



Utah Department of
Health & Human Services
Integrated Healthcare

SUMH Local Authority Area Plan

State Fiscal Year 2027

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OVERVIEW

The purpose of this document is to meet contract compliance with the Local Authorities (LA) “Evergreen Contract” Article 1.2: “Area Plan” means a plan prepared and submitted by the LA in accordance with Utah Code §17-77-201(5)(b) and §17-77-301(5)(a)(ii) for funding and service delivery that includes a provision of services and programming for prevention, crisis, treatment, and recovery support services. Please note that the prevention portion of this requirement is located in a separate document.

This document is designed to capture the above outlined programmatic requirements of the LA in the contract and SUMH Office Directives. Sections in this document are inclusive of the sections in which a descriptive response is needed. Please review the full “Evergreen Contract” and SUMH Office Directives for all contractual requirements. Please do not delete any questions or sections; if a section does not apply to the LA, please note that in the section. Please note when completing this document that any embedded links must be viewable by the reader.

SUICIDE PREVENTION SERVICES

Community Suicide Prevention

The following sections are the **Community Suicide Prevention** requirement from both the LA contract and the SUMH Office Directives.

Suicide Prevention (Contract requirement 4.1)

Does the LA have current strategies for suicide prevention, intervention and postvention that are evidenced-based and align to the Utah Suicide Prevention State Plan?

☒ Yes

☐ No, not at this time.

Describe strategies and evidence based programs being implemented for:

1) Prevention - Please include a public-facing link to the plan in the space below (if available).

Central Utah Counseling Center maintains a robust suicide prevention plan covering its six-county area, with individualized plans tailored for each specific county. The overall prevention strategy emphasizes upstream intervention through various community and school-based initiatives.

Collaboration with local school districts is a cornerstone of this effort, featuring programs such as the Good Behavior Game, Mindful Schools in the North Sanpete School District, and training for after-school programs in Botvin Life Skills and WHY TRY. Additionally, we work with schools on evidence-informed strategies, including youth coalitions that promote SELFIE skills (Sleep, Exercise, Light, Fun, Interactions in person, and Eating right).

Family support is provided through classes like Guiding Good Choices and Strengthening Families. By coordinating with other agencies, CUCC ensures the region maintains at least one active parenting class at any given time.

Community engagement further strengthens our reach through 12 local coalitions dedicated to mental health and sponsored events that provide information on mental health and suicide prevention. We place a special emphasis on supporting the rodeo community, veterans, and the LGBTQ population. Detailed information can be found in the community action plan.

2) Intervention - Please include a public-facing link to the plan in the space below (if available).

Central Utah Counseling Center provides gatekeeper training throughout our six-county service area. All middle and high school students participate in "QPR for Schools" or "Talk Saves Lives." We also offer specialized safe messaging training for clergy and media outlets. For law enforcement, we conduct "QPR" and "Is Your Safety On?" sessions, and we provide lethal means training for the

Community Suicide Prevention

broader community. Detailed information is available in the Suicide Prevention Action Plan mentioned above.

3) Postvention - Please include a public-facing link to the plan in the space below (if available).

CUCC has post-vention plans for 5 of our six counties and is working on a plan for Sevier county.

Suicide Prevention Training (Contract requirement 4.1.a)

Does the LA have at least one staff member with suicide prevention responsibilities trained in the following suicide prevention programs: (1) Suicide Prevention 101 training; (2) Safe and Effective Messaging for Suicide Prevention; (3) Suicide Prevention gatekeeper training, such as Question-Persuade-Refer, Mental Health First Aid, Talk Saves Lives, or Applied Suicide Intervention Skills Training; and (4) counseling on access to lethal means.

☒ Yes

☐ No, not at this time.

If yes, please document the LAs staff name, job title, and email for this contract requirement (if multiple, please note which programs each are trained in)

Elizabeth Hinckley Prevention Coordinator elizabethh@cucc.us
QPR, Talk Saves Lives
CALM
Safe messaging
Prevention 101 training

Jocelyne Rojas Prevention Specialist jocelyner@cucc.us
QPR
CALM

Chelsie Wilkey Prevention Specialist chelsiew@cucc.us
QPR

Alison Robinson Prevention Specialist alisonr@cucc.us
Talk saves lives

Brityn Simons Prevention Specialist brityns@cucc.us
QPR Safe messaging

Community Suicide Prevention Coordination (Contract requirement 4.1.b)

Community Suicide Prevention

Does the local authority coordinate with local health departments and local education agencies for suicide prevention, intervention, and postvention within their communities.

☒ Yes

☐ No, not at this time.

Please identify the partners, and describe the role and responsibility of each partner in suicide prevention, intervention, and postvention within their communities. This must include the following partners: LHD, LMHA, LEAs. LAs may include other community partners, organizations, etc as applicable.

Central Utah Counseling Center (CUCC) partners with twelve mental health coalitions across a six-county region, including North Sanpete Cares, Sanpete Cares, Gunnison Valley Cares, Healthy Badgers (Snow College), and the prevention coalitions of Tintic, Juab, Central Utah, South Sevier, East Millard, Delta First, and Piute Cares.

Our collaborative efforts extend to Central Utah Public Health, Intermountain Health, and local law enforcement. We also work closely with the North Sanpete, South Sanpete, Juab, Tintic, Millard, Sevier, Wayne, and Piute School Districts. Additionally, we partner with USU Extension to provide Mental Health First Aid and with Play to Stay for suicide prevention initiatives within Sanpete County.

Suicide Risk Policy (SUMH Office Directives Governance and Oversight general provisions)

LAs shall have a written policy and procedures for screening and responding to suicide risk. The policy must contain a suicide screen, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.

Please describe how staff are trained in the policy for screening and responding to suicide risk or provide a public-facing link to the plan.

Staff are trained in the use of the Columbia Suicide Severity Rating Scale (C-SSRS), crisis and prevention safety planning, lethal means counseling when clinically indicated, and referral and intervention procedures for individuals at risk of suicide. Annual training is completed through the Relias platform and includes C-SSRS, Means Restriction, and Crisis Response Planning training for all staff. Clinicians also receive additional means restriction targeted training for suicide prevention. Additional training may occur through supervision, staff meetings, guest presenters, and clinical consultation. CUCC's Suicide Prevention Policy and Procedure was reviewed and updated on February 9, 2026.

Firearm Safety (SUMH Office Directives)

Community Suicide Prevention

LAs shall purchase and distribute means safety materials and implementing education. Means safety includes firearm safes, ammunition boxes, medication lockboxes, and other means of disposal.

Please describe the LAs plan for:

Purchasing and distributing means safety devices

Central Utah Counseling Center offers various means safety materials, including small and large gun safes for rifles, gun locks, and medication lockboxes suitable for personal use or for larger entities like pharmacies and sheriff's departments. We also provide Dispose RX packets and maintain safe medication disposal sites.

In collaboration with the local health department, we facilitate the distribution of Dispose RX packets at pharmacies for patients receiving opioid prescriptions. Additionally, we distribute medication lockboxes and naloxone at community events and directly to clients or the public at our center. Our community outreach includes giving away approximately 1,500 gun locks annually and providing rifle safes at local events. Furthermore, we offer smaller safes to clients and provide a dedicated program for first responders to obtain gun safes for their service weapons.

Approach to community education

The Central Utah Counseling Center provides annual lethal means training to law enforcement agencies. Our outreach includes providing "Is Your Anchor Safe?" training at local gun ranges and conducting QPR sessions for veteran groups. Additionally, our staff is trained in the CALM (Counseling on Access to Lethal Means) protocol, and we actively distribute information at various community events throughout the six-county region.

Garrett Lee Smith Grant (GLS)

Does the LA have a GLS Grant?

