional information has been posted to CUCC's website. This includes screening services, information on community partners and services.

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

Provided Directly or through Contracted Provider: Directly

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	\$49,706	Form A1 - FY20 Projected clients Served:	15
Form A1 - Amount budgeted in FY19 Area Plan	\$46,324	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$6,567	Form A1 - Actual FY18 Clients Served as Reported by Locals	4

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

CUCC assists the local authority in the planning for the needs of persons incarcerated in local correctional facilities. This includes according to UCA 17-43-201 to “review and evaluate substance abuse prevention and treatment needs and services, including substance abuse needs and services for individuals incarcerated in a county jail or other correctional facility.” The local Authorities have chosen not to use State dollars given by the 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 after-hours 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.

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

Provided Directly and through Contracted Providers

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	\$45,656	Form A1 - FY20 Projected clients Served:	7
Form A1 - Amount budgeted in FY19 Area Plan	\$44,710	Form A1 - Projected Clients Served in FY19 Area Plan	7
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	0

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

CUCC has utilizes its Director of Crisis Services as its hospital Liaison to assist in hospital discharge and overcoming specific challenges to discharge. At times CUCC has incorporated its residential treatment facility as a step down approach towards getting individuals out of the hospitals in a timely manner and a step towards integration back into the client's community. Funds are available to help clients travel to desired discharge locations where the client has a better chance of having supports to assist in their recovery, typically around family. Along with the above mentioned expenditures, monies are available for any of the mandated services, including essential pieces such as case-management, medication, physical health needs and assistance with housing/rent. CUCC will continue to utilize these funds to promote recovery and maintain individuals without adequate funding for needed resources that prevent or stand in the way of recovery. These funds also help to prevent individuals at risk of going to higher levels of care from further deterioration through diversionary efforts.

Where: All Geographic Teams

Provided Directly

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	

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

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

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

Provided Directly or through Contracted Provider: Directly

Describe any significant programmatic changes from the previous year.

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

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	\$20,000	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$32,470	Form A1 - Projected Clients Served in FY19 Area Plan	36
Form A1 - Actual FY18 Expenditures Reported by Locals	\$109,359	Form A1 - Actual FY18 Clients Served as Reported by Locals	76

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

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

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

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

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

Drop in funding for unfunded clients pull us to a lower threshold of clients being seen.

Describe any significant programmatic changes from the previous year.

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

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount	\$9,097	Form A1 - FY20 Projected	9
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$30,918	Form A1 - Projected Clients Served in FY19 Area Plan	29
Form A1 - Actual FY18 Expenditures Reported by Locals	\$68,329	Form A1 - Actual FY18 Clients Served as Reported by Locals	41
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>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>			
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).			
Drop in funding for unfunded clients pull us to a lower threshold of clients being seen.			
Describe any significant programmatic changes from the previous year.			
There have been no significant programmatic changes from the previous year.			

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,195	Form A1 - Actual FY18 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>The FRF position is 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</p>			

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. CUCC has also adopted the use of the Columbia Suicide Severity Rating Scale (C-SSRS) as a part of its clinical services.

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

Provided Directly or through Contracted Provider: Directly.

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive employment in the community (include both adults and transition aged youth).

CUCC provides psychoeducational services to help clients overcome challenges that limit the ability to engage in competitive employment. CUCC has increased the provision of psychoeducational services to both adult and youth clients over the past few years. These efforts have been made to help clients gain the skills for employment, gain the confidence to do so and to overcome existing barriers that limit their ability to seek and obtain meaningful employment.

Collaborative efforts involving other community partners.

CUCC works closely with Vocational Rehabilitation in helping clients prepare and succeed in the workplace. Case managers have advocated for clients in various workplaces to help employers understand the clients' challenges and to help the employer make reasonable accommodations so that expectations can be met. CUCC has also worked closely with local food banks to increase opportunities for clients to work for pay and in some cases volunteer.

Employment of people with lived experience as staff.

Currently CUCC have at least 6 former or current clients employed or volunteering in some way within the center and are currently looking for ways to involve more. The roles that the former and current clients hold within the agency vary from employee to employee but are generally based upon client interest and needs within the Center. CUCC does not consider mental illness or past substance abuse reasons to not hire. If anything, CUCC will consider these assets for positive peer relationships and promoting recovery among current clients.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

CUCC currently has a total of 9 Peer specialists including 3 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.

Evidence-Based Supported Employment.

CUCC has not implemented Supported Employment to fidelity.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

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. CUCC has also recently implemented a one hour assessment. This has increased the amount of individuals coming in for assessments as well as decreasing the number of no shows for intake appointments. [CUCC has increased its presence in local schools where school based services are offered. It is also beginning a performance improvement project looking at inpatient hospitalizations and services following discharge.](#)

Identify process improvement activities - Implementation

CUCC is working on increasing the availability of prescriber time on each geographic team. It has also decreased the amount of time required for an initial assessment from 2 hours to 1 hour in most instances. [It is also beginning a performance improvement project looking at inpatient hospitalizations and services following discharge.](#)

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

CUCC will be retraining on the OQ/YOQ systems. CUCC has trained and implemented 15 different Evidence Based Practices. Each of these EBP's vary one from another in the amount of training that is required and necessary. With many of the EBP's that have been implemented fidelity to the model is achieved simply by following the manualized interventions. [Supervision includes audio recorded sessions that are reviewed and scored by trained supervisors in the various models on fidelity scales established by the developer of the EBP or as developed by CUCC when one is not available. Feedback is then offered in supervision for the supervisee to improve fidelity if needed.](#)

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

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. Furthermore CUCC has been working on a Performance Improvement Project (PIP) that has looked at the utilization of the Columbia Suicide Severity Rating Scale (C-SSRS) and when clinically indicated the use of same day Safety Plans. It has seen improvement in the overall rates of use of both the C-SSRS and the Safety Plans. This has improved client outcomes. [CUCC will be adopting the use of the DLA-20 this year for children/youth and all adult populations including SUD populations.](#)

Identify process improvement activities - Increased service capacity

CUCC has stressed the importance of productivity and as a result of this has seen the overall number of services per clinician/provider increase. Also CUCC has stressed and trained on real time recording of documentation. This has produced additional service hours available for additional clients to access services. CUCC has also began utilizing shorter assessment times (from two hours to one hour). As a result it has seen an increase in service hours, decreased no shows, and quicker appointment times from sometimes days away to at times same day appointments.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid

Funded Individuals

CUCC has stressed the importance of productivity and as a result of this has seen the overall number of services per clinician/provider increase. CUCC has also seen as a result additional individuals being able to access services. Also CUCC has stressed and trained on real time recording of documentation. This has produced additional service hours available for clients to access services. Currently CUCC has an open door for anyone seeking services. Anyone seeking services can at a minimum receive an assessment, and based upon need and capacity can receive ongoing services.

Identify process improvement activities - Efforts to respond to community input/need

CUCC remains committed to meeting the needs of community partners and clients. Providers who have been trained in Postvention and Mental Health First Aid continue to respond to needed and requested trainings for any individual or group that is requesting training. They are also proactive in setting these trainings up by looking out for need. CUCC's Authority Board are elected officials representing each of their counties in the capacity as Commissioners. Feedback from the various communities to the Commissioners and then to CUCC is offered at regular Board meetings. This feedback is vital and extremely important as it provides CUCC with opportunities to grow and meet the demands of the communities that it serves. CUCC also participates in Consumer Feedback Surveys annually and the feedback is reviewed for community needs and expectations.

Identify process improvement activities - Coalition Development

CUCC has developed coalitions and partnerships with community partners. CUCC continues to foster these relationships as well as seeks to build new coalitions with other community partners. Recently CUCC established a new Sanpete Cares Coalition chapter in the Gunnison area.

Describe how mental health needs for people in Nursing Facilities are being met in your area

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.

Other Quality and Access Improvements (not included above)

N/A

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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. [CUCC has employed a full time APRN and a part time APRN with a background in family and emergency medicine.](#) This has increased and improved the focus of our medication management

services from simply psychiatric needs to overall physical needs.

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.

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 ongoing process. [CUCC has employed a full time APRN and a part time APRN with a background in family and emergency medicine.](#) This has increased and improved the focus of our medication management services from simply psychiatric needs to overall physical needs.

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).

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.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. SUD Target= reduce tobacco and nicotine use by 5%.

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 stopping the use of tobacco products. [It is an evidence-based cessation program known as END. Initial results have been extremely positive.](#)

30) Children/Youth Mental Health Early Intervention

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

The FRF position is utilized on each geographic team at CUCC. Their time is spent doing wrap services for individuals within the community and in the Center, especially focusing efforts in local schools. They also provide

case management, personal services and peer support services depending upon the nature of the service provided. Efforts are made to work closely with agencies such as DCFS and JJS where there are complex needs for the families and youth being served. There has been tremendous partnering between agencies throughout the six county area that have positively impacted the lives of many youth and families.

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

Provided Directly or through Contracted Provider: Directly.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

No significant change from last fiscal year.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

YES

31) Children/Youth Mental Health Early Intervention

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

N/A

Include expected increases or decreases from the previous year and explain any variance over 15%.

N/A

Describe any significant programmatic changes from the previous year.

N/A

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

N/A

32) Children/Youth Mental Health Early Intervention

Describe the *School-Based Behavioral 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.

CUCC has multiple therapists and three part time [Peer Specialists](#) for the provision of school based services. CUCC is now providing services in schools in four of its six counties. Treatment begins with a referral from the school. The therapist and or the [Peer Specialist](#) 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 [Peer Specialists](#) 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. CUCC has utilized IGP funding for the provision of school based services [in the past](#). It is planning on maintaining school based services to a similar degree in the upcoming school year.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail [Eric Tadehara @ DSAMH](#) a list of your current school locations.)

No significant change from last fiscal year. Also there has not been any changes to the school locations that CUCC is serving. The following is the list of schools where services are anticipated to be provided: Ashman Elementary, Cedar Ridge High, Circleville Elementary, Delta Elementary, Delta Middle, Delta High, Delta North Elementary, Delta South Elementary, Ephraim Elementary, Ephraim Middle, Fairview Elementary, Fillmore Elementary, Fillmore Middle, Fillmore High, Ft. Green Elementary, Gunnison Elementary, Gunnison Middle, Gunnison High, Manti Elementary, Monroe Elementary, Moroni Elementary, Mt. Pleasant Elementary, North Sanpete Alternative High, North Sanpete High, North Sanpete Middle, Oscarson Elementary, Pahvant Elementary, Piute High, Red Hills Middle, Richfield High, Salina Elementary, South Sevier High, South Sevier Middle, Spring City Elementary.

Describe outcomes that you will gather and report on.

CUCC will continue to track the YOQ scores for school based services as well as add DLA-20 functioning scores.

33) Suicide Prevention, Intervention & Postvention

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

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

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.

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 two were at 76.19%. This was a statistically significant improvement from baseline. In the rate of same day safety planning, CUCC saw a 44.63% increase. This also was a statistically significant change from baseline to year one.

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.

As described above CUCC maintains an after-hours 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 number of suicides in the six county area and being a positive resource to our community partners.

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

CUCC has implemented six JRI planning committee's with each of the local counties being a part of the team. Members of each team include but are not limited to the following: AP&P workers from each jurisdiction, CUCC administration including the CEO and CFO and the local treatment provider Team Leader for each of the local teams. Primary Commissioners involved in the JRI planning include but are not limited to: Dennis Blackburn, Darin Bushman, Richard Hansen, Scott Bartholomew, Ralph Brown, and Evelyn Warnick. County Attorneys include: Jared Eldridge (Juab), Dale Eyre (Sevier), Patrick S. Finlinson (Millard), Kevin L. Daniels (Sanpete), LeEllen McCartney (Wayne), and Scott Burns (Piute). Sheriff'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 Lea Gibson (Team Leaders). AP&P officers from each jurisdiction are also included. County Jail staff have often attended these meetings as well, especially around the coordination of the LSI screening tools etc. Since this is still the beginning stages of a major change to the criminal justice and treatment systems, these initial teams should not be construed as inflexible as the needs will undoubtedly change with time and circumstances.

