

Central Utah Counseling

FORM B - SUBSTANCE USE DISORDER TREATMENT

BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Central Utah Counseling

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

Describe local authority efforts you propose to undertake over the three year period 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).

Screening: Individuals seeking to complete their court requirements for a DUI are screened utilizing the SASSI-4.

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.

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.

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.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

SASSI-4, [Cage-Aid](#), TCU-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, and 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 Intermountain Health on a Rural Communities Opioid Response Program (RCORP) that has pulled together local partners in an effort to address 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 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.

[CUCC has also partnered with Intermountain Health allowing for CUCC clients to receive integrated medical andMH/SUD services at 9 Intermountain locations\(Mount Pleasant, Ephraim, Richfield, Manti, Moroni, White Sage, Fillmore, Monroe, Salina\) in CUCC's catchment area. CUCC is in the process of strategically partnering with](#)

Gunnison Valley Hospital. CUCC will continue to build partnerships that are beneficial to the clients we serve.

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. CUCC's MCOT team also deploys and does outreach calls when this level of service is indicated.

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. Naloxone training has been integrated CUCC's Early Recovery Skills group curriculum. This allows for Naloxone/overdose prevention training to be provided to SUD clients on CUCC's 3 geographic teams every 9-10 weeks.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

CUCC uses OQ/YOQ system data to measure success. CUCC is implementing the SURE which will be a primary measurement tool used to evaluate SUD program success moving forward. The benchmark for clients taking the SURE will be a score of 55 or higher. CUCC will continue to use the OQ/YOQ to also measure client/program progress.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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.

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 drugs 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

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

Describe the activities you propose to undertake over the three year period 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).

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

Describe the activities you propose to undertake over the three year period 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. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

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. CUCC does not use SOR funding.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

CUCC uses OQ/YOQ system data to measure success. CUCC is implementing the SURE which will be a primary measurement tool used to evaluate SUD program success moving forward. The benchmark for clients taking the SURE will be a score of 55 or higher. CUCC will continue to use the OQ/YOQ to also measure client/program progress.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

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.

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

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

CUCC uses OQ/YOQ system data to measure success. CUCC is implementing the SURE which will be a primary measurement tool used to evaluate SUD program success moving forward. The benchmark for clients taking the SURE will be a score of 55 or higher. CUCC will continue to use the OQ/YOQ to also measure client/program progress.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period 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.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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. With the emergence of telehealth it is possible for service linking between teams when needed (Sevier, Sanpete, Millard-Juab) to provide an IOP level of care to Drug Court, JRI, or other SUD clients that need this level of care. 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.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: <https://sumh.utah.gov/services/recovery-supports/recovery-resources>

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 added "Aftercare" groups to further support the recovery of substance use disorder clients. CUCC utilizes provided RSS funds to benefit client wellbeing and recovery across 4 major domains including Health, Home, Community, and Purpose.

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

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

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

CUCC uses OQ/YOQ system data to measure success. CUCC is implementing the SURE which will be a primary measurement tool used to evaluate SUD program success moving forward. The benchmark for clients taking the SURE will be a score of 55 or higher. CUCC will continue to use the OQ/YOQ to also measure client/program progress.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

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.

These services are provided directly by CUCC staff.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

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. The effectiveness of the services can be measured by OQ/YOQ and CUCC is implementing the SURE as a primary progress measurement tool moving forward.

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 interim or contingency services are available to individuals who may be on a wait list?

CUCC's Millard/Juab team has been 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. CUCC is in the process of more fully incorporating SUDCs as part of initial assessments

which is expected to further improve access for clients.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

CUCC encourages the delivery of services in a culturally competent manner to enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity through education, research, training, recruitment, translation, interpretation, and programs and activities designed to promote respect and awareness of an individual’s Culture. As it relates to eliminating health disparity, CUCC implemented the recommendations provided by OSUMH. In 2022, Race and Racism was the topic of a cultural competency CEU training offered to staff. Also in 2022, CUCC acted on client feedback to update the client intake paperwork packet making this more inclusive. As it relates to linguistic services, CUCC has implemented increased compensation for staff who are competent in a foreign language in support of providing client access to services in various languages. Additionally, CUCC utilizes external linguistic support to provide services in a preferred language. As it relates to treatment planning and service delivery, CUCC acknowledges and incorporates variance in norms of acceptable behaviors, beliefs, and values in determining an individual’s mental wellness/illness and incorporates those variables into assessment and treatment.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency’s services and funding.