☒ Yes

☐ No, not at this time.

If yes, describe how the LA intends to implement GLS as described here or insert document link:

CUCC plans to implement GLS by using funds for suicide prevention efforts, including providing direct emergency services for youth through MCOT. Funds will also support staffing for a Suicide Prevention Specialist who will assist with prevention activities and coalition efforts.

Community Suicide Prevention

Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

- ☐ Yes
☒ No, not at this time.

If yes,

Please identify LA primary contact name and email

N/A

Describe describe how the LA intends to implement the Comprehensive Grant as described here or insert document link:

N/A

Technical Assistance

Is technical assistance requested for Community Suicide Prevention programming or requirements?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested.

N/A

CRISIS SERVICES

Behavioral Health Crisis Services

The following sections are **Behavioral Health Crisis Response** requirements from both the LA contract and the SUMH Office Directives. This section also includes the 24/7 crisis care and services mandated service requirement.

Crisis Line Coordination, MCOT and Receiving Centers Services shall provide services in accordance with UCA 523-18 and 523-21. The LA shall refer to the [SAMHSA National Guidelines for a Behavioral](#)

Behavioral Health Crisis Services

[Health Coordinated System of Crisis Care](#) as guidance for development, implementation, and quality improvement efforts.

24 Hour Crisis Care and Services (Mandated Service)

Will the LA provide 24-hour Crisis Care and Services directly, through a contracted provider, or both? (provide public-facing link to or list of contractor(s) below)

	Youth	Adult
Directly	☒	☒
Contracted	☐	☐

Link to or list of contracted providers:

N/A

Mental Health Crisis Outreach Teams (MCOT) (Contract 7.2.b)

Does the LA operate MCOT services 24 hours a day, seven days per week providing community based crisis intervention, and assessment?

- ☒ Yes
☐ No, not at this time.

Does the LA deploy MCOT from the statewide crisis line when requested without reassessment or re-triage?

- ☒ Yes
☐ No, not at this time.

Do the LA MCOT teams give priority to law enforcement, emergency medical services, Fire, 911 dispatch, and the statewide crisis line?

- ☒ Yes
☐ No, not at this time.

Do the LA MCOT teams connect individuals to facility-based care as needed through warm handoffs and coordination of transportation?

- ☒ Yes
☐ No, not at this time.

Behavioral Health Crisis Services

Please detail the following for the LA:

The interdisciplinary makeup of the LA's MCOT, and the communities accessibility to MCOT during regular business hours, after hours, weekends, and holidays

CUCC's MCOT consists of six licensed master's-level clinicians and provides services 24 hours a day, 7 days a week, including weekends and holidays.

How MCOT supports connection to ongoing care through follow-up outreach

Under the direction of the MCOT leader, all crisis deployments are reviewed daily to ensure appropriate post-deployment follow-up. MCOT uses an engagement tracker to monitor individuals involved in a deployment for a minimum of 90 days, in alignment with state and national best practice standards. Outreach may include home visits, phone calls, and community-based services tailored to individual client needs. To support continuity of care, MCOT collaborates closely with CUCC geographic teams including for shared high-need clients, gradually transitioning care responsibilities to the geographic teams over the course of the 90+ day tracking period.

How the LA engages and educates first responders to MCOT services

CUCC engages and educates first responders regarding MCOT services through ongoing collaboration, training, and community partnerships across the six-county catchment area. CUCC participates annually in Crisis Intervention Team (CIT) training to help law enforcement better understand behavioral health crises, available resources, and the role of MCOT in crisis response and diversion efforts.

CUCC staff also participate in monthly Sanpete LEEDS meetings with local law enforcement agencies to strengthen coordination and provide education regarding MCOT services. During MCOT crisis callouts, clinicians frequently educate responding officers about MCOT services, de-escalation, stabilization, and connection to ongoing care.

Additionally, MCOT staff provide outreach and education to community partners including Snow College, where clinicians annually present to nursing students regarding crisis response services and behavioral health resources.

MCOT Exemption Request (Contract 7.2.b.7)

Behavioral Health Crisis Services

The MCOT Rule is linked here - [R523-18](#)

Does the LA have an exemption request for any MCOT requirements?

- ☐ Yes
☒ No, not at this time.

If applicable, please document the request for review and approval.

N/A

Receiving Centers (Contract 7.2.c)

Does the LA have a Receiving Center?

- ☐ Yes
☒ No, not at this time.

Service Delivery Framework: *Describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning. Please include any prioritization of first responders.*

N/A

Outcomes Framework: *Describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.*

N/A

Youth Crisis Programming (Office Directives, Crisis Services)

Does the LA have a Youth MCOT program/team?

- ☒ Yes
☐ No, not at this time.

Does the LA have a formal Memorandum of Understanding (MOU) with local school districts to allow MCOT/Stabilization and Mobile Response (SMR) teams to respond directly to school campuses to prevent student arrests/suspensions?

- ☒ Yes
☐ No, not at this time.

Behavioral Health Crisis Services

Does the LA have a SMR program/team?

- ☐ Yes
☒ No, not at this time.

How are the following implemented:

Ongoing care coordination and referrals between MCOT and SMR staff to ensure continuity for families

When youth or families within the CUCC catchment area contact the 988 crisis line and SMR becomes involved, referrals are frequently made to CUCC MCOT for in-person crisis response and local follow-up. CUCC MCOT provides the primary crisis intervention, stabilization, safety planning, and coordination of local support for youth and families in crisis. CUCC is available to coordinate with SMR and other crisis partners to support continuity of care and effective crisis response services within the catchment area.

Coordination of Safe-Fam hotline calls and youth needs during times when primary SMR services are unavailable (e.g., late evenings, holidays)

CUCC MCOT provides the primary local crisis response and in-person support for youth and families within the CUCC catchment area during late evenings, weekends, holidays, and other times when crisis services are needed.

Technical Assistance

Is technical assistance requested for Behavioral Health Crisis Response programming or requirements?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

N/A

MENTAL HEALTH TREATMENT SERVICES

Mental Health Mandated Services (UCA17-77-301(5)(b))

The following sections are mandated mental health services. Each LA must complete with an overview of how each service for adults and youth, as indicated, will be implemented in their catchment area. If you use a contractor for a service, please attach an excel or google sheet with all contracted providers for the service, a template has been provided.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Inpatient Care and Services

Describe how the LA provides Inpatient Care and Services to adults and youth:

Service Delivery Framework:

CUCC provides inpatient psychiatric care for adults and youth through contracted providers including Aspen Grove, Huntsman Mental Health Institute (HMHI), Primary Children's Hospital, and coordination with the Utah State Hospital, with additional facilities utilized as needed during emergency situations. CUCC's Director of Crisis Services and hospital liaison coordinate care, participate in treatment and discharge planning meetings, maintain communication with inpatient providers and families, and ensure continuity of care through timely follow-up appointments and coordination of outpatient and community-based services.

Outcomes Framework:

CUCC works closely with hospitals to support clients transitioning from inpatient care to community-based and geographic team services, ensuring timely engagement and continuity of care as individuals return to the community. Coordination includes ongoing participation in continuity of care meetings with the Utah State Hospital for both adult and youth clients, fostering effective clinical collaboration and structured transitions between inpatient and outpatient services. Outcomes include reduced lengths of stay, improved continuity of care, timely post-discharge follow-up, increased engagement in outpatient treatment, and reduced psychiatric readmissions.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Residential Care and Services

Will the LA provide Residential Care and Services directly or through a contracted provider? Please describe the frameworks in place for adults and youth, and include a list of contractor(s) or a public-facing link to the list.