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

CUCC utilizes the RANT in the identification of need of the offender. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. [All of these screening tools are considered evidence based.](#) 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. 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&P and other local law enforcement including the courts. Treatment will be based upon the needs of the offender but possible treatment options will include, Seeking Safety, MRT, MI, CBT,

MAT, Life in Balance and the work of Stanton Samenow and Samuel Yochelson on the Criminal Personality and correcting thinking errors. Recovery support can include additional treatment following discharge, rent, medication (MAT or other), and other personal needs.

Identify your outcome measures.

CUCC will be using reduced use, increased employment, less criminal justice involvement, treatment compliance and completion, hospital diversion, average number of services, improved functioning scores as seen on the DLA-20, and length in treatment.

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority:		Central Utah Counseling Center		Form B	
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue						
Drug Court	\$138,508		\$22,000			\$35,828						\$196,336						
Drug Offender Reform Act												\$0						
JRI	\$156,330											\$156,330						
Local Treatment Services	\$209,006	\$108,000	\$94,667		\$245,202	\$249,300	\$102,562	\$141,494	\$269,525	\$2,500	\$25,700	\$1,447,956						
Total FY2020 Substance Use Disorder Treatment Revenue	\$503,844	\$108,000	\$116,667	\$0	\$245,202	\$285,128	\$102,562	\$141,494	\$269,525	\$2,500	\$25,700	\$1,800,622						
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served				
Screening and Assessment Only												\$0		#DIV/0!				
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$11,500											\$11,500	2	\$5,750				
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)						\$15,649	\$5,750					\$21,399	2	\$10,700				
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$2,553											\$2,553	2	\$1,277				
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$145,031											\$145,031	33	\$4,395				
Outpatient: Non-Methadone (ASAM I)	\$278,260	\$100,999	\$113,467		\$218,734	\$243,362	\$61,949	\$141,494	\$267,012	\$500	\$24,500	\$1,450,277	622	\$2,332				
Intensive Outpatient (ASAM II.5 or II.1)	\$12,000	\$7,001	\$3,200		\$26,468	\$26,117	\$4,343		\$2,513			\$81,642	21	\$3,888				
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$54,500						\$30,520			\$2,000	\$1,200	\$88,220	102	\$865				
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$503,844	\$108,000	\$116,667	\$0	\$285,128	\$285,128	\$102,562	\$141,494	\$269,525	\$2,500	\$25,700	\$1,800,622	784	\$2,297				
FY2020 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures						
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$18,702	\$55,620	\$15,200		\$121,330	\$45,000	\$102,562		\$32,189	\$500	\$5,000	\$396,103						
All Other Women (18+)	\$98,000	\$24,621	\$34,500		\$46,242	\$35,000			\$88,759	\$600	\$3,800	\$331,522						
Men (18+)	\$317,142	\$1,670	\$57,467		\$28,450	\$180,092		\$141,494	\$126,109	\$900	\$11,500	\$864,824						
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$70,000	\$26,089	\$9,500		\$49,180	\$25,036			\$22,468	\$500	\$5,400	\$208,173						
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$503,844	\$108,000	\$116,667	\$0	\$245,202	\$285,128	\$102,562	\$141,494	\$269,525	\$2,500	\$25,700	\$1,800,622						

SFY 20 Opioid Budget Local Authority: Central Utah Counseling Center Form B

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020		30600		\$30,600.00

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$30,600.00
Salary Expenses	\$0.00
Title 1	
Title 2	
Title 3	
Administrative Expenses	\$0.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	\$0.00
Drug Testing	\$0.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxone)	\$30,600.00
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and other)	\$0.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$30,600.00

*Insert a note providing details

*Insert a note describing it

130572

42000

88572

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!**

1) Screening and Assessment Only

Form B - FY20 Amount Budgeted:	0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Served as Reported by Locals	0
Describe 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. Please list all contracted providers.			
<p>CUCC does not provide screening and assessment only as a separate budget item. Typically clients seeking service receive recommendations for further treatment, but at times have only received a single assessment and screening at the time. Clients that receive this service would be accounted for in the outpatient budget as all screening and assessments are completed on an outpatient basis, emergency room, or in a jail setting.</p> <p>CUCC does is not currently utilizing any contracted providers.</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).			
No significant change from last fiscal year.			
Describe any significant programmatic changes from the previous year.			
There have been no significant programmatic changes from the previous year.			
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.			
<p>CUCC provides court mandated assessments for both adult and youth clients. A client will call into the local office to schedule an appointment explaining why they are seeking services (court referred). The client is screened at the time for priority populations (IV, single mother with dependent children, or pregnant) and an appropriate appointment is set. Client is given after hours emergency number and asked to bring any information from the courts necessary for the assessment. When the PO is the one initiating or helping to initiate the referral a copy of</p>			

the LS-RNR is included in the referral for screening for criminogenic risk factors and the level of care. When a LS-RNR is not included, trained CUCC clinicians complete the RANT to assess for risk and needs of each individual client. Included in every assessment/screening is the six domains of the ASAM where the client is assessed for both strengths and weaknesses in their life. As part of the intake, the client will complete both a face to face interview and complete paperwork questionnaires that address substance use, frequency, duration and amounts along with other important factors in their lives. Recommendations are made as a part of the final report that is submitted to the court once a release of information is signed by the client. The fee for the assessment is based off of a sliding scale fee or based upon the accepted rates of the clients insurance coverage, whichever applies.

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

Form B - FY20 Amount Budgeted:	\$11,500	Form B - FY20 Projected clients Served:	2
Form B - Amount Budgeted in FY19 Area Plan	\$10,000	Form B - Projected Clients Served in FY19 Area Plan	2
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Served as Reported by Locals	0

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. Please list all contracted providers.

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 benzodiazepine, 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, and Highland Ridge. For Residential detoxification CUCC utilizes single case agreements with qualified providers on an as needed basis. For I-D and II-D each geographic team.

Provided Directly and through Contracted Providers

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

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

CUCC utilizes the Pavilion in Payson, and Highland Ridge. For Residential detoxification CUCC utilizes single case agreements with qualified providers on an as needed basis. Local hospitals can provide medically managed detoxification services including Sevier Valley Hospital, Gunnison Valley Hospital, Sanpete Valley Hospital, Central Valley Medical facility, Delta Hospital and Fillmore regional hospital. Typically this is paid for through insurance but CUCC has paid for detoxification when necessary.

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

Form B - FY20 Amount Budgeted:	\$21,399	Form B - FY20 Projected clients Served:	2
Form B - Amount Budgeted in FY19 Area Plan	\$18,608	Form B - Projected Clients Served in FY19 Area Plan	9
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Served as Reported by Locals	0

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

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, than 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 CUCC contracts with various providers with either formal contracts or single case agreements for long term low-intensity residential services. For level III.3 clinically managed medium-intensity residential treatment CUCC has not been able to identify a III.3 provider in the state. To date, CUCC has not needed this level of care for its clients. 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, than services are contracted for and referred to a youth provider. 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 ([Current contract with Provo Canyon \(men/women\)](#), [Odyssey House \(men/women/youth\)](#), and [House of Hope \(women/children\)](#), but have used other providers on a single case agreement depending upon need).

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

No significant change from last fiscal year financially, but the clients served will allow for typically longer lengths of stay.

Describe any significant programmatic changes from the previous year.

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

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$2,553	Form B - FY20 Projected clients Served:	2
Form B - Amount Budgeted in FY19 Area Plan	\$2,220	Form B - Projected Clients Served in FY19 Area Plan	2
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Serviced as Reported by Locals	0

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

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 coordinates care with the methadone providers at the licensed facilities. For information regarding medication assisted treatment, please see the Outpatient and Intensive Outpatient sections of the Area Plan.

Where: N/A

Provided Directly or through Contracted Provider: CUCC has no current contract nor a license to provide this type of service. CUCC on occasion pays for services through a single case agreement.

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

CUCC expects about 2 cases from single case agreements.

Describe any significant programmatic changes from the previous year.

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

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY20 Amount Budgeted:	\$145,031	Form B - FY20 Projected clients Served:	33
Form B - Amount Budgeted in FY19 Area Plan	\$0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Serviced as Reported by Locals	0

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

CUCC prescribes Vivitrol, Buprenorphine, and Naltrexone at all of its outpatient offices. It will administer the shot directly in its clinics. It has partnered with IHC to provide Buprenorphine, Vivitrol and Naltrexone to uninsured and underinsured clients with needed medication assistance. CUCC has also provided observed medications for individuals on a daily dose of meds to assist in substance use disorder treatment. CUCC has recently employed new prescribers with experience and certifications to be able to prescribe Buprenorphine and CUCC is excited to be able to begin providing this level of Medication Assisted Treatment (MAT). Any client needing an assessment for possible MAT can call into the office and schedule an appointment for an assessment. A clinician will assess for potential need and then refer the client into medical staff for further assessment and possible prescription.

CUCC provides this directly through its employed medical staff and through referrals to the IHC unfunded clinics in the local area.

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

This is the first year that this is being tracked separately.

Describe any significant programmatic changes from the previous year.

CUCC has hired new prescribers that prescribe Buprenorphine. It has historically prescribed both Vivitrol and Naltrexone when clinically indicated.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$1,431,185	Form B - FY20 Projected clients Served:	613
Form B - Amount Budgeted in FY19 Area Plan	\$1,216,042	Form B - Projected Clients Served in FY19 Area Plan	613
Form B - Actual FY18 Expenditures Reported by Locals	\$1,438,407	Form B - Actual FY18 Clients Serviced as Reported by Locals	489

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. Please list all contracted providers.

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 client's 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 women 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 multidisciplinary

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 by CUCC employee's.](#)

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

CUCC has allocated additional funds to OP treatment due to a growing need for this level of treatment.

Describe any significant programmatic changes from the previous year.

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

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

Form B - FY20 Amount Budgeted:	\$81,642	Form B - FY20 Projected clients Served:	21
Form B - Amount Budgeted in FY19 Area Plan	\$69,188	Form B - Projected Clients Served in FY19 Area Plan	20
Form B - Actual FY18 Expenditures Reported by Locals	0	Form B - Actual FY18 Clients Served as Reported by Locals	0

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. Please list all contracted providers.

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 multidisciplinary 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 training 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 as well as CUCC's prescribers who are licensed to do so and coordination is provided for treatment.

Provided Directly [by CUCC employee's](#) at Richfield, Ephraim, Nephi.

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).

We expect a slight increase in our intensive outpatient program.

Describe any significant programmatic changes from the previous year.

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

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$88,220	Form B - FY20 Projected clients Served:	102
Form B - Amount Budgeted in FY19 Area Plan	\$76,718	Form B - Projected Clients Served in FY19 Area Plan	106
Form B - Actual FY18 Expenditures Reported by Locals	\$76,969	Form B - Actual FY18 Clients Served as Reported by Locals	16

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

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 the 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. CUCC has also been adding "Aftercare" groups to further support the recovery of substance use disorder clients.

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

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

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

Not a significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services

directly, through a contracted provider, or referred to another Local Authority.

CUCC has three residential units that it utilizes for supportive housing and transitional housing units for its clients. These have primarily been set apart for the mentally ill, but currently each of these units have both SUD and MH clients within. Extra caution is taken to prevent high risk high need clients being housed with low risk high need clients to prevent vulnerabilities from being taken advantage of. In addition to these three residential units, CUCC also has a home that it has utilized at times past as a sober living facility in Richfield. Due to the proximity to the SMI population in the residential unit next door, great caution is used in screening individuals for this living situation. These services are provided directly for our clients by CUCC. Using RSS monies, CUCC has helped clients obtain safer housing situations by providing housing assistance including first months rent etc.