CUCC has been increasing youth and adult groups centerwide to increase client services access for medicaid and non-medicaid funded individuals. CUCC’s Millard/Juab team has been piloting a weekly walk-in SUD assessment clinic which also reduces wait times for SUD clients. CUCC has been able to increase clinical staff on all teams thus ensuring regular access to both medicaid and non-medicaid funded individuals. CUCC has created daily emergency time blocks for prescribers in order to increase access for emergency medication management appointments. CUCC has added a full time prescriber who has on-call hours to help with general and emergency medication access. CUCC has increased workforce pay and decreased employee benefit contributions. CUCC strives to maintain a positive workplace environment which has proven instrumental in retaining talented staff. CUCC at times utilized sign-on bonuses as part of recruitment for new clinical staff.

As it relates to the end of the Public Health Emergency and subsequent unwinding, it is expected that CUCC’s funding will decrease. Unfunded funding has remained stagnant therefore CUCC may need to explore options including reduction of services/discharge for these clients. Another option may be to find alternate funding to meet client 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 Intermountain Health 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 Intermountain Health with local medical providers to increase services for clients as there are 9 approved IH locations involved. This 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 (you may attach a list if needed)? 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. CUCC has 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 implemented the online SASSI-3 and SASSI-4 screening tools centerwide related to this. Also, recently an Early Recovery Skills group has been successfully implemented centerwide. [CUCC is implementing SURE which will be a primary source of SUD program success measurement moving forward. The benchmark for clients taking the SURE will be to achieve and maintain a score of 55 or higher.](#)

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.

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 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 and SURE.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

CUCC has and will continue to use the OQ/YOQ to also measure client/program progress. CUCC provides an OQ/YOQ system report to team leaders at least quarterly. This allows them to provide feedback to their team members which improves the quality of care. Although not an outcome measure, the SURE may have value in assisting CUCC with understanding the impact of programming on the increase of recovery capital. TEDS and the state scorecard can also serve as helpful data related to program success.

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

Describe the activities you propose to undertake over the three year period 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 hybrid telehealth group about 3 weeks before being released and then they continue in this group at our outpatient office upon release. We believe that engaging while in jail will help them feel more comfortable engaging in outpatient treatment with CUCC upon release hence reducing the risks of relapse, reincarceration, and overdose. [CUCC has approached multiple jails about this model and there is coordination to add the Early Recovery Skills group to another rural jail in our catchment area.](#)
Where: Juab, Millard, Sanpete, and Sevier Counties.

Provided Directly and through Contracted Providers

Describe any significant programmatic changes from the previous year.

This past year CUCC was able to successfully implement the online SASSI-4 screen and implement an Early Recovery Skills group centerwide.

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. CUCC provides MAT and overdose prevention training to clients that the Sanpete County jail as part of an Early Recovery Skills group.

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.

Intermountain Health has the RCORP grant and CUCC collaborates regularly with them to discuss community needs as both agencies jointly work on implementing projects and strategies to overcome local barriers.

CUCC has partnered with Intermountain Health allowing for CUCC clients to receive integrated medical and MH/SUD services at 9 Intermountain locations (Mount Pleasant, Ephraim, Richfield, Manti, Moroni, White Sage, Fillmore, Monroe, Salina). CUCC is in the process of strategically partnering with Gunnison Valley Hospital to provide outpatient services as well. CUCC will continue to build partnerships that are beneficial to the clients we serve.

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. [CUCC has updated the intake health questionnaire. Clients are encouraged to consider signing ROI's to allow for coordination of care as part of the intake 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. [CUCC has also added a physical wellness \(see below\) category to our EHR individual therapy note template to encourage staff to engage clients in wellness/integrated care throughout the treatment process.](#)

Was physical wellness discussed this session? (select all that apply)

- Encouraged PCP visit to prevent/manage illness or injury.
- Encouraged diet, exercise, or sleep hygiene practices.
- Other (i.e., maternal health, nicotine use, sexual health, prevention or management of STD, HIV, HEP-C, TB, etc..)