	Youth	Adult
Directly	☐	☐
Contracted Provider	☒	☒

Service Delivery Framework:

CUCC provides adult mental health supportive living services directly through programs located in Mt. Pleasant, Nephi, and Richfield, including crisis stabilization and step-down supportive living options for individuals transitioning from inpatient or higher levels of care. Services include medication management, therapy, case management, skills development, vocational assistance, nursing support, and coordination with community resources to support stabilization and recovery in the least restrictive environment possible. CUCC is in the process of implementing recreational therapy as a supportive living service to promote wellness and community integration.

For youth residential treatment services, CUCC has an assigned Children's Coordinator who assists on coordination with parents, families, guardians, geographic team members, IST teams, and other providers to understand the youth's needs and assist with referrals to appropriate services. Youth residential level of care needs are determined through a collaborative review of clinical, safety, family, and community support needs, with the goal of connecting youth to the least restrictive, clinically appropriate level of care.

When specialized or higher levels of residential care are needed, CUCC may also utilize single-case agreements to ensure youth and adults have access to appropriate services and supports.

Outcomes Framework:

CUCC's adult supportive living services are designed to stabilize individuals experiencing acute behavioral health needs while promoting successful transition to lower levels of care and community living. Outcomes include reduced psychiatric hospitalization, improved continuity

Mental Health Mandated Services (UCA17-77-301(5)(b))

of care, increased treatment engagement, improved independent living skills, and greater community stability. Effectiveness and accessibility are evaluated through clinical assessments, ongoing staffing, coordination between supportive living and outpatient providers, and the use of outcome measurement tools such as the OQ to monitor client progress and treatment effectiveness.

Outpatient Care and Services

Describe how the LA will provide Outpatient Care and Services for adults and youth:

Service Delivery Framework:

CUCC provides outpatient care and services for adults and youth through three geographic teams serving Sevier, Wayne, Piute, Millard, Juab, and Sanpete counties, with offices located in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mt. Pleasant, and Ephraim. Services are primarily provided directly by CUCC staff, with contracted providers and community partners utilized when needed to meet specialized client needs.

Outpatient services include individual, family, and group therapy, medication management, case management, psychosocial rehabilitation, crisis and emergency services, recreational therapy, therapeutic behavioral services, transportation assistance, telehealth, and psychoeducational services. Youth services also include family support and Systems of Care collaboration. CUCC utilizes several evidence-based practices and internally supported clinical approaches to improve client outcomes and service effectiveness. CUCC uses single case agreements for specialty-related care and services with external providers as needed when services are not offered directly.

Outcomes Framework:

CUCC measures outpatient service effectiveness through ongoing assessment, treatment planning, client engagement, and outcome measurement tools including the OQ and YOQ. Desired outcomes include improved functioning, reduced psychiatric hospitalization and crisis service utilization, increased treatment engagement, improved family and community stability, and successful linkage to community resources.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Team leaders monitor fidelity to evidence-based practices to ensure effective and appropriate support for client needs. Coordination between outpatient providers, hospitals, schools, families, and community partners supports continuity of care and successful community-based treatment outcomes for adults and youth.

24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above

Psychotropic Medication Management

Does the LA provide psychotropic medication management for adults and youth:

☒ Yes

☐ No, not at this time.

Psychosocial Rehabilitation (*vocational training, skills development*)

Describe how the LA will provide Psychosocial Rehabilitation for adults and youth:

Service Delivery Framework:

CUCC provides psychosocial rehabilitation and limited psychoeducational services for adults and youth through all three geographic teams serving the six-county catchment area, with services provided directly at offices located in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mt. Pleasant, Gunnison, and Ephraim. Services are designed to improve daily functioning, coping skills, independence, wellness, and community stability for individuals with SMI and SED. Services may include skills development, activities of daily living support, wellness activities, vocational training, recovery-focused programming, and psychoeducational groups as clinically appropriate. CUCC utilizes evidence-based and internally supported programming including HOPES, WhyTry, and the Nedley Depression and Anxiety Recovery Program. CUCC also coordinates with community partners including DWS and Vocational Rehabilitation to support employment-related needs and vocational skill development.

In addition to completing biopsychosocial assessments, clinicians may use the WellRx Social Determinants of Health screenings completed as part of the initial assessment, ongoing OQ/YOQ results, and case manager-completed Arizona Self-Sufficiency Matrix results to inform referrals for psychosocial rehabilitation and psychoeducational services.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Outcomes Framework:

CUCC measures the effectiveness of psychosocial rehabilitation and psychoeducational services through ongoing assessment, treatment planning, and progress monitoring. Outcome measures include improved daily functioning, increased coping and social skills, improved wellness, increased community stability, and progress toward vocational and recovery-related goals. Progress and service effectiveness are monitored through outcome measurement tools including the OQ and YOQ.

Case Management

Describe how the LA will provide Case Management for adults and youth:

Service Delivery Framework:

CUCC provides case management services for adults and youth through all three geographic teams serving the six-county catchment area. Services are designed to assist individuals and families in accessing behavioral health, medical, educational, housing, vocational, and other community-based supports. Services may include care coordination, resource linkage, skills development, transportation support, housing assistance, and ongoing community support.

CUCC utilizes the WellRx SDOH screening tool during intake to help therapists identify barriers and refer clients for case management services when appropriate. CUCC also utilizes the Arizona Self Sufficiency Matrix to help identify case management needs and areas of functional impairment. Case management services are provided directly by certified staff.

Outcomes Framework:

CUCC measures the effectiveness of case management services through ongoing assessment, treatment planning, and progress monitoring. Outcome measures may include improved housing stability, increased access to community resources, improved daily functioning, and increased treatment engagement. The Arizona Self Sufficiency Matrix is utilized to track client progress over time across multiple areas of functioning. Progress and service effectiveness are also monitored through outcome measurement tools including the OQ and YOQ.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Services to Incarcerated Individuals

See Combined Mental Health and Substance Use section below

Coordinate with the Dept of Corrections to Provide Services to High-Risk Habitual Offenders (UCA 64-13-21(8)(a).

See Combined Mental Health and Substance Use section below

Community Supports

Will the LA provide Community Supports directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (list contractor(s) below)

Service Delivery Framework: Please include in home services, housing supports, family support services and respite. Please note if there are any additional agency processes to access this level of clinical care.

CUCC provides community support services directly across the six-county catchment area. Services may include in-home services, housing supports, family support services, respite, transportation assistance, observed medication support, and coordination with community resources and partner agencies. Supportive living units are available in Nephi, Richfield, and Mt. Pleasant for individuals who need additional structure and support to remain stable within the community. Family support services may include collateral contacts, psychoeducation, and involvement in treatment planning. Respite services may also be provided to support parents and caregivers of clients. Access to services is determined through clinical assessment, ongoing evaluation of client needs, and availability of supportive living units.

Outcomes Framework: Please include in home services, housing supports, family support services and respite.

CUCC measures the effectiveness of community support services through ongoing assessment, treatment planning, and progress monitoring. Desired outcomes include improved housing stability, reduced crisis service utilization, increased independent living skills, improved family functioning, and increased community stability. Case managers may also coordinate with community partners such as R6 to help link clients and families with needed community resources and support. Progress and service effectiveness may also be monitored through outcome measurement tools including the OQ and YOQ.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Consultation and Education Services

Will the LA provide Consultation and Education Services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (list contractor(s) below)

Service Delivery Framework: Please include case consultations and collaboration with county agencies, public education and public information.

CUCC provides Consultation and Education Services directly across Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties. Services include consultation, collaboration, public education, and public information activities.

CUCC collaborates with county and community agencies, including local coalitions, school districts, sheriff's offices, law enforcement, first responders, R6, DCFS, recovery/family recovery court, the Homeless Council, local media, parent and family-serving programs, and other community organizations. Consultation and collaboration includes participating in coalition meetings, LEEDS meetings with law enforcement, helping partners identify their role in suicide prevention, supporting safe messaging, providing technical assistance, assisting with county postvention planning, and coordinating prevention activities for youth, families, high-risk groups, and underserved populations.

