

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Central Utah Counseling Center

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention		Program Manager Holly Watson	
Form B - FY23 Amount Budgeted:	\$0	Form B - FY23 Projected clients Served:	0
Form B - Amount Budgeted in FY22 Area Plan	\$0	Form B - Projected Clients Served in FY22 Area Plan	0
Form B - Actual FY21 Expenditures Reported by Locals	\$0	Form B - Actual FY21 Clients Serviced as Reported by Locals	0
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
<p>Screening: All individuals seeking to complete their court requirements for a DUI are screened utilizing the SASSI-4.</p> <p>Assessment: This is followed up with an assessment that includes a full ASAM PPC-2R. Costs of this are put in the OP section below.</p> <p>Educational series: The PRIME for Life educational series is completed/offered. If they are unable for whatever reason to complete the course with CUCC, alternative providers in our area are provided to the client.</p> <p>Treatment: Treatment recommendations are made and sent to both the referring court as well as the individual. When treatment is recommended, this treatment is offered on a sliding scale fee when no insurance is available, and at regular cost when insurance is present.</p>			
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.			
SASSI-4, TCU Drug Screen 5, C-SSRS, DBT, EMDR, MAT, MI, MRT, OQ/YOQ, Prime for Life, Prime Solutions , Criminal and Addictive Thinking , Helping Men Recover , Helping Women Recover , Seeking Safety, TF-CBT.			
Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.			

CUCC is working with IHC on a Rural Communities Opioid Response Program (RCORP) that has pulled together local partners in an effort to address specifically Opioids in the area, but generally substance use in the area. Partners include: two local sheriffs, Hospital administrators, Schools, Public Health, local prevention coalitions, a representative from the Paiute tribe, and the Local Mental Health and Substance Use Authority. CUCC also participates in a partnership with IHC with local medical providers to increase services for the unfunded which also increases the utilization of SBIRT.

CUCC is also present in each school district in the area where there are therapists available in most of the schools depending upon the demand and acute nature of the need. Prevention efforts continue in schools, local coalitions, and community events.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

Outreach calls are made to remind clients of upcoming appointments. Also when a client misses an appointment, a follow up phone call is made to ascertain if there is an emergency or an acute need for intervention. In situations where there is a need, a face to face visit can and often is arranged with the individual through telehealth services.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

CUCC maintains close contact and collaboration with the Department of Workforce Services to help individuals obtain health insurance by helping individuals complete and submit required forms etc. These efforts often start in correctional settings prior to an individual being released from incarceration in an effort to obtain TAM. Case managers work with individuals referred to them by therapists in need of many forms of assistance, including insurance coverage.

Describe activities to reduce overdose.

- 1. educate staff to identify overdose and to administer Naloxone;**
- 2. maintain Naloxone in facilities,**
- 3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

CUCC has developed a course looking at and training staff on the administration of Naloxone. This is completed annually through CUCC's on-line training platform. Each office has at least one Naloxone kit. Team nurses are responsible to maintain and keep these current. All staff are trained on where these kits are kept. Prevention has provided training in SUD groups to train clients. Family can be trained in family therapy sessions when indicated. CUCC has made kits available to clients and will continue to do so.

Describe any significant programmatic changes from the previous year.

Naloxone training is being integrated into a newly designed Early Recovery Skills group curriculum. This will allow for Naloxone training to be provided to SUD clients on CUCC's 3 teams every 9-10 weeks.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Holly Watson

Form B - FY23 Amount Budgeted:	11,000	Form B - FY23 Projected clients Served:	4
Form B - Amount Budgeted in FY22 Area Plan	\$10,985	Form B - Projected Clients Served in FY22 Area Plan	4
Form B - Actual FY21 Expenditures Reported by Locals	\$20,884	Form B - Actual FY21 Clients Serviced as Reported by Locals	4
<p>Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p>			
<p>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 APRNs, 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.</p> <p>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.</p> <p>Provided Directly and through Contracted Providers</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.</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>			

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)

Shanel Long

Form B - FY23 Amount Budgeted:	\$204,000	Form B - FY23 Projected clients Served:	20
Form B - Amount Budgeted in FY22 Area Plan	\$201,775	Form B - Projected Clients Served in FY22 Area Plan	20
Form B - Actual FY21 Expenditures Reported by Locals	\$206,306	Form B - Actual FY21 Clients Serviced as Reported by Locals	14