What Life skills and/or Educational Services are you able to provide for your clients?

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the 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. It will also assist client in job interviews, job applications etc. 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. Recently CUCC added an evidence based practice (EBP) to its Psychosocial Rehabilitation Group services known as Team Solutions and Solutions for Wellness.

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

Provided Directly or through Contracted Provider: Provided Directly

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Continuing care and after care groups are offered to all clients throughout the entire CUCC area. CUCC provides this directly to its clients through its employees.

9) Peer Support Services-Substance Use Peer Support

Form B - FY20 Amount Budgeted:	\$6,000	Form B - FY20 Projected clients Served:	25
Form B - Amount Budgeted in FY19 Area Plan	0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by		Form B - Actual FY18 Clients Serviced as	

Locals		Reported by Locals	
<p>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.</p>			
<p>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 help in the road to recovery. Services include Peer Services, Case Management, Skills, and Psychoeducational services to help with vocational enhancement. As a part of these services, Family Resource Facilitators can work with the client and family to address identified needs.</p> <p>These services are provided directly by CUCC staff.</p>			
<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>			
<p>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 training provided by DSAMH regarding Peer Supervision.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>There have been no significant programmatic changes from the previous year.</p>			

10) Quality & Access Improvements

<p>Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?</p>
<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 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 client's primary care physician and CUCC staff.</p> <p>Additionally CUCC has implemented a shorter 1 hour initial assessment. Historically these assessments required a two hour time slot for completion, but with the shortened time the wait time for an assessment has been greatly reduced and the number of clients served has steadily increased.</p> <p>CUCC does not have a waiting list for certain levels of care that it provides directly (OP, IOP). There are times when there are wait times for Residential levels of care and when this is the case the client is provided with the level of care that best meets their interim needs.</p>
<p>Describe your efforts to market or promote the services you provide.</p>
<p>CUCC continues to utilize the OQ/YOQ in treatment. CUCC utilizes the YOQ/OQ as a process tool. CUCC continues to train for the use of ASAM criteria. CUCC was recently trained in the use of the ASAM criteria at a training provided by the Division of Substance Abuse and Mental Health. This training was utilized to further train and educate CUCC providers on both assessment and treatment. 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>

CUCC participated in a recent audit looking at substance use disorder assessment and treatment conducted by the University of Utah. This audit revealed areas that CUCC has prioritized and implemented changes to its assessment and treatment regimine. Changes have included better use of screening tools such as the RANT and the LS-RNR.

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.

[CUCC provides a website that lists all services and service locations available for clients.](#)

What EBP's do you provide? Describe the process you use to ensure fidelity?

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, MRT, Eye Movement Desensitization and Reprocessing (EMDR), and Motivational Interviewing. Training on each of these Evidence Based Practices vary from one intervention to another depending upon fidelity. Generally speaking training is completed at least annually. Many of these interventions are manualized and as such fidelity is found in following the outlined protocols in the manual. Others such as EMDR require ongoing supervision with trained supervisors and trainers. [Supervision is a key component in ensuring fidelity and includes audio recorded sessions that are reviewed and scored by trained supervisors in the various models on fidelity scales established by the developer of the EBP or as developed by CUCC when one is not available. Feedback is then offered in supervision for the supervisee to improve fidelity if needed.](#)

Describe your plan to improve the quality of care.

Clinical supervision takes place at multiple levels. Feedback is offered that address both positives and negative aspects of treatment and the implementation of clinical intervention through routine qualitative and quantitative audits. Supervision also occurs one on one at a team level. This supervision protocol varies from clinician to clinician depending upon clinical needs. There is also group supervision that takes place on each team from weekly to once a month depending upon logistics and team needs.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

CUCC has used the same measures for outcomes that the Division of Substance Abuse and Mental Health are currently using including: length in treatment, reduced use, reduced nicotine use, treatment completion, independent living, school attendance, employment status, criminal justice involvement as reflected by the number of arrests while in treatment as well as post treatment. CUCC audits to these outcomes and provides feedback to individual clinicians on their own individual outcomes. Historically CUCC has used both the WHODAS 2.0 and the DLA-20 as measures of outcomes as they would reflect current client functioning. [CUCC will again be adopting the use of the DLA-20 as a part of overall improvement and quality outcomes.](#) CUCC has and will continue to utilize the OQ/YOQ. The OQ/YOQ when used as a clinical tool accurately reflects where the client is clinically and provides important feedback to the clinician so that outcomes are improved through the process of therapy.

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

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, and how you will coordinate with the jail to ensure service delivery is adequate.

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 after-hours 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.

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

Provided Directly and through Contracted Providers

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

No significant change from last fiscal year.

Describe any significant programmatic changes from the previous year.

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

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

As stated above, CUCC is not contracted to provide medical services including the use of MAT in county jails or prison in Gunnison. All of these have medical providers that assess and treat these conditions. When CUCC does go to the local jails for various services, including assessment in emergency situations, if a client is deemed a candidate for possible MAT, a recommendation is made to the jail staff for this. On occasion this has resulted in inmates being released on MAT that has increased treatment compliance at CUCC. This has also helped to facilitate transitions from correctional facilities to outpatient treatment at CUCC.

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

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

12) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

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

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, Nicotine).

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.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD Target= reduce tobacco and nicotine use by 5%.

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 stopping the use of tobacco products.

Currently CUCC is not utilizing any subcontract providers for outpatient services.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$727,625	Form B - FY20 Projected clients Served:	340
Form B - Amount Budgeted in FY19 Area Plan	\$707,549	Form B - Projected Clients Served in FY19 Area Plan	331
Form B - Actual FY18 Expenditures Reported by Locals	\$702,940	Form B - Actual FY18 Clients Served as Reported by Locals	

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.

CUCC offers OQ, MRT, Seeking Safety, EMDR, Life in Balance, and Team Solutions and Solutions for Wellness as the evidence-based services. Women'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 considerations 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 women's specific treatment and training, a focus on trauma informed care is being adopted through formal and informal training provided. Psychoeducational services are offered to help address needed vocational skills. Case management and Peer Services are offered to address clinically relevant challenges that are common to women moving towards recovery.

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.

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.

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

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. FRF's are often brought in in these situations to provide supervision and childcare for these children.

Describe any significant programmatic changes from the previous year.

There was not a significant change from last fiscal year.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	\$208,173	Form B - FY20 Projected clients Served:	97
Form B - Amount Budgeted in FY19 Area Plan	\$197,006	Form B - Projected Clients Served in FY19 Area Plan	92
Form B - Actual FY18 Expenditures Reported by Locals	\$96,049	Form B - Actual FY18 Clients Served as Reported by Locals	

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

CUCC provides the following EBP's: C-SSRS, DBT, EMDR, Medication Management, 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 in Motivational Interviewing. Getting family involvement, especially parental involvement is vital in client retention. CUCC utilizes family feedback and treatment to help with the engagement and retention in treatment. (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. (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 after-hour's emergency number. (9): CUCC staff training focuses upon meeting the individual needs of the client. (10): CUCC utilizes the YOQ for monitoring the process of treatment, which results in positive outcomes. The YOQ is administered every individual therapy session. It also utilizes the same outcome measures that DSAMH utilizes for outcomes. CUCC audits to these outcomes and provides direct feedback to individual clinicians regarding what their individual outcomes are. [Due to limited numbers of youth accessing services, levels of care are limited to Early intervention, Outpatient and Residential levels of care. Assessment information is sent to referring agencies with proper ROI's.](#)

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

There was not a significant change from last fiscal year.

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

CUCC works closely with DCFS and often has local case workers and or supervisors attend regular staff meetings

to collaborate with 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. Cases are staffed with DSPD workers prior to any appointment, including individual therapy, skills, and medication management. CUCC works closely with JJS and Juvenile courts through FRF's, case managers and the individual therapist coordinating care.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$196,336	Form B - FY19 Amount Budgeted: Felony	\$192,561
Form B - FY20 Amount Budgeted: Family Dep.	\$0	Form B - FY19 Amount Budgeted: Family Dep.	\$0
Form B - FY20 Amount Budgeted: Juvenile	\$0	Form B - FY19 Amount Budgeted: Juvenile	\$0
Form B - FY20 Recovery Support Budgeted	\$88,220	Form B - FY19 Recovery Support Budgeted	\$76,718

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

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.

Juab Millard Felony Drug Court estimate: 24
 Sanpete Felony Drug Court estimate: 25
 Sevier Felony Drug Court estimate: 30

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Individual, group and family counseling is provided by licensed therapists for participants. Individual and group behavioral management is provided by Licensed Substance Use Disorder Counselors (SUDC), Social Service Workers (SSW) 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 client's 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 multidisciplinary team and a treatment plan is developed. Case Management services are provided for participants to help them through the recovery process

and to meet needs when clinically indicated. [This can include helping individuals qualify and obtain alternative funding for treatment services such as Medicaid](#). 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.

Describe MAT services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

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. CUCC's medical staff have been trained in the provision of MAT to its clients. Two of its prescribers has completed the required 8 hour training to enable the prescription of Suboxone. A local physician, (Dr. Gary Cole) has also completed this training and provides these prescriptions when indicated. These services are provided directly by CUCC.

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

Drug testing is generally completed on individuals involved in the criminal justice system [including Drug Court and JRI participants](#), 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 as established by DSAMH. 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 [schedule that includes weekends and holidays](#) and when it is clinically indicated by suspected use.

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

Provided Directly or through Contracted Provider: Directly [and through Beechtree Diagnostics](#)

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

CUCC has a sliding scale fee based upon the client's 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. CUCC has attempted and found some success in helping clients obtain Medicaid that pays for the majority of all treatment. This has proven helpful for these clients that are approved of this funding source.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

There was not a significant change from last fiscal year.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved service list).

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 and Peer Support services etc. \$88,220 was the amount listed in the RSS

section above. If a client is in need of RSS, CUCC will provide the funding for them regardless of why they are a client (JRI or DC).

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$156,330	Form B - FY19 Amount Budgeted:	\$155,019
Describe the criminogenic screening and assessment tools you use.			
<p>CUCC utilizes the RANT in the identification of need of the offender. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. In the initial intake paperwork, CUCC also utilizes screening tools that help to identify substance use, frequency, duration, route of administration and the age of first use.</p>			
Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.			
<p>CUCC utilizes the RANT in the identification of need of the offender. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. In the initial intake paperwork, CUCC also utilizes screening tools that help to identify substance use, frequency, duration, route of administration and the age of first use. Based upon the results of these screening and assessment tools treatment and prevention efforts are customized to best meet the needs of the offender as well as providing the right amount of intervention. 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&P and other local law enforcement including the courts. Treatment will be based upon the needs of the offender but possible treatment options will include, DBT, 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), Peer Support Services and other personal needs.</p>			
Identify training and/or technical assistance needs.			
<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. 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>			

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$0		
Form B - Amount Budgeted in FY19 Area Plan	N/A		
Form B - Actual FY18 Expenditures Reported by	\$0		

Locals			
<p>Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.</p>			
N/A			
<p>How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?</p>			
N/A			

FY20 Substance Abuse Prevention Area Plan & Budget										Local Authority: Central Utah Counseling Center		Form C		
		State Funds		County Funds										
FY2020 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 FY2020 Revenue		
FY2020 Substance Abuse Prevention Revenue						\$150,798	\$90,000				\$18,000	\$258,798		
		State Funds		County Funds										
FY2020 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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct						\$52,922	\$90,000						\$142,922	\$128,630
Universal Indirect						\$68,682							\$68,682	\$61,814
Selective Services						\$20,735					\$18,000		\$38,735	\$34,861
Indicated Services						\$8,459							\$8,459	\$7,613
FY2020 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$150,798	\$90,000	\$0	\$0	\$0	\$18,000	0	\$258,798	\$232,918
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total						
Primary Prevention Expenditures		\$38,809	\$31,750	\$14,821	\$8,287	\$52,929	\$4,202	\$150,798						
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures						
Total by Expense Category	\$133,691.35	\$95,746.60	\$18,812.19	\$10,307.59	\$0.00	\$240.27	\$0.00	\$258,798						

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Central Utah Counseling Center

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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**.