Public education and public information efforts include Mental Health First Aid, QPR, SafeTALK or other gatekeeper training, safe messaging education, postvention training, naloxone education, parent/family prevention education, community events, radio messaging, school outreach, and local media partnerships. These efforts promote help-seeking behavior, reduce stigma, and increase awareness of available behavioral health supports.

Technical Assistance

Is technical assistance requested for Mental Health Mandated Services programming or requirements?

- ☐ Yes
☒ No, not at this time.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Please indicate sections requested

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MENTAL HEALTH OFFICE DIRECTIVES

Mental Health Office Directives

The following sections stem from the FY27 SUMH Office Directives that require a LA response.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Mental Health Office Directives Clinical Care

Assertive Community Treatment (ACT)

Will the LA provide ACT team programming (more than one box can be checked if multiple teams)?

- ☐ Yes, with a DACTS/TMACT score greater than 4.0
- ☐ Yes, with a DACTS/TMACT score between 3.0 and 4.0.
- ☒ No, not at this time

Please indicate the number of ACT or ACT-like teams in the catchment area and how many individuals are served. For network models, please note the provider agencies who deliver this service.

N/A

High-Need Client Care Plan

Does the LA have an agency plan, as defined in the SUMH Office Directives, to address appropriate service provision for individuals with complex behavioral health conditions who require frequent

Mental Health Office Directives

engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community?

- ☒ Yes for adults
- ☒ Yes for youth
- ☐ No, not at this time

Please submit or insert a public-facing link to the agency plan

Central Utah Counseling Center High Need Client Care Plan

CUCC is committed to delivering comprehensive, person-centered and trauma-informed care for youth and adult clients with complex behavioral health needs. These clients often require frequent engagement and support to remain stable and successful in their communities.

This plan outlines the steps CUCC takes to identify, engage, and support high-need clients.

1. Identification and Treatment of High-Need Clients

High-need clients are identified through a combination of factors, including:

- Clinical assessment and diagnosis
- Recent or repeated hospitalizations
- Involvement in crisis services or the Mobile Crisis Outreach Team (MCOT)
- Civil commitment or Assisted Outpatient Treatment (AOT) court status
- Treatment history and engagement patterns
- Input from the multidisciplinary treatment team

These clients typically benefit from more intensive services such as individual and group therapy, therapeutic behavioral services, psychosocial rehabilitation, peer support, case management, and medication management. Effective internal and external care coordination is essential to support stability and reduce the need for higher levels of care.

Mental Health Office Directives

2. Team Outreach, Engagement, and AOT/Civil Commitment Monitoring

Under the direction of each geographic team leader, clinical and support staff provide outreach and engagement to high-need clients, including those under civil commitment or AOT court orders, as well as individuals recently discharged from hospitals. These efforts are tailored to individual needs and may include home visits, phone calls, field-based services, and daily observation of medications.

CUCC maintains tracking forms for hospital discharges, AOT, and civil commitment cases to ensure consistent monitoring and coordinated care. Geographic teams conduct staffing reviews at least monthly—or more frequently as needed—to assess engagement, review progress, and adjust treatment plans and outreach intensity based on clinical needs. Teams collaborate with CUCC's Director of Crisis Services to conduct formal reviews of clients' commitment status.

3. Care Transition Coordination

CUCC's Liaison works closely with hospitals to support clients transitioning from inpatient care to geographic teams, ensuring timely engagement and continuity of services as they return to the community. Coordination includes ongoing participation in continuity of care meetings with the Utah State Hospital for both adult and youth clients, fostering effective clinical collaboration and structured transitions between inpatient and community-based care.

4. MCOT Deployments, Engagement, Coordination, and Monitoring

Under the direction of the MCOT lead, all crisis deployments are reviewed daily to ensure high-risk clients are identified and receive appropriate follow-up. MCOT uses an engagement tracker to monitor these high-need clients for a minimum of 90 days, in alignment with state and national best practice standards. Outreach may include home visits, phone calls, and community-based services tailored to individual client needs. To support continuity of care, MCOT collaborates closely with geographic teams on shared high-need clients, gradually transitioning care responsibilities to the geographic teams over the course of the 90+ day tracking period.

Mental Health Office Directives

5. Interagency Coordination

CUCC MCOT, geographic teams, and administrative personnel collaborate with hospitals, courts, law enforcement, family members, and other community organizations to support coordinated care for high-need clients. They regularly participate in multi-agency meetings such as LEEDS, LIC, ICC, IST, emergency CPS, and the Local Homelessness Council to enhance collaboration and service coordination.

Utah State Hospital (USH) Coordination

Please document the LAs identified USH liaison name and email for compliance with administrative rule UCA R523-2-11.

Adult

Anna LaDamus, anna@cucc.us

Youth

Anna LaDamus, anna@cucc.us

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Clinical Care programming or requirements section?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

Mental Health Office Directives - Quality and Access Improvement

Mental Health Office Directives

First Episode Psychosis (FEP) (service code: EBI)

Will the LA provide First Episode Psychosis (FEP) services ?

- ☐ Directly
- ☐ Contracted provider (list contractor(s))
- ☒ No, not at this time

If yes, are services provided to fidelity?

- ☐ Yes
- ☒ No, not at this time

Service Delivery Framework:

N/A

Outcomes Framework:

N/A

Clinical High-Risk for Psychosis (CHRP) (Service Code EBI1/EBI2)

Will the LA provide Clinical High-Risk for Psychosis (CHRP) services ?

- ☐ Directly
- ☐ Contracted provider (list contractor(s))
- ☒ No, not at this time

Service Delivery Framework:

N/A

Outcomes Framework:

N/A

Transition-age youth (TAY, 14-26 years of age)

Please identify the LAs identified TAY liaison for this SUMH office directive including name, email address and job role/title:

Mental Health Office Directives

Jared Kummer, jaredk@cucc.us

Infant and Early Childhood Mental Health (IECMH)

Does the LA have a provider(s) trained in IECMH.

- ☒ Yes
- ☐ Contracted provider
- ☐ No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted).
For network models, please identify contracted agencies who specialize in this service

Several members of CUCC's geographic teams are trained in Play Therapy. CUCC has a provider in Sevier County who is being trained in CPP.

Describe the training that the provider(s) have received on developmentally appropriate screening, diagnosis, and evidence-based treatment modalities.

CPP training is provided by Children's Center Utah. CUCC has a RPT-S who has provided training to multiple CUCC Play Therapists.

Behavioral Health Home (Service Code: BHH)

Does the LA provide behavioral health home services ?

- ☐ Directly
- ☐ Contracted provider (list contractor(s))
- ☒ No, not at this time

Service Delivery Framework:

N/A

Outcomes Framework:

N/A

Mental Health Office Directives

Intellectual and Developmental Disabilities (IDD)

Please identify the LAs identified IDD liaison for this SUMH office directive. Include name, email and job role/title:

Jared Kummer, Clinical Director, jaredk@cucc.us

Does the LA have a provider(s) trained in IDD and co-occurring mental health.

- ☐ Yes
- ☐ Contracted provider
- ☒ No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service. LAs are encouraged to have a provider listed on the IDD provider list website.

CUCC provides behavioral health services to individuals with intellectual and developmental disabilities (IDD). Services are provided through CUCC's primary teams serving Millard/Juab, Sanpete, and Tri-County, which includes Sevier, Wayne, and Piute Counties. Each primary team has behavioral health provider(s) with training and/or experience serving individuals with IDD. CUCC's role is focused on the assessment and treatment of behavioral health conditions.