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, then services are contracted for and referred to a youth provider such as ARTEC. There are no eligibility requirements, but the provider has discretion to deny services based on capacity and the client's individual assessment on whether such services are assessed to be beneficial. For ASAM III.1 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, then 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).
N/A
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)

VaRonica Little

Form B - FY23 Amount Budgeted:	\$2,500	Form B - FY23 Projected clients Served:	2
Form B - Amount Budgeted in FY22 Area Plan	\$2,374	Form B - Projected Clients Served in FY22 Area Plan	2
Form B - Actual FY21 Expenditures Reported by Locals	\$2,311	Form B - Actual FY21 Clients Served as Reported by Locals	25
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.			
<p>The Center is not licensed and does not operate an outpatient methadone clinic. Those in need of methadone maintenance are referred to a program that is licensed for that type of service. On occasion individuals who are receiving methadone through a licensed provider seek outpatient treatment through CUCC. In these situations, outpatient treatment is provided at local CUCC offices while care staff coordinate care with the methadone providers at the licensed facilities. For information regarding medication assisted treatment, please see the Outpatient and Intensive Outpatient sections of the Area Plan.</p> <p>Where: N/A</p> <p>Provided Directly or through Contracted Provider: CUCC has no current contract nor a license to provide this type of service. CUCC on occasion pays for services through a single case agreement.</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).			
There have been no significant changes from the previous year.			
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)

VaRonica Little

Form B - FY23 Amount	\$144,000	Form B - FY23 Projected	34
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Budgeted:		clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$143,585	Form B - Projected Clients Served in FY22 Area Plan	34
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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 employs 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.</p> <p>CUCC provides this directly through its employed medical staff and through referrals to the IHC unfunded clinics in the local area.</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).			
N/A			
Describe any significant programmatic changes from the previous year.			
There have been no significant programmatic changes from the previous year.			

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Form B - FY23 Amount Budgeted:	\$1,809,399	Form B - FY23 Projected clients Served:	700
Form B - Amount Budgeted in FY22 Area Plan	\$1,598,812	Form B - Projected Clients Served in FY22 Area Plan	640
Form B - Actual FY21 Expenditures Reported by Locals	\$1,501,341	Form B - Actual FY21 Clients Served as Reported by Locals	494
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 women 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).

There have been no significant changes from the previous year.

Describe any significant programmatic changes from the previous year.

CUCC is partnering with DCFS to initiate family dependency courts in Sanpete county and Sevier county.

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

Shanel Long

Form B - FY23 Amount Budgeted:	\$72,700	Form B - FY23 Projected clients Served:	39
Form B - Amount Budgeted in FY22 Area Plan	\$71,175	Form B - Projected Clients Served in FY22 Area Plan	38
Form B - Actual FY21 Expenditures Reported by Locals	\$85,808	Form B - Actual FY21 Clients Serviced as Reported by Locals	51

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.

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 is in the process of increasing utilization of telehealth and service linking between teams (Sevier, Sanpete, Millard-Juab) to provide an IOP level of care to Drug Court, JRI, and other SUD clients that need this. Services that may be offered to a client participating in IOP may include Individual Therapy, Peer Support, Case Management, Medication Management, Crisis Services, Psycho-education Services, CBT, EMDR, DBT, MRT, Seeking Safety, Helping Men Recover, Helping Women Recover, Prime Solutions, Dual Diagnosis Group, Interactive Journaling, Criminal and Addictive Thinking, Early Recovery Skills, Smoking Cessation, Testing for Substances, and Overdose Prevention training.

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

N/A

Describe any significant programmatic changes from the previous year.

CUCC is implementing greater use of telehealth/service linking across teams to supplement individual team efforts.

8) Recovery Support Services

Thom Dunford

Form B - FY23 Amount Budgeted:	\$42,326	Form B - FY23 Projected clients Served:	50
Form B - Amount Budgeted in FY22 Area Plan	\$86,720	Form B - Projected Clients Served in FY22 Area Plan	104
Form B - Actual FY21 Expenditures Reported by Locals	\$0	Form B - Actual FY21 Clients Serviced 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

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. Medications 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.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Form B - FY23 Amount Budgeted:		Form B - FY23 Projected clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$5,478	Form B - Projected Clients Served in FY22 Area Plan	26
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served 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.			
<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 can include Psychoeducational services to help with vocational enhancement.</p> <p>These services are provided directly by CUCC staff.</p>			
Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?			
<p>Clinician's have the opportunity to assess the need for Peer Support services as part of the initial evaluation and as part of the ongoing assessment. The formal internal referral for this service can come at any time but often occur as part of our regular multidisciplinary team meetings that include our Peer Support Specialists. On our Richfield team, a Peer Support specialist is assigned to every client in Drug Court. The effectiveness of the services are measured through assessment and reassessment utilizing the DLA-20 and comparing the scores.</p>			

Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.