The Prevention Team for Central Utah Counseling follows the Strategic Prevention Framework to increase protective factors and reduce problem behaviors throughout the Six County areas of Central Utah; Juab, Sanpete, Sevier, Wayne, Piute and Millard Counties; with evidence based practices, policies, and programs.

Assessment: Central Utah Prevention and its coalitions, are on a continuum of regularly assessing the needs of our LSAA and its individual communities that we serve. For our six counties we have prioritized Low Neighborhood Attachment, Parental Attitudes Favorable to Antisocial Behavior, Low Commitment to Schools, and Perceived risk of Drug use. Our protective factors throughout CU are low in Rewards for Prosocial Involvement in community, family, schools and interaction with prosocial peers. (Please see detailed information in “Assessment” below)

Capacity Building: To be successful we realize the great importance capacity plays in ensuring that we are able to address the risk and protective factors identified in our assessment, and are always taking action to build and make it sustainable. (Please see detailed information in “Capacity Building” below)

Planning: The capacity of our Prevention Team and community coalitions use data from our Six County area and each of the communities to create our Strategies/Action Plan and collaborate to address our data. (Please see detailed information in “Planning” below)

Implementation: In implementing our plans we abide by guidelines to ensure that the process, program, policy, or practice is appropriate, evidence based, and follows the strict rules for fidelity. (Please see detailed information in “Implementation” below)

Evaluation: To ensure that all our practices, programs, and policies are delivered with fidelity, our staff receive appropriate training and follow the Utah Prevention Guidelines. (Please see detailed information in “Evaluation” below)

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and

Risk Prevention survey and other data such as **social indicators data**, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized **by each coalition**.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in **determining priority factors and problem behavior**?

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 **plan to do re assessment** for this fiscal year.

Central Utah Counseling Center continues to collect and analyze data from a variety of sources to assess and prioritize risk and protective factors, determine gaps in services, and track baseline data. An overall assessment is conducted collectively as a LSAA, Central Utah, which includes Juab, Sanpete, Sevier, Wayne, Piute, and Millard Counties by our Central Utah Prevention Team; Gay Hansen, Ashlee Gleave, and Elizabeth Hinckley. In addition to this, assessments are also conducted on county and community-levels, to identify community readiness, specific problem behaviors regarding substance abuse, suicide, and other issues unique to each small rural area by Prevention Specialists; Communities That Care, Facilitators/Coordinators; and youth and adult workgroup coalition members.

Assessment Sources:

SHARPS:

The SHARPS survey continues to be our main consistent and reliable source of data in assessing our LSAA, overall and in our rural communities. Then Utah Prevention Needs Assessment is conducted every 2 years for all school districts in our area except Tintic and Juab. The Utah Prevention Needs Assessment is administered to most 6th, 8th, 10th, and 12th grade students. North Sanpete participates in oversampling of its students to include all grades, 6 -12. Juab's JUMP (Juab Unites Motivating Prevention) coalition has worked with their community to administer this survey on a community level in the years 2017 and 2019. This invaluable data resource provides us with longitudinal data, trends, risk and protective factors, substance use, and depressive symptoms, and contributing factors as they relate to the four major influences of youth development; Community, Family, School, and Peer and Individual domains.

Other Data Sources:

*Community Health Needs Assessments (CHNA) conducted by our local hospitals which is conducted every 3 years.

*Utah Behavioral Risk Factor Surveillance System (BRFSS)

*Public Health Indicator Based Information System (IBIS)

*STR-Opioid Misuse and Abuse Needs Assessment

*School and Police data

Priority Focus:

Central Utah's prioritized problem behaviors are assessed from the data resources above by the Central Utah Prevention Specialists the Six County area with the LSAA administration. Prioritized risk and protective factors and their causes for each community are identified in collaboration with our Prevention Specialists, CTC coalition Coordinators/Facilitators and coalition members, agencies, and workgroups. These are chosen based on community readiness to address the problem behavior and trends that are concerning. For our six counties we have prioritized Low Neighborhood Attachment, Parental Attitudes Favorable to Antisocial Behavior, Low Commitment to Schools, and Perceived risk of Drug use. Our protective factors throughout CU are low in Rewards for Prosocial Involvement in community, family, schools and interaction with prosocial peers.

Resource Assessment:

Resource Assessments are conducted within our communities to identify community needs, services, resources and gaps that need to be filled. Central Utah works in collaboration with community partners such as IHC, CVMC, Health Department, USU Extension, WFC, law enforcement, school districts to assess these needs. Each coalition has prioritized the need to have the 12-sectors for capacity building to strengthen our platform and strengthen our prevention resources, policies, practices and procedures. We have also prioritized appropriate training and education for our Key Leaders, coalitions, and program instructors. We work to build strong working relationships with our law enforcement, provide them with training and encourage them to participate in evidence based prevention efforts such as EASY Compliance Checks. Likewise, with each agency before mentioned to rally our resources to do the most good for each community.

Gaps:

Our largest gap in services is the ability to have certified prevention specialists with enough time to provide appropriate prevention services for the six counties they serve. To address this we recently hired four part -time employees to run the EB Communities that Care process for each of our main coalitions, with the help of the PFS 18 grant. There is so much work to be done, given our unique beliefs, norms, and cultures in each area that directly affect our ability to provide services as we would desire. Our new CTC Facilitators will be trained in all prevention opportunities.

An example of these beliefs, Juab School District is still reluctant to participate in the SHARPS which leaves their communities who have the highest Opioid and Suicide Deaths in the six county area per capita, as well as, higher than the state rate in both instances, with limited data and no causal factors to accurately address the problems. Tintic School District has participated sporadically in the SHARPS.

Another gap in services identified is that of resources for those with substance use disorders and their families. Together with our community partners we are seeking volunteers who are willing to be trained, then teach the EB courses provided through the Utah Support Advocates Recovery Awareness, USARA, curriculum. This program provides training to families of those with substance use disorders reduce problems and appropriately provide support to help their loved one take responsibility for their addiction.

Central Utah Counseling Center will completed the Community Readiness Survey for Juab and Sevier in 2018, and are now working to complete Readiness Surveys for East Millard, Piute, and Sanpete.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)

Central Utah Counseling Center continues to build capacity within each community throughout the six county area to strengthen sustainable support for prioritized prevention programs and interventions and value our continued coordination with other agencies in each community to further build capacity for implementing prevention strategies and programs.

CUCC 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 Communities that Care process for successful and sustainable coalitions was received by prevention staff and introduced to our coalitions where it was well received and coalition members agreed to use this model to increase their prevention efforts. Community Board Orientations were held and Key Leaders identified, with whom also received Key Leaders Orientation.

Central Utah Counseling Center will encourage and provide training to increase knowledge and skills among community coalition partners, and key leaders with additional SPF and CTC processes with training opportunities to attend Utah Prevention Coalition Summit in Bryce, Utah Youth Prevention Training Fall Substance Abuse Conference, Substance Abuse Prevention Specialists Training, and other prevention webinars throughout FY2020.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

Goal: 1

Objective: 1.1

Measures/outcomes

Strategies:

Timeline:

Responsible/Collaboration:

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 the resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?

Central Utah Counseling Center continues to prioritize underage drinking and suicide. The plan was written by [Gay Hansen](#), [Ashlee Gleave](#), and [Elizabeth Hinckley](#) after evaluating the Central Utah 2017 SHARPs data and assessing the risk and protective factors.

Each coalition throughout Central Utah's six counties collaborate with CUCC's efforts and lend support to address the risk and protective factors associated with underage drinking and suicide. Contributing members includes the 12-sectors consisting of local school districts, law enforcement, mental health & substance abuse agency, public health, school board, hospital, domestic violence, private business, parents, etc. These coalitions vary but with the CTC Community Board Maintenance workgroups in each coalition we should be more successful at our efforts in capacity building. [For our six counties prioritized risk factors are Low Neighborhood Attachment which is at 28.7%, Parental Attitudes Favorable to Antisocial Behavior is at 29.5%, Low Commitment to Schools is at 43.2%, and Perceived risk of Drug Use is at 29.9%. Our protective factors throughout CU are low in Rewards for Prosocial Involvement in community at 71.6% , family 67.2%, schools 66.1%, and Interaction with Prosocial Peers 65.6%.](#)

Central Utah Counseling Center (six counties):

Problem Behavior: Underage drinking

• Risk & Protective Factor: Parental attitudes favorable to antisocial 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

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.

[Prioritized Risk factors for each area throughout Central Utah are as follows:](#)

[Juab: Family Conflict SHARPS 2017 42.2% grades 6-12 using GGC Program](#)

[Fillmore: Poor Family Management SHARPS 2017 39.8% grades 10-12, using GGC program](#)

[Delta: Parental Favorable towards ASB SHARPS 2017 31.1% grades 10-12, using GGC program](#)

[Ephraim: Family Conflict SHARPSs 2017 25.4% grades 6-12, using GGC program](#)

[North Sanpete: Parental Attitudes Favorable to ASB SHARPS 2017 28.6% grades 6-12, using GGC program](#)

[Gunnison: Early Initiation of ASB SHARPS 2017 27.2% grades, using GGC program](#)

[Sevier: Family Conflict 28.4% SHARPS 2017 grades 6-12, using GGC program](#)

*Eliminated -Program 4: Easy Compliance Checks, Juab & Sevier, goal to do checks 2 times each in Juab and Sevier this is a TYPO should be Estimated not Eliminated

- 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 antisocial 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

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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).

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:

- Communities that Care coalitions with 4 part-time facilitators to address risk and protective factors, strategies, etc. for youth and adults in the six county area.
- Guiding Good Choices with 2 sessions yearly in Delta, Nephi, and Fillmore; 2 sessions yearly in Ephraim to help with parents identified by courts, DCFS, and Family Resource Facilitators, also open to any community member.
- Prime for Life will be held every 6 months in Ephraim, Fillmore, Delta, Richfield, and Nephi as needed.
- Parents Empowered messaging and materials will be used at community events, health fairs, etc.
- DEA 360, Use Only as Directed, and Medication Take Back events and messaging to address Rx, Opioids,
- EASY compliance checks discussed in detail with Juab and Sevier law enforcement agencies and encouragement to complete them will continue.
- Hope Squad for Jr. high and high school students.
- QPR Teen for Hope Squads, QPR Adult for community members.
- MHFA will be offered 3 times.
- PFS funds will help with building capacity by [hired facilitators for CTC Coalitions, SAPST, ECTC](#); youth retreats and trainings, coalition members trainings and conferences, to build capacity for community coalitions and teach skills in prevention.

Eliminated:

- 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.