When behavioral health services are being requested for an individual with IDD, referral sources should contact the Office Specialist at the appropriate team location: Delta, Ephraim, Fillmore, Junction, Loa, Nephi, or Richfield. Location contact information is available at <https://www.cucc.us/locations>. Referral sources should clearly state that the request is for behavioral health treatment for an individual with IDD. This allows the team to identify appropriate behavioral health provider(s) at that office, or elsewhere in the service area, based on the individual's behavioral health needs, developmental considerations, and staff availability.

When additional coordination is needed, individuals or referral sources may ask the Office Specialist to speak with the location's Team Leader for assistance in identifying the most appropriate behavioral health provider(s) or behavioral health referral pathway.

Mental Health Early Intervention (Service Code: EIM)

Mental Health Office Directives

Will the LA implement Mental Health Early Intervention (MHEI) programming for the population outlined in SUMH Office Directives?

- ☒ Directly
- ☐ Contracted/partnership provider (list contractor(s) below)
- ☐ Not at this time

Please indicate what allowable services under the EIM service code will be used for:

- ☐ School based behavioral health services
- ☒ Youth MCOT
- ☒ Family Peer Support Services
- ☐ Other pre-approved early mental health interventions

Service Delivery Framework:

CUCC provides Mental Health Early Intervention services through Youth MCOT, including crisis response, assessment, stabilization, safety planning, and coordination of follow-up care for youth experiencing behavioral health crises.

CUCC will also use IEM funds to provide early intervention-based mental health services for children and youth with mental, emotional, or behavioral issues who qualify based on age or school enrollment status. Services may include family peer support when appropriate and available.

Please identify name, email and title of the individual who will submit quarterly and annual outcome reporting:

Jared Kummer, jaredk@cucc.us

Older Adults

Has the LA developed and is it maintaining a strategic plan for service delivery programming for the older adult population outlined in SUMH Office Directives?

- ☐ Yes
- ☒ No, not at this time

Mental Health Office Directives

If applicable, please include a link to a summary document or website to address this question or briefly summarize how the LA intends to provide service delivery to this population.

N/A

Perinatal Mental Health

Identify the provider(s) trained in perinatal mental health to the requirement outlined in the SUMH Office Directives. For network models, please identify contracted agencies who specialize in this service.

Andralyn Walker-LCSW, Angela Morrill-LCSW, Shandi Michael-CMHC

Is this provider(s) listed on the Utah Maternal Mental Health Network website?

- ☒ Yes, 1 of the above providers is listed for CUCC.
☐ No, not at this time

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Please identify the LAs identified UBHPAC representative for this SUMH office directive including name, email address and job role/title:

Jared Kummer, jaredk@cucc.us

***Please note that UBHPAC meets every other month for 2 hours. The agency should consider a person with lived experience who is a consumer of services or peer as the LA representative.*

Unfunded clients

Describe how the LA intends to deliver the services/programs to **unfunded clients**. This must include:

1) The LAs process to help the client access to insurance

CUCC assists unfunded clients and families in accessing insurance coverage and other funding resources through case management and care coordination services. Clients may be referred to case managers to assess eligibility for Medicaid, other insurance options, and available community resources. Case managers assist clients in addressing barriers to obtaining and maintaining coverage when appropriate.

Mental Health Office Directives

2) LAs policies related to unfunded client service provision (ie. sliding scale, time limited services)

CUCC's procedure, established in accordance with CUCC's Fee Schedule, outlines the process for setting client fees and adjusting them in cases of client hardship. CUCC has developed this procedure specifically for establishing client fees for SUD and MH services.

If a client is unable to pay the full client fee or copayment, they may request to be placed on a sliding fee schedule. If a client cannot afford the calculated client fee or copayment, they may request a review where monthly medical and pharmacy expenses will be factored into the sliding fee calculation.

The Copayment Review Committee, with CFO approval, has the authority to discount the client fee or copayment. A client can appeal the Copayment Review Committee's decision by following the grievance procedures and completing a Grievance Form.

3) Service continuum accessible to unfunded clients.

Unfunded clients have access to outpatient therapy, medication management, psychosocial rehabilitation services, case management, crisis services, and supportive services based on clinical need and program availability. CUCC may also provide referral assistance and interpretive services when needed to help clients access appropriate behavioral health and community-based services.

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Quality and access improvement programming or requirements section?

- ☐ Yes
- ☒ No, not at this time.

Please indicate sections requested.

NA

SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use - Adults

The following sections are the **Substance Use Adult services** requirement from both the LA contract and the SUMH Office Directives.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Intervention directly or through a contracted provider?

☒ Directly

☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: Please also include services provided to an individual not seeking clinical treatment for substance use, including education, skills development, services to reduce the harms associated with substance misuse and to reduce risk behaviors before they lead to injury, etc.

CUCC provides early intervention services directly across the six-county catchment area. Services typically begin with an initial screening and assessment process to help identify substance use concerns, risk factors, level of need, and appropriate treatment recommendations. Screening and assessment tools may include the SASSI-4, CAGE-AID, C-SSRS, and ASAM assessments. Early intervention services may also include referrals to Prime For Life.

Services may include skills development, motivational interventions, overdose prevention education, Naloxone training, and referral to treatment services when appropriate. CUCC also advertises the availability of Naloxone and provides Naloxone kits on site when appropriate. CUCC collaborates with schools, healthcare providers, Public Health, DWS, law enforcement, and prevention coalitions to support outreach and prevention efforts.

Outcomes Framework:

CUCC measures the effectiveness of early intervention services through ongoing assessment, client engagement, referral follow-through, and progress monitoring. Desired outcomes

Substance Use - Adults

include increased treatment engagement, reduced substance use risk behaviors, improved client functioning, reduced overdose risk, and increased connection to community resources and supports. Progress and service effectiveness are monitored through outcome measurement tools including the OQ/YOQ, while the SURE is utilized to understand recovery capital over time.

Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, II-D or I-D (Contract 5.2 b)

Will the LA provide Ambulatory Care and Withdrawal Management

- ☒ Directly
- ☒ Contracted provider (Please include a list or a link of contracted providers)
- ☒ Referral (non contracted provider, service is unfunded but referrals provided)

What level of Ambulatory Care and Withdrawal Management service are funded by the LA?

- ☐ ASAM IV-D Medically Managed Intensive Inpatient Detoxification
- ☒ ASAM III.7-D Medically Monitored Inpatient Detoxification
- ☒ ASAM III.2-D Clinically Managed Residential Detoxification
- ☐ ASAM III.D Residential/Inpatient Detoxification
- ☒ ASAM II-D Ambulatory Detoxification with Extended on-site monitoring
- ☒ ASAM I-D Ambulatory Detoxification without Extended on-site monitoring
- ☐ None of these levels are available.

If not available, what are the plans to develop and provide this level of care?

CUCC will refer to medical providers, hospitals, and community partners to assist individuals in accessing medically appropriate withdrawal management and detoxification services when needed.

Service Delivery Framework:

CUCC provides ASAM I-D and II-D withdrawal management services directly through licensed medication management providers across all three geographic teams. Services begin with an assessment process to determine withdrawal risk, medical concerns, and appropriate treatment recommendations. Residential detoxification services may be accessed through single case agreements with qualified providers as needed, including the Pavilion in Payson

Substance Use - Adults

and Highland Ridge.

Outcomes Framework:

CUCC monitors withdrawal management services through ongoing assessment, referral coordination, treatment engagement, and continuity of care efforts. Desired outcomes include safe stabilization, reduced medical complications related to substance withdrawal, increased engagement in ongoing treatment services, and improved connection to recovery supports and community resources.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list of providers or a link to contracted providers below)
- ☒ Referral (non contracted provider and service is unfunded but referrals provided)

What level of Residential Care services are funded by the LA?