See Attachment

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

N/A

Describe any significant programmatic changes from the previous year.

We have a number of new clinician's on staff. As part of a 2022 QAPI meeting, we plan to have a Peer Support Specialist teach about Peer Support Services in an effort to ensure that Clinicians can be effective as it relates to assessment and referral for this valuable service.

10) Quality & Access Improvements

Shanel Long

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?

[CUCC's Millard/Juab team is piloting a weekly walk-in SUD assessment clinic.](#)

CUCC does not have a waiting list for outpatient care. 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.

Describe efforts to respond to community [feedback or needs](#). Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

CUCC provides a website that lists all services and service locations available for clients. We are also listed in local phone books. CUCC has also participated in discussions on local radio stations and has been included in local newspaper articles. Annual reports are provided to all six county commissions where local newspapers publish the report for residents as well.

CUCC is working with IHC on a Rural Communities Opioid Response Program (RCORP) that has pulled together local partners in an effort to address specifically Opioids in the area, but generally substance use in the area. Partners include: two local sheriffs, Hospital administrators, Schools, Public Health, local prevention coalitions, a representative from the Piute tribe, and the Local Mental Health and Substance Use Authority.

CUCC also participates in a partnership with IHC with local medical providers to increase services for the unfunded which also increases the utilization of SBIRT.

CUCC is also present in each school district in the area where there are therapists available in most of the schools depending upon the demand and acute nature of the need. Prevention efforts continue in schools, local coalitions, and community events.

What evidence-based practices 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), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Team Solutions and Solutions for Wellness, 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 and priorities to improve the quality of care.

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. [Multiple clinicians from all geographic teams were recently trained in the use of the ASAM criteria at an advanced training provided by the Division of Substance Abuse and Mental Health.](#) Recently CUCC 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 other providers to quickly ascertain what is being worked on and needs to be addressed in treatment.

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. [CUCC is implementing the SASSI-4 screening tool centerwide. A new Early Recovery Skills group has also been developed and this is being implemented centerwide.](#)

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 these outcomes and provides feedback to individual clinicians on their own individual 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. CUCC is eager to launch the SURE instrument as it is available in the OQ system.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of

services provided by telehealth?

CUCC plans to maintain the use of telehealth for individual and group services. Providers have been instructed to call all appointments that were scheduled for face to face that miss an appointment to offer an immediate telehealth appointment. This has actually decreased rates of missed appointments. All clients are offered either telehealth or face to face appointments at the time the appointment is scheduled. CUCC has recently launched a recovery skills telehealth group in connection with the Sanpete County Jail. We are looking into the options of utilizing telehealth to bridge services across teams and build up IOP services. CUCC is looking into similarly launching this group via telehealth for the Juab county jail. CUCC will measure the quality of services provided by telehealth through the use of the OQ/YOQ.

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

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. CUCC has collaborated with the Sanpete County jail to create a unique treatment bridge to outpatient treatment for those completing the jail's Residential Substance Abuse Treatment (RSAT) program. Our staff begins providing clinical services while these individuals are still in jail. Services include assessment, case management, and a telehealth group. Client's still in jail begin the Recovery Skills telehealth group about 3 weeks before being released and then they continue in this group at our outpatient office upon release. We have a CUCC facilitator and a jail treatment staff team facilitator who work together to lead the group. We believe that having a facilitator from the jail will help clients feel more comfortable engaging in outpatient treatment with CUCC upon release hence reducing the risks of relapse, reincarceration, and overdose. CUCC is in the process of potentially implementing this group and process of transition to Juab and Millard jails.

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).

N/A

Describe any significant programmatic changes from the previous year.

CUCC has entered into a unique partnership with the Sanpete County jail to facilitate a transition from RSAT in a jail setting to outpatient treatment with our Ephraim office.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

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. CUCC has also begun sending case managers into the local jails to assist inmates in applying for Medicaid TAM prior to release from the jail. This has increased the numbers that connect for services following release. At the initial assessment with a CUCC provider, all clients are assessed for possible need for MAT services. If they are deemed appropriate for MAT, then a referral is made to our medical providers for further assessment and appropriate medications.