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

Things to Consider/Include:

What do you do to ensure that the programming offered is

- 1) implemented with fidelity
- 2) appropriate and effective for the community
- 3) seeing changes in factors and outcomes

Process of Central Utah Counseling Center'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. Pre/Post surveys are conducted, reviewed, and evaluated. We insure that persons providing prevention programs keep current in recertifying and use the required materials for each program. Programs are reviewed 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.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
CTC Youth Coalition/Leadership - CENTRAL UTAH				Yes		
Agency		Tier Level: 4				
Central Utah Counseling Center		N/A				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	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 and community environment (Hope Squads, GYC, leadership groups) within Juab, Delta, Millard, Sanpete, Sevier, Wayne and Piute schools.	*Students will participate in the Youth Prevention Summit to provide training to reduce early initiation of Anti-Social Behaviors using their local data. *Students will participate with local Coalitions to educate, evaluate and change policies, procedures, and practices in each area.	Reduce early initiation of ASB from 25.2 in 2015 to 24.6 in 2017; 23.2 in 2019; and 22.8 in 2021	Reduce lifetime alcohol use in all grades 6-12 from 16.3 in 2015; 16.0 15.0 in 2017; 15.75 in 2019; 15.0 in 2021; 15.5 in 2023; and 15 in 2025
Measures & Sources	CU SHARPS 2015; 17	CU SHARPS 2015; 2017	GYC; Youth Leadership Groups; Hope Squads; Youth Coalition Members	Schools with Hope Squads established in Central Utah.	Central Utah SHARPS 2015; 2017,	Central Utah SHARPS 2015; 17; 19; 21;

						2019, 2021	23; 25
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2. Logic Model

Program Name			Cost of Program			Evidence Based:	
CTC Youth Coalition - JUAB						Yes	
Agency			Tier Level: 4				
Central Utah Counseling Center							
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes		
			Universal/ Selective/Indicated		Short	Long	
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2017 was 8.9%	Reduce rewards for ASB SHARPS: 2017 was 37.8%	Students in the Juab School District who desire to make positive change in their community will be invited to be involved with the JUMP Coalition as Youth Leadership and JUMP's efforts to reduce risk factors for the Juab community. They will also have the opportunity to attend Youth Leadership Prevention Training at Snow College. To include a minimum of 5 students yearly..	JUMP Coalition holds Coalition monthly meetings, using the CTC model, holds community events to educate and change policies, practices, & procedures to reduce rewards for ASB and increase rewards for Prosocial Involvement to our youth and its citizens. Have Youth Leadership attend Youth Prevention Summit at Snow College for training. Any student interested will be included to participate.	Reduce rewards for ASB SHARPS: 2017 was 37.8% Reduce in 2019 to 36.8%; and to 35.8% in 2021	Reduce Lifetime Alcohol Use in grades 6-12 from 8.9% in 2017 to 8.4% in 2019 to 7.9% in 2021 and 7.4% in 2023; then 6.8% in 2025	
Measures & Sources	Juab Com. Community SHARPS 2017	Juab Com. SHARPS 2017	GYC; Youth Leadership Groups; Hope Squads; Youth JUMP Coalition Members	Referrals: Agencies, Schools, Churches, JUMP Coalition members	Juab Com. SHARPS 2017; 19; 21	Juab Com. SHARPS 2017; 2019; 2021; 2023; 2025	

3. Logic Model

Program Name			Cost of Program		Evidence Based:	
CTC - Youth Coalition Leadership - DELTA					Yes	
Agency			Tier Level: 4			
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 10-12 SHARPS: 2013 was 25.9% 2015 was 31.1% 2017 was 26.5%	Reduce rewards for ASB in grades 10-12 SHARPS: 2013 was 15.6 2015 was 49.0 2017 was 24.9	Students from Delta High School who want to make positive change in their community will work with the Delta First Coalition in their efforts to reduce risk factors identified through data in their community. To include a minimum of 5 students yearly.	Students will be part of the Delta Community First Coalition and collaborate to hold community events to educate and change practices, policies, and procedures to reduce rewards for ASB and increase rewards for prosocial involvement to our youth and its citizens. Youth Leadership will attend Youth Prevention Summit at Snow College for training. Any student interested will be included to participate.	Reduce rewards for ASB in grades 10-12 SHARPS: 2013 was 27.8%; in 2015 was 30.8%; in 2017 was 25.2%; to 24% in 2019; and 23% in 2021	Reduce Lifetime Alcohol Use in grades 10-12 From 25.9% in 2013; to 31.1% in 2015; to 26.5% in 2017; to 25.5% in 2019; to 24% in 2021; and 23% in 2023; and 22% in 2025
Measures & Sources	Delta SHARPS 2013; 2015; 2017	Delta SHARPS 2013; 2015; 2017	GYC; Youth Leadership Groups; Hope Squads; Delta Community First Coalition Youth Members	Referrals: Agencies, Schools, Churches, JUMP Coalition members	Delta SHARPS 2013; 2015; 2017, 2019, 2021	Delta SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

4. Logic Model

Program Name			Cost of Program		Evidence Based:	
CTC Youth Coalition Leadership - EAST MILLARD					Yes	
Agency			Tier Level: 4			
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	

			Universal/ Selective/Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 10-12 SHARPS: 2013 was 25.7% 2015 was 23.4% 2017 was 30.3%	Rewards for ASB in grades 10-12 SHARPS: 2013 was 25% 2015 was 22.6% 2017 was 26.1%	Students from Delta High School who want to make positive change in their community will work with the Delta First Coalition in their efforts to reduce risk factors identified through data in their community. To include a minimum of 5 students yearly.	Students will be part of the East Millard Prevention Coalition and collaborate to hold community events to educate and change policies, practices, and procedures to reduce rewards for ASB and increase pro-social rewards for our youth and its citizens. Youth Leadership will attend Youth Prevention Summit at Snow College for training. Any student interested will be included to participate.	Reduce rewards for ASB in grades 10-12 From 25% in 2013; to 22.6% in 2015; to 26.1% in 2017; to 24% in 2019; and 23% in 2021	Reduce Lifetime Alcohol Use in grades 10-12 From 25.7% in 2013; to 23.4% in 2015; to 30.3% in 2017; to 28.5% in 2019; to 27% in 2021; and 25.5% in 2023; and 24% in 2025
Measures & Sources	Millard SHARPS 2013; 2015; 2017	Millard SHARPS 2013; 2015; 2017	GYC; Youth Leadership Groups; Hope Squads; East Millard Prevention Coalition	Referrals: Agencies, Schools, Churches, JUMP Coalition members	Millard SHARPS 2013; 2015; 2017, 2019, 2021	Millard SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

5. Logic Model

Program Name		Cost of Program		Evidence Based:		
CTC Youth Coalition Leadership - NORTH SANPETE				Yes		
Agency		Tier Level: 4				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS;:	Reduce Early Initiation of Antisocial behavior in grades 6-12	Students From North Sanpete High School who would like to make a change in their school the Coalition is available to all students attending	North Sanpete Youth Coalition will be held in North Sanpete High School. Our goal is to serve approx. 10 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS:	Reduce Lifetime Alcohol Use in grades 6-12 2015 was 23.1 2017 was 15.4

	2015 was 23.1 2017 was 15.4	SHARPS: 2013 34.8 2015 29.6 2017 27.7	North Sanpete High School	All students will be included and encouraged to attend as part of this strategy.	2013 34.8 2015 29.6 2017 27.7 2019 27.0	reduce to in 2019 15.0; to 14.5 in 2021; to 14 in 2023; and 13.5 in 2025
Measures & Sources	NS SHARPS 2013; 2015; 2017	NS SHARPS 2013; 2015; 2017	Coalition held at North Sanpete High School	Referrals from school resource officer and school counselor enrolment open to all students of North Sanpete High School	NS SHARPS 2013; 2015; 2017, 2019, 2021	NS SHARPS 2013; 2015; 2017; 2019; 2021;2023;2025

6. Logic Model

Program Name			Cost of Program		Evidence Based:	
Youth Coalition/GYC/Hope Squad/Leadership - MANTI					Yes	
Agency			Tier Level:			
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS;; 2015 was 22.4 2017 was 21.5	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2015 29.4 2017 28.1	Students from Manti High School who would like to make a change in their school the Coalition is available to all students attending North Sanpete High School	Manti Youth Coalition will be held in North Manti School. Our goal is to serve approx. 10 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2015 29.4 2017 28.1 2019 27.0	Reduce Lifetime Alcohol Use in grades 6-12 2015 was 22.4 2017 was 21.5 reduce to 20.0 in 2019; to 19.5 in 2021; to 19 in 2023; to 18.5 in 2025
Measures & Sources	Manti SHARPS 2013; 2015; 2017	Manti SHARPS 2013; 2015; 2017	Coalition held at Manti High School	Referrals from school resource officer and school counselor enrolment open to all students of Manti High School	Manti SHARPS 2013; 2015; 2017, 2019, 2021	Manti SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

7. Logic Model

Program Name		Cost of Program		Evidence Based:		
CTC Youth Coalition- GUNNISON				Yes		
Agency		Tier Level:4				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective /Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS;; 2015 was 15.7 2017 was 23.7	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 32.3 2015 29.6 2017 31.1	This coalition is available to all Students from Gunnison High School.	Manti Youth Coalition will be held in Gunnison High School. Our goal is to serve approx. 10 people per year. School administration will encourage participation from youth who would be a positive influence on peers. School resource officers and school counselors will target youth willing to work on prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 32.3 2015 29.6 2017 31.1 2019 29.0	Reduce Lifetime Alcohol Use in grades 6-12 2015 was 15.7 2017 was 23.7 reduce to 23.2 in 2019; to 22.7 in 2021; to 22.0 in 2025
Measures & Sources	Gunnison SHARPS 2013; 2015; 2017	Gunnison SHARPS 2013; 2015; 2017	Coalition held at Gunnison High School	Referrals from school resource officer and school counselor enrolment open to all students of Gunnison High School	Gunnison SHARPS 2013; 2015; 2017, 2019, 2021	Gunnison SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

8. Logic Model

Program Name		Cost of Program		Evidence Based:	
CTC Youth Coalition Leadership - PIUTE				Yes	
Agency		Tier Level: 4			
Central Utah Counseling Center					

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/ Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 19.5 2015 was 13.4 2017 was 14.8	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 30.6 2015 was 30.7 2017 was 20.0	Students from Piute High School who would like to make a change in their school the Coalition is available to all students attending Piute High School	Piute Youth Coalition will be held in Piute High School. Our goal is to serve approx. 5 people per year. Referrals will be taken from school resource officers and school counselors for youth who will be a positive influence on peers. To create a group of youth who want to work on CTC coalitions for prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 30.6 2015 was 30.7 2017 was 20.0 Reduce in 2019 to 18.6	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 19.5 2015 was 13.4 2017 was 14.8 Reduce in 2019 to 12.5; to 12 in 2021; to 11.5 in 2023; to 11 in 2025
Measures & Sources	Piute SHARPS 2013; 2015; 2017	Piute SHARPS 2013; 2015; 2017	Coalition held at Piute High School	Referrals from school resource officer and school counselor enrolment open to all students of Piute High School	Piute SHARPS 2013; 2015; 2017, 2019, 2021	Piute SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

9. Logic Model

Program Name		Cost of Program		Evidence Based:		
CTC Youth Coalition Leadership - NORTH SEVIER				Yes		
Agency		Tier Level:				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/ Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 33.2	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 32.9	Students from North Sevier High School who would like to make a change in their school the Coalition is available to all students attending North	North Sevier Youth Coalition will be held in North Sevier High School. Our goal is to serve approx. 8 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 32.9 2015 was 16.8 2017 was 30.0	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 33.2 2015 was 31.1 2017 was 46.1

	2015 was 31.1 2017 was 46.1	2015 was 16.8 2017 was 30.0	Sevier High School	All students will be included and encouraged to attend as part of this strategy.	Reduce in 2019 to 28.8	Reduce in 2019 to 44.2; to 42.8 in 2021; to 42.2 in 2023; to 41.8 in 2025
Measures & Sources	North Sevier SHARPS 2013; 2015; 2017	North Sevier SHARPS 2013; 2015; 2017	Coalition held at North Sevier High School	Referrals from school resource officer and school counselor enrolment open to all students of North Sevier High School	North Sevier SHARPS 2013; 2015; 2017, 2019, 2021	North Sevier SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

10. Logic Model

Program Name		Cost of Program		Evidence Based:		
CTC Youth Coalition Leadership- RICHFIELD				Yes		
Agency		Tier Level: 4				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective /Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 35.7 2015 was 31.5 2017 was 20.5	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 36.4 2015 was 29.6 2017 was 29.2	Students from Richfield High School who would like to make a change in their school the Coalition is available to all students attending Richfield High School	Richfield Youth Coalition will be held in Richfield High School. Our goal is to serve approx. 20 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 36.4 2015 was 29.6 2017 was 31.1 Reduce in 2019 to 29.0	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2015 was 15.7 2017 was 23.7 Reduce in 2019 to 20.0; to 19.5 in 2021; 19 in 2023; and 18.5 in 2025
Measures & Sources	Richfield SHARPS 2013; 2015; 2017	Richfield SHARPS 2013; 2015; 2017	Coalition held at Richfield High School	Referrals from school resource officer and school counselor enrolment open to all students of Richfield High School	Richfield SHARPS 2013; 2015; 2017, 2019, 2021	Richfield SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