- ☒ ASAM III.7 Medically Monitored Intensive Inpatient Services
- ☒ ASAM III.5 Clinically Managed High-Intensity Residential Services
- ☒ ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ☒ ASAM III.1 Clinically Managed Low-Intensity Residential
- ☐ None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

CUCC will continue coordinating with residential treatment providers and community partners to assist individuals in accessing medically appropriate residential treatment services when needed.

Service Delivery Framework: *Please also include the list of providers or a link to contracted providers.*

CUCC provides residential treatment services through referrals and single case agreements based on clinical need and level of care recommendations. Services begin with an assessment process to determine appropriate placement and treatment recommendations. CUCC utilizes single case agreement providers including Odyssey House, Cedar Ridge Recovery, Wasatch Crest, House of Hope, and Foothill Treatment Center. ASAM III.7, III.5, and III.1 services may be

Substance Use - Adults

accessed through CUCC single case agreements when appropriate. CUCC has not identified a current ASAM III.3 provider within the state and historically has not identified a need for this level of care within the catchment area.

Outcomes Framework:

CUCC monitors residential treatment services through ongoing assessment, referral coordination, continuity of care efforts, and treatment engagement. Desired outcomes include increased treatment engagement, improved stability and functioning, successful transition to lower levels of care, and increased connection to recovery supports and community resources.

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient and Services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

CUCC can provide access to short-term Intensive Outpatient (ASAM II.1) levels of care based on client need within the six-county catchment area. Geographic teams may utilize flexible service delivery approaches, including telehealth, creative scheduling, and individualized service planning, to support access to this level of care. Geographic teams are encouraged to collaboratively evaluate the most appropriate pathways for providing access to IOP-level care. CUCC may also utilize single case agreements with providers outside of the catchment area when necessary based on unique client circumstances.

Services may include individual and group therapy, family therapy, peer support services, case management, medication management (MAT), psychosocial rehabilitation, crisis services, smoking cessation, substance use testing, telehealth services, recreational therapy, and evidence-based or evidence-informed interventions as clinically appropriate and available. Treatment intensity may at times be supplemented through community recovery supports including AA/NA and peer support or online recovery groups through organizations such as Utah Support Advocates for Recovery Awareness (USARA).

Substance Use - Adults

Outcomes Framework:

CUCC monitors Intensive Outpatient services through ongoing assessment, treatment planning, service engagement, and continuity of care efforts. Desired outcomes may include reduced substance use, improved emotional and behavioral functioning, increased treatment engagement, improved recovery stability, reduced crisis service utilization, reduced incarceration, increased safety, and successful transition to lower levels of care. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, substance use testing, outcome measurement tools including the OQ, and recovery capital-focused tools such as the SURE. Geographic teams may also review service accessibility, participation, and client engagement to help evaluate effective pathways for delivering IOP-level care.

Outpatient Care and Services (Non-methadone – ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

CUCC provides Outpatient Care and Services (ASAM I) directly within the six-county catchment area through the Sevier, Sanpete, and Millard-Juab geographic teams. Services may include individual and group therapy, family therapy, peer support services, case management, medication management, psychosocial rehabilitation, crisis services, screening and assessment, substance use testing, telehealth services, recreational therapy, and evidence-based or evidence-informed interventions as clinically appropriate and available. Clients may also be encouraged to participate in community recovery supports including AA/NA and peer support or online recovery groups through organizations such as Utah Support Advocates for Recovery Awareness (USARA). CUCC may also utilize single case agreements with providers outside of the catchment area when necessary based on unique client circumstances.

Outcomes Framework:

CUCC monitors outpatient services through ongoing assessment, treatment planning, service engagement, and continuity of care efforts. Desired outcomes may include reduced

Substance Use - Adults

substance use, improved emotional and behavioral functioning, increased treatment engagement, improved recovery stability, reduced crisis service utilization, reduced incarceration, increased safety, and successful transition to lower levels of care when appropriate. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, substance use testing, outcome measurement tools including the OQ, and recovery capital-focused tools such as the SURE.

Treatment for Opioid Use Disorder (OTP-Methadone)

- ☐ OTP-Methadone is available .
- ☒ OTP-Methadone is not available.

If not available, what are the plans to develop and provide this level of care?

CUCC will continue coordinating with licensed opioid treatment providers to assist individuals in accessing appropriate opioid treatment services when needed.

Will the LA provide Treatment for Opioid Use Disorder directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

CUCC provides treatment for opioid use disorder through outpatient behavioral health and medication assisted treatment services; however, methadone maintenance services are not currently offered within the six-county catchment area. Individuals in need of methadone treatment services are referred to licensed opioid treatment providers outside of the area, including Wasatch Behavioral Health and other out of area providers when appropriate.

Outcomes Framework:

CUCC monitors coordination of care, referral follow-through, treatment authorizations, and ongoing engagement in behavioral health services for individuals receiving methadone treatment services through outside providers. CUCC also monitors continuity of care and connection to outpatient treatment and recovery supports when individuals are referred back to local services within the catchment area. When individuals are receiving concurrent

Substance Use - Adults

services through CUCC, progress and service effectiveness may also be monitored through the OQ/YOQ, while the SURE may be utilized to better understand recovery capital over time.

Medications for Opioid Use Disorder (Vivitrol, Naltrexone, Buprenorphine) (Contract 5.2 c)

Will the LA provide Medications for Opioid Use Disorder directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Does your agency have a Medication for Opioid Use Disorder (MOUD/MAT) policy in place? When was it last reviewed and updated to ensure the use of best practices?

Yes, CUCC maintains a Medication Assisted Treatment (MAT), including Medications for Opioid Use Disorder (MOUD) policy. The policy was reviewed and updated May 11, 2026.

Service Delivery Framework: Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.

Services may include screening and assessment, medication management, overdose prevention education, Naloxone education, drug and alcohol testing, and coordination with prescribing medical providers. Services may also be provided through telehealth when clinically appropriate. CUCC may serve individuals receiving medication management services with limited additional clinical services based on individual need and medical necessity, although MAT/MOUD services are most often provided in conjunction with other behavioral health and recovery support services.

Outcomes Framework:

CUCC monitors MAT/MOUD services through ongoing assessment, treatment planning, service engagement, and continuity of care efforts. Desired outcomes may include reduced substance use and overdose risk, improved treatment engagement, improved recovery stability, reduced incarceration, increased safety, and increased participation in ongoing recovery and behavioral health services. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, overdose prevention activities, outcome measurement tools including the OQ, and recovery capital-focused tools such as the SURE.

Substance Use - Adults

Women's Treatment Services (Directives) (Contract 5.2)

Will the LA provide Women's or Parent services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

CUCC provides women's and parent services directly within the six-county catchment area through the Sevier, Sanpete, and Millard-Juab geographic teams. Services may include individual and group therapy, case management, peer support services, psychosocial rehabilitation, crisis services, substance use treatment, medication management, and evidence-based or evidence-informed interventions as clinically appropriate and available. Women-specific programming, including Helping Women Recover and women-specific Seeking Safety groups, may be available within select geographic teams. Trauma-informed and gender-specific considerations are incorporated into treatment planning and service.

Transportation assistance, telehealth services, and coordination of appointments for parents and children may be utilized to reduce barriers to treatment participation.

Outcomes Framework:

CUCC monitors women's treatment services through ongoing assessment, treatment engagement, and continuity of care efforts. Desired outcomes may include reduced substance use, improved emotional and behavioral functioning, increased treatment engagement, improved recovery stability, increased safety, improved parenting functioning, and improved family stability. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, outcome measurement tools including the OQ, and recovery capital-focused tools such as the SURE.