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 expand 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

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

CUCC has also partnered with IHC to help provide services for the unfunded and underfunded population in need of behavioral health services. This program has received national attention for these collaborative efforts. IHC has the RCORP grant and CUCC collaborates monthly with them to discuss community needs as both agencies jointly work on implementing projects and strategies to overcome local barriers. 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 APRNs if needed.

Describe your efforts to integrate care and ensure that children, youth and adults have both

their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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 and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the *Fagerstrom scale*. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

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. In addition to these aforementioned efforts, CUCC has undertaken to review and audit individual providers and provide feedback on smoking cessation rates based upon their individual caseloads. This is done in conjunction with TEDs reporting. In addition, Prevention staff have begun providing smoking cessation and education classes to groups of individuals that desire to quit. Also

they have taught these classes to SUD groups.

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

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

CUCC provides an annual health and wellness course that covers several topics applicable to children, youth, and adult clients. It is also designed to support the health and wellness of staff. CUCC provides an annual trauma informed care course. Additionally, A CUCC APRN is developing another course to help staff better identify potential client physical health needs.

13) Women's Treatment Services

Rebecca King

Form B - FY23 Amount Budgeted:	\$1,027,958	Form B - FY23 Projected clients Served:	311
Form B - Amount Budgeted in FY22 Area Plan	\$987,634	Form B - Projected Clients Served in FY22 Area Plan	300
Form B - Actual FY21 Expenditures Reported by Locals	\$884,470	Form B - Actual FY21 Clients Serviced as Reported by Locals	242
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, DBT, Helping Women Recovery , EMDR, Team Solutions and Solutions for Wellness as evidence-based services. Women's specific programming takes place in the Richfield, Millard-Juab , and Sanpete teams. Woman specific groups dealing with issues of abuse, trauma etc. are explored. CUCC provides these services directly. In each of the offices gender specific considerations are 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, child care 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 on a case by case basis. If the client's children are open, 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. Family Peer Supports can be brought into 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.

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

N/A

Please describe the proposed use of the WTX funds

N/A

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

N/A

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

N/A

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

N/A

14) Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY23 Amount Budgeted:	\$319,360	Form B - FY23 Projected clients Served:	
Form B - Amount Budgeted in FY22 Area Plan	\$305,877	Form B - Projected Clients Served in FY22 Area Plan	100
Form B - Actual FY21 Expenditures Reported by Locals	\$283,667	Form B - Actual FY21 Clients Serviced as Reported by Locals	13
Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.			
<p>CUCC provides the following EBP's: C-SSRS, DBT, EMDR, Medication Management, MI, MRT, YOQ, Seeking Safety, TF-CBT, Why Try, 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 are given an annual conference budget that allows for continued staff development. When deficiencies are identified, CUCC arranges for specific training. (8): Clients are offered help 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 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.</p>			
Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.			
<p>The two main referral sources for SUD adolescent and youth treatment is from either schools and DJJS. CUCC still has a number of self/parent referrals for treatment as well. Over the past number of years, CUCC has increased its presence in the local schools. It has created a close partnership with</p>			

Central Utah Educational Services (CUES). CUES coordinates much of the educational services in the region and this partnership has increased understanding between the local school districts and CUEC. CUEC continues to work with DCFS and DJJS and local courts which adds to their understanding of the services that CUEC provides.

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

CUEC 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. CUEC works with two different regions associated with Systems of Care. CUEC staff regularly attend these monthly meetings. CUEC has also provided office space for the Regional Coordinator housed in Ephraim along with the Care Coordinator which will greatly enhance CUEC's ability to coordinate care with SOC. CUEC works closely with DSPD and their group homes in the area. CUEC 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. CUEC works closely with JJS and Juvenile courts through FRF's, case managers and the individual therapist coordinating care.

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

N/A

15) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$167,105	Form B - FY22 Amount Budgeted: Felony	\$159,466
Form B - FY23 Amount Budgeted: Family Dep.	Budget Source is Outpatient(Non-methadone – ASAM I)	Form B - FY22 Amount Budgeted: Family Dep.	\$0
Form B - FY23 Amount Budgeted: Juvenile	\$0	Form B - FY22 Amount Budgeted: Juvenile	\$0
Form B - FY23 Recovery Support Budgeted	\$0	Form B - FY22 Recovery Support Budgeted	\$0

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.