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11. Logic Model

Program Name		Cost of Program		Evidence Based:		
CTC Youth Coalition Leadership- SOUTH SEVIER				Yes		
Agency		Tier Level:4				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 37.4 2015 was 33.5 2017 was 28.6	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 33.1 2015 was 33.2 2017 was 20.0	Students from South Sevier High School who would like to make a change in their school the Coalition is available to all students attending South Sevier High School	South Sevier Youth Coalition will be held in South Sevier High School. Our goal is to serve approx. 9 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 33.1 2015 was 33.2 2017 was 20.0 Reduce in 2019 to 18.6	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 37.4 2015 was 33.5 2017 was 28.6 Reduce in 2019 to 26.4' tp 26 in 2021; to 25.5 in 2023; to 25 in 2025
Measures & Sources	South Sevier SHARPS 2013; 2015; 2017	South Sevier SHARPS 2013; 2015; 2017	Coalition held at South Sevier High School	Referrals from school resource officer and school counselor enrolment open to all students of South Sevier High School	South Sevier SHARPS 2013; 2015; 2017, 2019, 2021	South Sevier SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

12. Logic Model

Program Name	Cost of Program	Evidence Based:
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CTC Youth Coalition- Leadership WAYNE						Yes	
Agency			Tier Level: 4				
Central Utah Counseling Center							
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes		
			Universal/ Selective/Indicated		Short	Long	
Logic	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 21.6 2015 was 7.4 2017 was 9.5	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 15.6 2015 was 49.0 2017 was 24.9	Students from Wayne High School who would like to make a change in their school the Coalition is available to all students attending Wayne High School	Wayne Youth Coalition will be held in Wayne High School. Our goal is to serve approx. 5 people per year. Referrals will be from school resource officers and school counselors to target youth willing to work on prevention. All students will be included and encouraged to attend as part of this strategy.	Reduce Early Initiation of Antisocial behavior in grades 6-12 SHARPS: 2013 was 15.6 2015 was 49.0 2017 was 24.9 Reduce in 2019 to 22.2	Reduce Lifetime Alcohol Use in grades 6-12 SHARPS: 2013 was 21.6 2015 was 7.4 2017 was 9.5 Reduce in 2019 to 7.7; to 7 in 2021; to 6.5 in 2023; to 6 in 2025	
Measures & Sources	Wayne SHARPS 2013; 2015; 2017	Wayne SHARPS 2013; 2015; 2017	Coalition held at Wayne High School	Referrals from school resource officer and school counselor enrolment open to all students of Wayne High School	Wayne SHARPS 2013; 2015; 2017, 2019, 2021	Wayne SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025	

13. Logic Model

Program Name			Cost of Program		Evidence Based:	
Guiding Good Choices - CENTRAL UTAH					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	

			Universal/ Selective/Indicated		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, Gunnison, Wayne, Piute, Richfield, North and South Sevier, Ephraim, and Nephi.. Estimated attendance in each class is 6 – 15 adults and children	Guiding Good Choices will be offered in Juab, Wayne, Piute, Sanpete, Millard and Sevier Counties. GGC is a family competency training for parents of children in grade and middle schools. Instruction includes identification of risk factors for ATOD abuse, strategies to enhance protective family processes and reduce depressive symptoms. .	Poor family management will indicate improvement • GGC post-tests of 15% improvement over pre-tests • Poor family management will decrease from 29.0 in 2015 to 28.5 24.2% in 2017 to 28.0 in 2019; and 27.5% in 2021	Reduce 30 day alcohol use in grades 6 through 12 from 7.0% in 2013 to 2015; was 6.4% in 2017; to 6.1% by 2019; to 5.5 in 2021; 5.0 in 2023; and 4.5 in 2025
Measures & Sources	SHARPS 2013;15;17	Pre/post GGC surveys SHARPS 15, 17	Program Attendance Records	Program Participation Records/Referrals	GGC Pre/post surveys; SHARPS 2015; 17; 19; 21	SHARPS 2013, 15;17;19; 21; 23; 25

14. Logic Model

Program Name		Cost of Program		Evidence Based:		
Guiding Good Choices - JUAB				Yes		
Agency		Tier Level:				
Central Utah Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	Reduce lifetime alcohol use	Family Conflict SHARPS 2017: 42.2% grades 6-12	Parents referred and/or self-refer to parenting classes in Juab. This fills a gap in parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults	Referrals will be from Family Resource Facilitators, DCFS, Courts, and those seeking treatment to overcome addictions and mental health, or other agencies to target youth and families with needs. Community Families will be included and encouraged to attend as part of this strategy.	For All grades 6-12 will show a decrease for Family Conflict from 42.2% in 2017 to 40% in 2019; and 38% in 2021 Parental knowledge, attitudes, and behavior of how to reduce the risk of youth SA and reduce	Lifetime alcohol use will decrease for grades 6-12 from 8.9% in 2017 to 7.4% in 2019; to 7% in 2021; and 6.5% in 2023; to 5% in 2025

SHARPS is 8.9%			and children.	Participants will attend Guiding Good Choices 2 hours per week for 5 weeks.	conflict increase from pre to post test.	
Measures & Sources	JUAB Comm. SHARP 2017 Community Level	JUAB Comm. SHARP 2017 Community Level	Attendance Rosters Referrals	Attendance Rosters	JUAB Comm.SHARP 2019 Community Level to Juab 2019 SHARP; 2021 Pre/Post Tests	SHARP JUAB 2017 (Community Level); 2019; 2021; 2023; 2025

15. Logic Model

Program Name		Cost of Program		Evidence Based:		
Guiding Good Choices - FILLMORE				Yes		
Agency		Tier Level:				
Central Utah Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic Lifetime Alcohol use for grades 10-12 in 2017 SHARPS is 30.3%	Reduce lifetime alcohol use SHARPS 2017: 30.3% grades 10-12	Poor Family Management SHARPS 2017: 39.8% grades 10-12	Parents referred and/or self-refer to parenting classes in Fillmore. This fills a gap in parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults and children.	Referrals will be from Family Resource Facilitators, DCFS, Courts, and other agencies to help target youth and families with needs. Community Families will be included and encouraged to attend as part of this strategy. Participants attend Guiding Good Choices 2 hours per week for 5 weeks.	For grades 10-12 we will see decrease for students reporting Poor Family Management from 39.8% in 2017 to 37.4% in 2019; to 36% in 2021	Lifetime alcohol use will decrease for grades 10-12 from 30.3% in 2017; to 29.3% in 2019; to 28.3% in 2021; to 27.3 in 2023; to 26.3% in 2025

Measures & Sources	SHARP 2017	SHARP 2017 Pre/Post Tests	Attendance Rosters Referrals	Attendance Rosters	SHARP 2017; 2019; 2021 Pre/Post Tests	SHARP 2017; 2019; 2021; 2023; 2025
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16. Logic Model

Program Name			Cost of Program		Evidence Based:	
Guiding Good Choices - DELTA					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic Lifetime Alcohol use for all grades 10-12 in 2017 SHARPS is 26.5%	Reduce lifetime alcohol use	Family History of ASB SHARPS 2017: 31.1% grades 10-12	Parents referred and/or self-refer to parenting classes in Delta. This fills a gap in parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults and children.	Referrals will be from Family Resource Facilitators, DCFS, Courts, and other agencies to help target youth and families with needs. Community Families will be included and encouraged to attend as part of this strategy. Participants attend Guiding Good Choices 2 hours per week for 5 weeks.	For grades 10-12 will decrease for: Parental Attitudes favorable to ASB from 33.1% in 2017 to 31% in 2019	Lifetime alcohol use will decrease for grades 10-12 from 26.5% in 2017; to 25.5 in 2019; to 24.5 % in 2023; to 24% in 2025
Measures & Sources	SHARP 2017	Pre/post GGC surveys SHARPS 15, 17	Attendance Rosters Referrals	Attendance Rosters	SHARP 2017; 2019; 2021 Pre/Post Tests	SHARP 2017; 2019; 2021; 2023; 2025

17. Logic Model

Program Name		Cost of Program			Evidence Based:	
Guiding Good Choices - EPHRAIM					Yes	
Agency		Tier Level:				
Central Utah Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce students who Felt sad or hopeless for 2 or more weeks during the past year youth in grades 6-12 SHARPS;; 2015 was 21.0 2017 was 22.5	*Students report family conflict in grades 6-12 SHARPS: 2013 34.1 2015 32.4 2017 25.4	Universal/Selective Parents referred and/or self-refer to parenting classes in Sanpete. This fills a gap in parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults and children.	Guiding Good Choices will be held in Sanpete. Our goal is to provide 2 cycles per year serving approx. 15 people per cycle. Referrals will be from Family Resource Facilitators to target youth and families with needs. Community Families will be included and encouraged to attend as part of this strategy.	Reduce the number of students reporting family conflict in grades 6-12 SHARPS: 2013 34.1 2015 32.4 2017 25.4	Reduce students who Felt sad or hopeless for 2 or more weeks during the past year youth in grades 6-12 2015 was 21.0 2017 was 22.5 reduce to 21 in 2019; to 20.5 in 2021; to 20 in 2023; to 19.5 in 2025
Measures & Sources	CU SHARPS 2013; 2015; 2017	CU SHARPS 2013; 2015; 2017	Holding classes at Counseling Center in Ephraim	Referrals from school counselor and open to all families in our community.	Central Utah SHARPS 2013; 2015; 2017, 2019	Central Utah SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

18. Logic Model

Program Name		Cost of Program		Evidence Based:	
Guiding Good Choices - NORTH SANPETE				Yes	
Agency		Tier Level:			
Central Utah Counseling Center		4			

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	<p>Reduce Lifetime alcohol use in grades 6-8</p> <p>Reduce students who Felt sad or hopeless for 2 or more weeks during the past year youth in grades 6-8</p> <p>SHARPS;; 2015 was 21.0 2017 was 22.5</p>	<p>*Students report family conflict in grades 6-8 SHARPS: 2017 24.2%</p> <p>Parental Attitudes favorable to ASB 28.6% in 2017</p>	<p>Universal/Selective Parents referred and/or self-refer to parenting classes in Sanpete. This fills a gap in parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults and children.</p>	<p>Guiding Good Choices will be held in Sanpete. Our goal is to provide 2 cycles per year serving approx. 15 people per cycle.</p> <p>Referrals will be from Family Resource Facilitators to target youth and families with needs.</p> <p>Community Families will be included and encouraged to attend as part of this strategy.</p>	<p>Reduce the number of students reporting family conflict in grades 6-8 from 24.2% in 2017 to 23% in 2019</p> <p>Reduce parental attitudes favorable to ASB from 28.6% in 2017 to 27% in 2019</p>	<p>Reduce lifetime alcohol use in grades 6 through 8 from 12.5% in 2017 to 11.5% in 2019 and 10.5 in 2021</p> <p>Reduce Students who Felt sad or hopeless for 2 or more weeks during the past year in grades 6-8 from 18.7% in 2017 to 18% in 2019 and 17% by 2021; to 16.5 in 2023; to 16 in 2025</p>
Measures & Sources	SHARPS CU SHARPS 2017	Holding classes in Gunnison Middle School	Holding classes in Gunnison Middle School	Referrals from school counselor and open to all families in our community.	Central Utah SHARPS 2017	SHARPS 2013, 15;17;19, 21; 23; 25