Pregnant Women and Women with Dependent Children - SAMHSA Priority Population (Contract 5.2d a & 45 CFR Part 96 Subpart L)

Will the LA provide Pregnant Women and Women with Dependent Children services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Substance Use - Adults

Select the Women's Service Requirements that the LA meets or provides:

- ☒ Pregnant women admitted within 48 hours.
- ☐ A comprehensive referral for interim services if treatment admission for pregnant women is not available within 24 hours of the time the request for services is made.
- ☒ Block Grant funds are used to support pregnant women, parenting women, and women working to regain custody.
- ☐ Primary medical care for individuals including referrals for prenatal care.
- ☐ Primary Pediatric care for children of individuals in SUD treatment including immunizations.
- ☒ Therapeutic interventions for children in custody of individuals in SUD treatment that address development needs, issues of sexual and physical abuse and neglect.
- ☒ Sufficient case management and transportation services (clients and children).

Service Delivery Framework:

CUCC provides services for pregnant women and women with dependent children directly within the six-county catchment area. Pregnant women are prioritized for timely assessment, referral, and treatment access consistent with state and federal requirements. Services may include substance use treatment, medication management, case management, peer support services, transportation assistance, parenting support, and coordination with prenatal, pediatric, DCFS, and other involved providers when clinically appropriate. Trauma-informed and family-centered considerations are incorporated into treatment planning and service delivery when clinically appropriate.

Outcomes Framework:

CUCC monitors services for pregnant women and women with dependent children through ongoing assessment, treatment engagement, and continuity of care efforts. Desired outcomes may include reduced substance use, increased treatment engagement, improved recovery stability, increased safety, improved parenting functioning, improved family stability, and reduced child welfare involvement. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, outcome measurement tools including the OQ, and recovery capital-focused tools such as the SURE.

Parents and Children's Residential Treatment (Service Code: WTX). (Directives)

Will the LA provide Parents and Children's Residential Treatment directly or through a contracted provider?

Substance Use - Adults

- ☐ Directly
- ☐ Contracted provider (Please include a list or a link of contracted provider)
- ☒ Not receiving WTX funds

LAs receiving these funds must ensure they meet the requirements of the SUMH Directives for WTX services and data collection, including a three year application and a budget by March 27th. Contact Becky King (rbarnett@utah.gov) for more information.

CUCC Refers to House of Hope

Children with Parents in Residential Treatment Services (Service Code: CFT) (Directives)

Will the LA provide Children with Parents in Residential Treatment Services directly or through a contracted provider?

- ☐ Directly
- ☐ Contracted provider (Please include a list or a link of contracted provider)
- ☒ Not receiving CFT funds

Check the boxes for all the services for Children with Parents in Residential Treatment that are available.

- ☐ Therapeutic Day Care- which provides developmentally focused care for young children whose parent is in treatment, offering support, early learning, and a safe, nurturing environment.
- ☐ Case Management & Transportation - for behavioral and physical health services.
- ☐ Ongoing Assessment- covers development, health, interactions, and overall functioning.
- ☐ Residential Therapeutic Services- supports children in care with a goal of reunification.

Service Delivery Framework:

N/A

Outcomes Framework:

N/A

Persons who Inject Drugs - SAMHSA Priority Population (Contract 5.1 a, 5.2 e)

Substance Use - Adults

Describe how the LA identifies and ensures that persons who inject drugs are prioritized for admission in accordance with federal requirements (within 14 days from request of admission or 120 days after the request is made if there is no program capacity and interim services are provided until treatment becomes available)?

CUCC identifies persons who inject drugs during the initial screening process when individuals call or present for services by directly asking about IV drug use. Individuals identified as persons who inject drugs are prioritized for admission consistent with state and federal requirements. CUCC does not typically experience difficulty providing access to services within the required 14-day timeframe. When immediate admission is not available, interim services and referrals may be provided until treatment becomes available.

Communicable Disease Testing, Education and Resources (TB) - SAMHSA Priority Population (Contract 4.2f)

Check the boxes of services that are provided for individuals who maybe or are infected by mycobacteria tuberculosis (TB)?

- ☒ Screening and testing.

Who is responsible for providing screening and testing for TB

CUCC provides TB screening and education and refers clients to the Central Utah Health Department for TB screening and testing.

- ☒ Education services.

Who is responsible for providing education for TB

CUCC client-facing providers (one-on-one visits), including group facilitators of CUCC's Early Recovery Skills Group, can provide education and referrals related to bloodborne pathogens, tuberculosis (TB), and other communicable diseases. Referrals can be made to the Central Utah Health Department for screening, testing, and counseling. CUCC staff receive annual training related to communicable diseases, bloodborne pathogens, tuberculosis (TB), and infection control through the Relias training platform.

- ☐ Counseling services.

Who is responsible for providing counseling in respect to TB

N/A

- ☒ Referral for medical evaluation and treatment.

Technical Assistance - Adult SUD

Substance Use - Adults

Is technical assistance requested for any components of the Adult Substance Use programming or requirements section?

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA.

N/A

Substance Use - Youth

The following sections are the Substance Use Youth services requirement from both the LA contract and the SUMH Office Directives.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Interventions directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

CUCC provides youth early intervention services directly across the six-county catchment area. Services typically begin with an initial screening and assessment process to help identify substance use concerns, risk factors, level of need, and appropriate treatment recommendations. Screening and assessment tools may include the SASSI-A3, CAGE-AID, C-SSRS, and ASAM assessments.

Outcomes Framework:

Substance Use - Youth

CUCC measures the effectiveness of youth early intervention services through ongoing assessment, client engagement, referral follow-through, and progress monitoring. Desired outcomes include increased treatment engagement, reduced substance use risk behaviors, improved client functioning, reduced overdose risk, and increased connection to community resources and supports. Progress and service effectiveness are monitored through outcome measurement tools including the YOQ.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services - Youth directly or through a contracted provider?

- ☒ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)
- ☒ Referral (non contracted provider and service is unfunded, but referrals provided)

What level of Residential Care service are funded by the LA?

- ☐ ASAM III.7 Medically Monitored Intensive Inpatient Services
- ☒ ASAM III.5 Clinically Managed High-Intensity Residential Services
- ☒ ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ☒ ASAM III.1 Clinically Managed Low-Intensity Residential
- ☐ None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

CUCC will continue coordinating with residential treatment providers and community partners to assist youth and families in accessing residential treatment services when needed.

Service Delivery Framework:

CUCC provides youth residential treatment services through referrals, single case agreements, insurance-funded placements, and community providers based on clinical need and level of care recommendations. Services begin with an assessment process to determine appropriate placement and treatment recommendations. CUCC geographic teams may assist with referral coordination, family engagement, discharge planning, transition planning, and continuity of care efforts following residential treatment.

Outcomes Framework:

Substance Use - Youth

CUCC monitors residential treatment services through ongoing assessment, referral coordination, continuity of care efforts, family involvement, and treatment engagement. Desired outcomes include improved stability and functioning, successful transition to lower levels of care, and increased connection to recovery supports and community resources.

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient Services directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

CUCC does not currently operate a dedicated youth Intensive Outpatient (ASAM II.1) program due to the lower volume of youth referrals within the catchment area. When clinically appropriate, CUCC may utilize single case agreements, referrals, and coordination with providers outside of the catchment area to assist youth and families in accessing IOP-level care. CUCC geographic teams can assist with assessment, referral coordination, family engagement, discharge planning, and continuity of care efforts following higher levels of treatment.

Outcomes Framework:

CUCC monitors youth IOP coordination and follow-up services through ongoing assessment, referral coordination, continuity of care efforts, family involvement, and treatment engagement. Desired outcomes may include increased treatment engagement, improved stability and functioning, successful transition to appropriate levels of care within CUCC, and increased connection to recovery supports and community resources.