CUEC runs Felony Drug Courts in Juab, Millard, Sanpete and Sevier Counties. As such eligibility criteria include a felony drug charge. CUEC utilizes the SASSI-4 and 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. In collaboration with DCFS and the Juvenile Justice Court, CUEC is taking on a treatment role for Family Drug Courts which are being initiated in Sevier and Sanpete Counties. Similar to Felony Drug Court, CUEC will utilize the SASSI-4 and RANT as part of the screening process for Family Drug Courts.

Juab Felony Drug Court: 14
Millard Felony Drug Court: 10
Sanpete Felony Drug Court: 21
Sanpete/Sevier County Drug Court: 1
Sevier Felony Drug Court: 23

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), 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 ([Sevier](#)). Provided directly except for UA lab work.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. 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 have completed the required 8 hour training to enable the prescription of Suboxone. 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 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 needs. 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. [As it relates to Family Drug Court, CUCC's collaborative partner, DCFS will be primarily responsible for drug/alcohol testing.](#)

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 [Precision](#).

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 positive 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 for 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.

16) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:	\$153,417	Form B - FY22 Amount Budgeted:	
Describe screening to identify criminal risk factors.			
CUCC utilizes the RANT and SASSI-4 in the identification of the needs 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. These are completed by local AP&P officers or other individuals that have been trained in assessment using the LSI tools. All CUCC therapists have been trained in how to interpret the LSI scores provided. These assessment/screening tools are typically sent via electronic mail. 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.			
Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.			
CUCC utilizes the RANT, TCU-5, and SASSI-4 in the identification of the needs 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, 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, [Prime Solutions](#), [Helping Men Recovery](#), [Helping Women Recover](#), [EMDR](#), [Criminal and Addictive Thinking](#), [Early Recovery Skills](#), [Interactive Journaling](#), 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. High Risk/High Need offenders typically assess at a higher level on the ASAM and therefore receive many more services, including case management, individual and group therapies, U/A testing, Therapeutic Behavioral Services (individual and group) and psychosocial rehabilitative services (skills, both individual and group) and medication management which can include MAT. Low Risk/Low Need offenders are rarely put into the same groups as the High Risk group. Typically they can receive all of the same services that the High Risk group does, but it is done on an individual basis to avoid mixing populations. Because there are not as many low risk offenders seeking services, groups cannot be provided simply because there are not enough to have a group.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

[CUCC is implementing the online SASSI-4 screening tool centerwide as part of the initial SUD assessment process.](#)

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

CUCC is working with IHC on a Rural Communities Opioid Response Program (RCORP) that has pulled together local partners in an effort to address specifically Opioids in the area, but generally substance use in the area. Partners include: two local sheriffs, Hospital administrators, Schools, Public Health, local prevention coalitions, a representative from the Paiute tribe, and the Local Mental Health and Substance Use Authority.

CUCC also participates in a partnership with IHC with local medical providers to increase services for the unfunded which also increases the utilization of SBIRT.

CUCC is also present in each school district in the area where there are therapists available in most of the schools depending upon the demand and acute nature of the need. Prevention efforts continue in schools, local coalitions, and community events. These coalitions include (1) Juab Unites Motivating Prevention (JUMP); (2) East Millard Prevention Coalition (EMPC); (3) Central Utah Prevention Coalition (CUPC) and (4) Sanpete Cares.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

CUCC is present in each school district in the area where there are therapists available in most of the schools depending upon the demand and acute nature of the need. Prevention efforts continue in schools, local coalitions, and community events. These coalitions include (1) Juab Unites Motivating Prevention (JUMP); (2) East Millard Prevention Coalition (EMPC); (3) Central Utah Prevention Coalition (CUPC) and (4) Sanpete Cares. DCFS participates in staffings with CUCC and CUCC attends DCFS meetings as requested. CUCC continues to work with JJS and the Juvenile court system in an effort to coordinate care and provide direction to the court/JJS with treatment recommendations etc.

Provide data and outcomes used to evaluate Justice Services.

CUCC utilizes the following measures for outcome data to evaluate Justice Services: DLA-20, OQ/YOQ, reduced substance use and other TEDS data that is required as shown on the State scorecard. All of these with the exception of the DLA-20 can be found on state reports etc. [CUCC is looking forward to adding the SURE this year as it is available.](#)

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

SEE FORM A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

SEE FORM A

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

SEE FORM A

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

SEE FORM A

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and

crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, “N/A” below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, “N/A” below.

N/A