19. Logic Model

Program Name			Cost of Program		Evidence Based:	
Guiding Good Choices - GUNNISON					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	E-cig lifetime use among Gunnison youth in	*Early Initiation of ASB and Reduce	Parents referred and/or self-refer to parenting classes in Gunnison, Mayfield, Fayette area. Filling a gap in	<p>Guiding Good Choices will be held in Gunnison. Our goal is to provide 4 cycles per year serving approx. 15 people per cycle.</p> <p>Referrals will be from the middle school/elementary counselors targeting</p>	Reduce early initiation of ASB from 32.3 in 2013, 29.6 in	Reduce lifetime e-cig use for Gunnison

	grades 6-12 SHARPS;; 2013 was 7.7 2015 was 16.0 2017 was 29.7		parenting classes. A minimum of 2 cycles, possibly up to 4 yearly. Estimated attendance in each class is 6 – 15 adults and children.	youth and families with great needs. Reduced fines from Youth Court for students whose parents attend GGC. Community Families will be included and encouraged to attend as part of this strategy.	2015, 31.1 in 2017, to 30 in 2019..	youth from 29.7 in 2017 to 29.5 in 2019.
Measures & Sources	CU SHARPS 2013; 2015; 2017	CU SHARPS 2013; 2015; 2017	Holding classes in Gunnison Middle School	Referrals from school counselor and open to all families in our community.	Central Utah SHARPS 2013; 2015; 2017	Central Utah SHARPS 2013; 2015; 2017; 2019; 2021

20. Logic Model

Program Name		Cost of Program		Evidence Based:		
Guiding Good Choices - SEVIER COUNTY				Yes		
Agency		Tier Level:				
Central Utah Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic	Reduce lifetime alcohol use Reduce lifetime e-cig use	Parental Attitudes Favorable to ASB	50 parents and guardians of Children ages 9-14 in Central Utah	Participants attend Guiding Good Choices 2 hours per week for 5 weeks.	Parental Attitudes favorable from 28.1% in 2017 to 26.1% in 2019	Lifetime alcohol use will decrease for grades 6-12 from 18.3% in 2017 to 14.3% in 2021 Lifetime e-cig use will decrease for grades 6-12 from 19.6% in 2017 to 15.6% in 2021; to 15.1 in 2023; to 14.6 in 2025
	Lifetime Alcohol use for all grades 6-12 in 2017 SHARPS is 18.3%					
	Lifetime E-cig use for all grades 6-12 in					

2017 SHARPS is 19.6%						
Measures & Sources	SHARP 2017	SHARP 2017 Pre/Post Tests	Attendance Rosters Referrals	Attendance Rosters	SHARP 2019 Pre/Post Tests	SHARP 2017; 2019; 2021; 2023; 2025

21. Logic Model

Program Name			Cost of Program			Evidence Based:	
Media Campaigns/Collaboration						Yes	
Agency			Tier Level:				
Central Utah Counseling Center			3 Parents Empowered				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes		
			Universal/Selective/Indicated		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, DEA 360; 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 (goal met 8.0) by 2015. from 8.0 in 2015 to 7.0 (9.2) in 2017 to 6.0 in 2019	Reduce 30 day alcohol use in 2013 grades 6 to 12 from 7.0% in 2013 to 6.4% in 2015, (6.1 in 2017) to 6.2 in 2019 and 6.0 in 2021; to 5.5 in 2023; to 5 in 2025	
Measures & Sources	SHARPS 2013;15;17;19, 21	SHARPS 2013;15; 17;19	Distributed at community events; health fairs, CFNO’s, etc.	Local newspapers, radios, garbage trucks, take back events, community events, etc.	SHARPS 2013;15;17;19	SHARPS 2013;15;17;19; 21; 23; 25	

22 Logic Model

Program Name	Cost of Program	Evidence Based:
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CTC Community Coalitions - Juab - JUMP Juab Unites Motivating Prevention				Yes		
Agency			Tier Level:			
Central Utah Counseling Center			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Juab: Opioid deaths 26.57 per capita	Rewards for ASB	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.	*Existing coalitions will receive training as needed or upon request in the CTC model of prevention to better identify risk and protective factors and plan strategies for local issues. *Hold trainings and provide training. *Complete and/or update Community Readiness Survey and Resource Assessment. CFNO to address SDS & target 7th grade students & families for GGC	Reduce rewards for ASB from 37.8% in 2017 to 35.8% in 2019, to 33.8 in 2021	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; to 20 in 2023-24
Measures & Sources	CHNA CVMC 2017 Opioid Misuse & Abuse Needs Asmt 4/2017	CHNA CVMC 2013, Youth Focus Groups/Youth Coalition members, SHARPS 2017	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 2017, 2019, 2021	SHARPS 2017; 19 Opioid Misuse & Abuse Needs Asmt 4/2017; 2019; 2021; 2023; 2025

23 Logic Model

Program Name			Cost of Program	Evidence Based:		
Community Coalitions - Sevier, Wayne, Piute Central Utah Prevention Coalition				Yes		
Agency			Tier Level:			
Central Utah Counseling Center			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective		Short	Long

			/Indicated			
Logic	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>SHARPS: 2013 was 22.1 2015 was 20.1 2017 was 18.3</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2013 was 11.3 2015 was 11.6 2017 was 10.7</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2013 was 8.7 2015 was 20.0 2017 was 19.6</p>	<p>Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2013 was 29.5 2015 was 24.2 2017 was 23.8</p> <p>Reduce Perceived Availability of Drugs</p> <p>SHARPS: 2013 was 20.8 2015 was 21.6 2017 was 22.2</p> <p>Reduce Family Conflict</p> <p>SHARPS: 2013 was 28.2 2015 was 25.7 2017 was 28.4</p>	Key Leaders and stakeholders in the sanpete county community.	<p>Central Utah Prevention Coalition will follow the milestones and benchmarks outlined in the Communities that Care model. To allow the Coalition to collaborate with stakeholders in the community</p> <p>All residents of Sevier County will be included and encouraged to attend as part of this strategy.</p>	<p>Reduce Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2017 was 23.8 2019 reduce to 21.2</p> <p>Reduce Perceived Availability of Drugs</p> <p>SHARPS: 2017 was 22.2 2019 reduce to 20.1</p> <p>Reduce Family Conflict</p> <p>SHARPS: 2017 was 28.4 2019 reduce to 25.8</p>	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>SHARPS: 2017 was 18.3 2019 reduce to 16.5; to 16 in 2021; to 15.5 in 2023; to 15 in 2025</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2017 was 10.7 2019 reduce to 8.5; to 8 in 2021; to 7.5 in 2023; to 7 in 2025</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2017 was 19.6 2019 reduce to 17.1; to 16.6 in 2021; to 16.1 in 2023; to 15.6 in 2025</p>
Measures & Sources	Sevier SHARPS 2013; 2015; 2017	Sevier SHARPS 2013; 2015; 2017	Coalition held at Sevier County Health Department.	Referrals from Key Leaders in Sevier County	Sevier SHARPS 2013, 2015, 2017, 2019	Sevier SHARPS 2013, 2015, 2017, 2019

24 Logic Model

Program Name	Cost of Program	Evidence Based:
CTC Community Coalition - Sanpete Sanpete Cares		Yes
Agency	Tier Level:	
Central Utah Counseling Center	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>SHARPS: 2015 was 23.1 2017 was 15.4</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2015 10.6 2017 10.5</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2015 22.0 2017 19.1</p>	<p>Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2013 34.8 2015 29.6 2017 27.7</p>	<p>Key Leaders and stakeholders in the sanpete county community.</p>	<p>Sanpete CARES Coalition will follow the milestones and benchmarks outlined in the Communities that Care model. To allow the Coalition to collaborate with stakeholders in the community</p> <p>All residents of Sanpete County will be included and encouraged to attend as part of this strategy.</p>	<p>Reduce Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2017 27.7 2019 27.0</p> <p>Reduce Perceived Availability of Drugs</p>	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>2015 was 23.1 2017 was 15.4 reduce to in 2019 15.0; to 14.5 in 2021; to 14 in 2023; to 13.5 in 2025</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2017 10.5; to 10 in 2019; to 9.5 in 2021; to 9 in 2023; to 8.5 in 2025</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2015 22.0; from 19 in 2017; to 18 in 2019; to 17.5 in 2021; to 17 in 2023; to 16.5 in 2025</p>
Measures & Sources	<p>Sanpete SHARPS 2013; 2015; 2017</p>	<p>Sanpete SHARPS 2013; 2015; 2017</p>	<p>Coalition held at South Sanpete School District Office</p>	<p>Referrals from Key Leaders in Sanpete County</p>	<p>Sanpete SHARPS 2013; 2015; 2017, 2019, 2021</p>	<p>Sanpete SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025</p>

25 Logic Model

Program Name	Cost of Program	Evidence Based:
<p>CTC Community Coalition - East Millard East Millard Prevention Coalition</p>	<p>Work on this NOT DONE ENTER THE DATA</p>	<p>Yes</p>
<p>Agency</p>	<p>Tier Level:</p>	

Central Utah Counseling Center				3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		Short	Long
Logic	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>SHARPS: 2015 was 23.1 2017 was 15.4</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2015 10.6 2017 10.5</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2015 22.0 2017 19.1</p>	<p>Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2013 34.8 2015 29.6 2017 27.7</p> <p>Reduce Perceived Availability of Drugs</p> <p>SHARPS: 2015 27.7 2017 26.2</p> <p>Reduce Family Conflict</p> <p>SHARPS: 2015 32.4 2017 24.2</p>	Key Leaders and stakeholders in the sanpete county community.	<p>Sanpete CARES Coalition will follow the milestones and benchmarks outlined in the Communities that Care model. To allow the Coalition to collaborate with stakeholders in the community</p> <p>All residents of Sanpete County will be included and encouraged to attend as part of this strategy.</p>	<p>Reduce Early Initiation of Antisocial behavior in grades 6-12</p> <p>SHARPS: 2013 34.8 2015 29.6 2017 27.7 2019 27.0</p> <p>Reduce Perceived Availability of Drugs</p> <p>SHARPS: 2015 27.7 2017 26.2 2019 25.5</p> <p>Reduce Family Conflict</p> <p>SHARPS: 2015 32.4 2017 24.2 2019 23.0</p>	<p>Reduce Lifetime Alcohol Use in grades 6-12</p> <p>2015 was 23.1 2017 was 15.4 reduce to in 2019 15.0; to 14.5 in 2021; to 14 in 2023; to 13.5 in 2025</p> <p>Reduce Lifetime Marijuana use in grades 6-12</p> <p>SHARPS: 2015 10.6 2017 10.5 2019 10.0</p> <p>Reduce lifetime E cigarette use</p> <p>SHARPS: 2015 22.0 2017 19.1 2019 18.0; to 17.5 in 2021; to 17 in 2023; to 16.5 in 2025</p>
Measures & Sources	Millard SHARPS 2013; 2015; 2017	Millard SHARPS 2013; 2015; 2017	Coalition held at Fillmore, Millard Sheriff's Office	Referrals from Key Leaders in East Millard County	Millard SHARPS 2013; 2015; 2017, 2019, 2021	Millard SHARPS 2013; 2015; 2017; 2019; 2021; 2023; 2025

26. Logic Model

Program Name	Cost of Program	Evidence Based:
EASY Compliance Checks - Central Utah		Yes
Agency	Tier Level:	

Central Utah Counseling Center			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		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 grades 6 to 12 from 7.0% in 2017; to 6.0% by 2019; to 5.8 by 2021; to 5.3 in 2023; to 4.8 in 2025
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; 23; 25