Describe your plan to reduce tobacco and nicotine use in SFY 2024, 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 has partnerships 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 has incorporated a 2 session smoking cessation skills training as part of the Early Recovery Skills group that is being offered on all teams. This means that smoking/tobacco product cessation is being provided to SUD clients in this high utilization group every 8-10- weeks at multiple locations. In addition, our prevention team is able to](#)

provide this group PRN as needed. Further, In collaboration with our prevention team, CUCC offers incentives centerwide for clients who set goals to reduce/stop smoking.

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.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

Client smoking/nicotine use data is gathered at intake and at 3 months intervals throughout treatment to assess for progress/relapse. CUCC is seeking to help clients fully abstain or reduce nicotine product use.

13) Women's Treatment Services

Rebecca King

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, [Connections Group](#), MRT, Seeking Safety, DBT, Helping Women Recovery, and EMDR, 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, and case management 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 Support can be brought into these situations to provide supervision and childcare for these children.

Describe any significant programmatic changes from the previous year.

A new "Connections" group created by Brene Brown that targets shame and other emotions related to substance use disorders has been implemented on the Sevier county team.

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

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

Care available for youth. CUCC provides the following EBP's: Sassi-3 (screen) C-SSRS, DBT, EMDR, Medication Management, MI, Individual MRT, YOQ, Seeking Safety, TF-CBT, Why Try. 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 SAMH 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. [CUCC is looking to add Botvin's Life Skills Training and/or other evidence-based psychosocial skills programming.](#)

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.

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 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 CUCC. CUCC continues to work with DCFS and DJJS and local courts which adds to their understanding of the services that CUCC 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.

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.

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 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, CUCC is taking on a treatment role for Family Drug Courts which are being initiated in Sevier and Sanpete Counties. Similar to Felony Drug Court, CUCC will utilize the SASSI-4 and RANT as part of the screening process for Family Drug Courts.

Sanpete Felony Drug Court: 21
Sanpete Family Recovery Court: 1
Sevier Felony Drug Court: 18
Sevier Family Recovery Court: 3
Juab Felony Drug Court: 16
Millard Felony Drug Court: 10

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). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? 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. Provided directly except for UA lab work. **Sanpete, Millard/Juab, and Sevier Drug Court teams have at least 1 Certified Peer Support Specialist who also serves in at least one other role for the Drug Court team as well (i.e. SUDC, CM).**

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. Three of its prescribers have completed the required 8 hour training to enable the prescription of Suboxone. These services are provided directly by CUCC. **There are no requirements for clients to taper down from or cease MAT to**

participate in or graduate from a Drug Court.

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. [While CUCC covers the cost for most SUD treatment workbooks, there are times when clients are asked to pay for a workbook in full or in part \(i.e., lost workbook, a workbook for a particular group.\)](#)

16) Justice Services

Thomas Dunford

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 to reduce criminogenic risk factors.

CUCC utilizes the RANT, [Cage-Aid](#), 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 SURE centerwide.

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 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.

CUCC has participated in a coalition that includes hospitals, law enforcement, EMS, public health, 6 County AOG, and county commissioners to research access and receiving centers. The committee has given a formal recommendation to establish a receiving center. As a result, CUCC will work with the Crisis Commission to pursue funding for a 6 county area receiving center.

CUCC has joined the Criminal Justice Coordination Council which includes a judge, a 6-County representative, AOG representative, UAC representative, a city administrator representative, a local sheriff, a defense attorney, a prosecuting attorney, a county commissioner, and the New Horizons Crisis center.

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.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

CUCC utilizes the following measures for outcome data to evaluate Justice Services: OQ/YOQ, reduced substance use and other TEDS data that is required as shown on the State scorecard. CUCC is implementing the SURE which will be a primary measurement tool used to evaluate SUD program success/client progress moving forward. The benchmark for clients taking the SURE is a score of 55 or higher.

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