27 Logic Model

Program Name			Cost of Program		Evidence Based:	
EASY Compliance Checks - Juab					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12	Reduce perceived availability of alcohol/drugs	Provide EASY Compliance Check Training, encourage law enforcement complete regular quarterly checks for retail outlet clerks and cashiers in off premise beer product retail	*Reduce retail availability of alcohol products to youth through facilitating	Reduce perceived availability of alcohol/drugs in grades 6 to 12 from	Reduce 30 day alcohol use in all grades 6 to 12 from 2.2% to 2.0% by 2019

			outlets and report in the state reporting system for completed EASY checks	training to law enforcement; encourage through collaboration with local law enforcement agencies to provide education of the EASY program, and complete quarterly EASY Checks; then enter report on State System once completed.	28.6% in 2017 to 27.6% by 2021	to 1.5% by 2021 and 1% by 2023; to 0 in 2025
Measures & Sources	SHARPS 2017	SHARPS 2017	Law Enforcement EASY training dates, participation and Annual Report	Law Enforcement EASY Training (October 16, 2018) Reports	SHARPS 2017 Parents Empowered Annual Report 2014	SHARPS 2017;19; 21; 23' 25 Parents Empowered Annual Report 2019; 21; 23' 25

28 Logic Model

Program Name			Cost of Program		Evidence Based:		
EASY Compliance Checks - Sanpete					Yes		
Agency			Tier Level:				
Central Utah Counseling Center			3				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/ Selective /Indicated			Short	Long
Logic	Reduce 30 day alcohol use in grades 6 through 12 SHARPS:	Reduce perceived availability of alcohol/drugs SHARPS:	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 Sanpete		*Encourage through collaboration with local law enforcement agencies to have them support	Reduce perceived availability of alcohol in grades 6-12 SHARPS:	Reduce 30 day alcohol use in 2013 grades 6-12 SHARPS:

	2015 10.1 2017 7.6	2015 27.7 2017 32.6	County. Estimate number to be trained 5.	education of the EASY program; help facilitate EASY training. *Reduce retail availability of alcohol products to youth.	From 2015 27.7 2017 32.6 To 2019 27.0	From 2015 10.1 2017 7.6 To 2019 7.0; to 6/5 in 2021; to 6 in 2023; to 5/5 in 2025
Measures & Sources	SHARPS 2013;15;17;19	SHARPS 2013;15,17,19	Law Enforcement EASY training dates, participation and Annual Report	Law Enforcement EASY Training Reports	SHARPS 2013;15:17,19 Parents Empowered Annual Report 2014	SHARPS 2013, 15;17;19; 21; 23; 25 Parents Empowered Annual Report 2019; 21

29 Logic Model

Program Name			Cost of Program		Evidence Based:	
Prime for Life (PRI) Adult DUI Psychoeducational					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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; to 39.5 in 2023; to 29 in 2025
Measures & Sources	BRFSS/IBIS 2015	Pre/Post test	Participant request for services/referrals &	Pre/Post tests,	Pre/Post test	IBIS: 2015. 2019, 2021,

	Central Utah		Attendance.	PRI Workbooks, use of curriculum to fidelity		2023, 2025 Central Utah
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30. Logic Model

Program Name			Cost of Program		Evidence Based:	
Prime for Life (PRI) 18 -21					Yes	
Central Utah Counseling			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/ Indicated		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; to 39.5 in 2023; to 39 in 2025
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; 2019; 2021; 2023; 2025

31. Logic Model

Program Name			Cost of Program		Evidence Based:	
Prime for Life (PRI Youth) Under 18					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Past 30 day alcohol use	Attitudes favorable to ASB	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 20.	PRI Youth 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 ASB will decrease from 27.6 in 2015 to 27.1 (29%) in 2017 to 26.6 in 2019. Pre/post tests will show a 25% increase in understanding of high risk choices contained in PRI curriculum.	30 day alcohol use will decrease from 6.4 in 2015 to 6.2 (6.1) in 2017 to 6.0 in 2019 and 5.8 in 2021; to 5.3 in 2023; to 4.8 in 2025 Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post-test
Measures & Sources	SHARPS 15, 17, 19, 21	SHARPS 2015, 17, 19; PRI Pre/Post tests	Participant requests for services/referrals and attendance.	PRI certified instructors; Pre/post tests	SHARPS 2015, 17, 19; PRI Pre/Post tests	SHARPs 15, 17, 19, 21, 23, 25 PRI Pre/Post Tests

32. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
PRI 420 - EPHRAIM					Yes	
Agency			Tier Level:			
Central Utah Counseling Center			4			

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce past 30 day use of marijuana in all grades 6-12.</p> <p>SHARPs 2015: 5.2% 2017: 4.0%</p>	<p>Reduce attitudes favorable to ASB.</p> <p>SHARPS: 2015: 25.5% 2017: 29.1%</p>	<p>Provided as an educational resource to families, college, schools, and community to address and reduce attitudes favorable to ASB in our youth.</p>	<p>Work with college, schools, community, and parents to provide evidence based information to reduce attitudes favorable to ASB.</p> <p>Increase parental and family involvement in GGC, changing attitudes for ASB then encourage GGC families to learn more about marijuana use by attending PRI 420.</p>	<p>Reduce attitudes favorable to ASB in grades 6 to 12 from 25.5% in 2015; to 29.1% in 2017; to 28.8% in 2019; to 28.3% in 2021</p>	<p>Reduce past 30 day use of marijuana in all graded 6-12, from 5.2% in 2015; to 4.0% in 2017, to 3.75% in 2019; to 3.50% in 2021; to 3.25% in 2023; to 3% in 2025</p>
Measures & Sources	<p>SHARPS 2013;15;17;19</p>	<p>SHARPS 2015;17</p>	<p>School, Communty and Parent participation and Annual Report</p>	<p>PRI 420 certified instructors Pre/Post tests for fidelity and measured changes of attitudes.</p>	<p>SHARPS 15;; 17; 19; 21</p>	<p>SHARPS 2013, 15;17;19; 21;23; 25</p>

Program Name		Cost of Program			Evidence Based: Yes or No	
					Yes	
Agency		Tier Level:				
Central Utah Counseling Center						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective/Indicated		Short	Long
Logic						
Measures & Sources						

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

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

PROCEDURES FOR SETTING CLIENT CO-PAY:

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

- c. Co-Pay for mental health/substance abuse services, if listed on clients insurance card.
5. Co-Pay per service schedule: based on the clients total income, use the schedule to assign the co-pay amount. Explain to the client they will be charged this co-pay for each service and that payment is expected at the time of their visit.
 6. Co-Pay Guidelines for Multiple Services: For clients who have a large number of services, the therapist can adjust the co-pay per service down to a manageable monthly level. Based on the estimated number of services the client is expected to receive each month, a co-pay amount is established that approximates the monthly amount established for their income.
 7. Co-pay based on insurance card: For clients with insurance coverage, use the insurance co-pay amount listed on their card. If the client overpays, based on the co-pay amount, we will reimburse the amount that was overpaid. If someone is seen for the first time and insurance information is not available, explain that you will get the information by their next visit and the co-pay will be assigned at that time.
 8. The therapist has the right to discount the fee from the fee schedules. The therapist must document why the fee was discounted. It is unfair to discount the fee for some clients and not for others without some rationale. Reasons that may justify fee discounts include, but are not limited to the following; high medication costs or medication co-pays; medical costs; disabled family members that require special services; significant debt acquired that is directly related to severe mental illness; clients who, due to their mental illness, would not accept services without discount. For example, if the combination of medical costs and co-pay is significantly over the monthly maximum, then the co-pay amount could be discounted.
 9. If the therapist decides to discount the co-pay amount below the schedule, this must be approved by the team leader.
 10. A client can appeal a therapists decision of the co-pay amount by following the grievance procedures by completing a Grievance Form.

Updated 20190108

Estimated 2019 Poverty Guideline
 Estimated 2019 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	\$1,012	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
150%	\$1,013.00	\$1,518.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00
200%	\$1,519.00	\$2,024.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$5.00
250%	\$2,025.00	\$2,530.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$5.00
300%	\$2,531.00	\$3,036.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
350%	\$3,037.00	\$3,542.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
400%	\$3,543.00	\$4,048.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00	\$10.00
450%	\$4,049.00	\$4,554.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00	\$10.00
500%	\$4,555.00	\$5,060.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00
550%	\$5,061.00	\$5,566.00	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00
600%	\$5,567.00	\$6,072.00	Full Fee	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00
	\$6,073.00	\$6073+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

* based on 2019 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	\$1,012	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
150%	\$1,013.00	\$1,518.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00	\$30.00
200%	\$1,519.00	\$2,024.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00
250%	\$2,025.00	\$2,530.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$30.00
300%	\$2,531.00	\$3,036.00	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
350%	\$3,037.00	\$3,542.00	\$300.00	\$240.00	\$180.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00
400%	\$3,543.00	\$4,048.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00	\$70.00
450%	\$4,049.00	\$4,554.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00	\$70.00
500%	\$4,555.00	\$5,060.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00	\$70.00
550%	\$5,061.00	\$5,566.00	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00	\$140.00
600%	\$5,567.00	\$6,072.00	Full Fee	\$630.00	\$560.00	\$490.00	\$420.00	\$350.00	\$280.00	\$210.00
	\$6,073.00	\$6073+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

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

Central Utah Counseling Center

Authority Board

Wayne County
Dennis Blackburn

Sanpete County
Scott Bartholomew

Juab County
Richard Hansen

Millard County
Evelyn Warnick

Piute County
Darin Bushman

Sevier County
Ralph Brown

Corporate Compliance Officer
Lynnette Robinson

Chief Executive Officer
Brian Whipple, LCSW

Chief Financial /Information Officer
Richard Anderson

Director of Crisis Services
Anna LaDamas, CMHC

Executive Assistant
Julie Lynn

Medical Unit
David Boel, APRN
Lauren Miller, APRN

Clinical Director
Nathan Strait, LCSW

Subcontracts for Hospital
Services

Jan Reese

Subcontracts for Outpatient Services

Team Leader
Juab/Millard
Lea Gibson, LCSW

Team Leader
Piute, Sevier, Wayne
Chad Williams, CMHC

Team Leader
Sanpete
Alan Nell, LCSW

Archibald, Angela
Burnett, Ezekiel LCSW
Cassity, Vanesa
Edrington, Matthew CSW
Farmer, Kathy CMHC
Hansen, Gay P&E
Lloyd, Robert LCSW
Lund, Melyn FRF/SUDC
Nelsen, Rodney RN
O'Reilly, Emily
Shaw, Leann
Shaw, Merrill SUDC
Sperry, Debbie CM
Staheli, Stephanie Peer/CM
Stephens, Juliette CMHC
Stewart, Jeffery CMHC
Turner, Cindy
Walker, Andralyn LCSW
Watkins, Emilee
Whiting, Carla
Young, James Intern

Anderson, Karen CM
Begay, Conte RN
Blood, Cathy CMHC
Ellett, Amberlee P&E
Gleave, Ashlee
Hawley, Kathleen
Hendrickson, Henry
Johanson, Brian FRF/CM
Knaphus, Derek ACMHC
Kunzler, Holly LCSW
MacDonald, Marsee CMHC
MacDonald, Steve LCSW
Matthews, Christian ACMHC
Meacham, Kory CMHC
Mitchell, Sonja Peer/CM
Moeller, Curtis
Peterson, Danelle
Ritchie, Cindy SSW
Ritchie, Travis LCSW
Vakautakakala, Jodi

Allred, Tracy
Anderson, Cindy Peer/CM
Anderson, Shayla
Bringhurst, Sheila LPN
Farrer, Janessa CSW
Folkner, Michelle Peer/CM
Hinckley, Elizabeth P&E
Hobby, Jennifer LCSW
Irons, Stephanie CMHC
Johansen, Benjamin
Johansen, Donnell
Kummer, Jared LCSW
Martin, Lance LCSW
Michaels, Shandi CMHC
Miller, Karin CSW
Peterson, Linda
Popperton, Harmonie FRF/CM
Scott, Welby CMHC
Sidwell, Crystal Peer/CM
Strate, Amy Peer/CM

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 2020 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) # _____, 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: Stacy Brown
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: RALPH BROWN

Title: SEVIER COUNTY

Date: MAY 15 - 2019