Outpatient Care and Services (ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Substance Use - Youth

CUCC provides youth Outpatient Care and Services (ASAM I) directly through the Sevier, Sanpete, and Millard-Juab geographic teams. Services may include individual and family therapy, case management, crisis services, substance use treatment, medication management, drug and alcohol testing, telehealth services, and evidence-based or evidence-informed interventions as clinically appropriate and available. Family engagement, coordination with schools and community providers, and continuity of care efforts can be utilized when clinically appropriate.

Outcomes Framework:

CUCC monitors youth outpatient services through ongoing assessment, treatment engagement, family involvement, and continuity of care efforts. Desired outcomes may include reduced substance use, improved stability and functioning, increased safety, and successful transition to appropriate levels of care within CUCC. Progress and service effectiveness may be monitored through clinical assessments, drug and alcohol testing, and outcome measurement tools including the YOQ when clinically appropriate.

Access and Quality of Youth Treatment Services

What plans does the LA have to coordinate, support and increase access and quality care for youth services?

CUCC plans to support access and quality of youth treatment services through ongoing assessment, family involvement, coordination with JJS and community providers, and continuity of care efforts. Geographic teams may collaborate to identify appropriate levels of care and referral pathways for youth with substance use and co-occurring behavioral health needs. CUCC will continue utilizing the SASSI-A3 to support initial substance use screening and assessment for youth services.

Technical Support - Youth SUD

Is technical assistance requested for any components of the Youth Substance Use programming or requirements section?

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

Substance Use - Youth

Substance Use - Quality Improvement

The following sections are the Quality Improvement requirement from both the LA contract and the SUMH Office Directives.

Drug Testing (Directives)

Will the LA provide Drug Testing directly or through a contracted provider?

- ☒ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

<https://beechtreediagnosics.com/>

When was the last time your Drug Testing policy was updated?

CUCC's Drug Testing policy was last updated on August 2, 2022. CUCC reviews policies through its QAPI or Administrative Meetings on a near-monthly basis, rotating through policies. CUCC updates each policy at least every five years.

What is the LA process to ensure that all Drug Testing done directly or via a contract, follows SAMHSA recommended guidelines and the requirements as outlined in the SUMH Directives in the Quality Improvement section for Drug Testing Requirements?

CUCC maintains a Drug Testing Policy and Procedure intended to support compliance with applicable SUMH Directives, Utah Judicial Rule 4-409, and medical necessity standards. The majority of drug and alcohol testing is performed through a contracted provider. CUCC staff involved in drug testing should receive training related to collection procedures, trauma-informed care, confidentiality, confirmatory testing requirements, and documentation standards.

Outreach to Individuals Who are Using Alcohol and Other Drugs- Overdose Prevention and Education (Contract 5.3.4)

What is the process used to ensure staff are educated in the identification of overdoses and how to administer naloxone?

Substance Use - Quality Improvement

CUCC staff complete annual Relias platform trainings related to overdose identification, overdose prevention, and naloxone administration. Additional education and review may occur through supervision, staff meetings, and clinical consultation.

Does the LA maintain naloxone in each facility?

CUCC maintains naloxone within primary treatment facilities across the catchment area.

What is the process in providing naloxone kits, education and training to individuals with Opioid Use disorder and their family and friends regarding overdose prevention?

CUCC advertises the availability of free naloxone within treatment facilities, including waiting room educational materials and displays intended to increase awareness among clients, family members, and supports. CUCC also provides overdose prevention and naloxone training as part of the Early Recovery Skills Group offered across all geographic teams, which includes providing free naloxone kits to participants.

Policy Review (Directives)

What is your process for the development and review of agency policies?

CUCC policies and procedures are developed and reviewed through administrative leadership, clinical leadership, compliance, QAPI processes, and relevant program staff depending on the policy area involved. Policies are approved by the Authority Board.

How often are policies reviewed and updated?

Existing policies and procedures are reviewed on an ongoing near monthly basis through administrative leadership, clinical leadership, compliance, QAPI processes, and relevant program staff depending on the policy area involved.

Technical Assistance- Quality Improvement

Is technical assistance requested for any components of the Quality Improvement section?

☐ Yes

☒ No, not at this time.

Please name sections requested and provide description of requested TA

Substance Use - Quality Improvement

N/A

COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS

Mental Health and Substance Use Services

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment area.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Integrated Care Programming (Contract 2.4, 5 & Directives)

Will the LA implement Integrated Care Programming directly or through a contracted/partnership provider?

☒ Directly

☐ Contracted provider (Please include a list or a link of contracted provider)

N/A

Service Delivery Framework: *Please also include how the LA will cooperate with efforts to promote integrated programming that address individuals' mental health, substance use, and physical health needs. This must include, but is not limited to, the wellness education of all ages for obesity, HIV, TB, Hep-C, diabetes, pregnancy, and dental.*

Adult

CUCC implements integrated care programming through direct services, care coordination, and collaboration with medical facilities, local health departments, primary care providers, and community partners. CUCC medical providers incorporate physical health and wellness into

medication management services. Therapists and case managers also utilize a wellness section within EHR templates to support ongoing discussion and documentation of physical health, wellness, and integrated care needs throughout treatment.

Adaptations for YOUTH programming

Youth integrated care programming may include family involvement, coordination with medical providers and community supports, and ongoing consideration of behavioral health, substance use, physical health, and wellness needs. Therapists and case managers utilize wellness sections within EHR templates to support discussion and documentation of integrated care needs for youth and families.

Outcomes Framework: *Please also outline the screening tools and assessments for physical health and social determinants, and physical health documentation.*

Adult:

CUCC has implemented a Well-RX/SDOH screening PIP to support identification and documentation of social determinants of health and wellness needs. CUCC is also conducting an integrated health PIP focused on improving documentation of primary care providers within the electronic health record to support care coordination and integrated behavioral health and medical services.

Adaptations for YOUTH programming

Youth services also utilize Well-RX/SDOH screening processes, including consideration of family and household needs that may impact youth behavioral health, substance use, wellness, and access to care. Integrated care needs, wellness concerns, and primary care provider information are documented within the electronic health record as part of ongoing treatment planning and continuity of care efforts.

Evidence-Based Practice Tracking

Please review and update the SUMH provided list of clinical evidence-based practices and assessments to include practices and assessments across the lifespan and service continuum.

 FY27 LA EBP Matrix

Telehealth (Contract 2.5)

Does the LA provide Telehealth services?

- ☒ Yes, directly - LA agency staff provide therapeutic services to clients directly
- ☐ Yes, via contracted provider is utilizing telehealth services

- ☐ Not not at this time, but we would be interested
☐ No

What Telehealth platform does the LA utilize for telehealth services?

CUCC utilizes [Google Meet](#) for telehealth services.

If applicable, list services are available through telehealth. Please include mental health and substance use treatment services in this response.

Telehealth services may include mental health treatment services, substance use disorder treatment services, individual therapy, group therapy, medication management, case management, skills development, peer support services, crisis services, assessment, and care coordination when clinically appropriate.

Translation Services

Does the LA have a provider(s) that utilize languages in addition to English, including ASL, in services.

- ☒ Yes
☐ No, not at this time

Does the LA have a policy and process for utilizing **translation services** to meet the communication needs of clients who receive services and those who seek services with the LA?

- ☒ Yes
☐ No, not at this time

Smoking Cessation (Directives)

Does the LA implement Smoking Cessation best practices as outlined in the SUMH Office Directives?

- ☒ Yes
☐ No, not at this time

Will the LA provide tobacco-free classes directly, a contracted provider or in collaboration with a health organization?

- ☒ Directly
☐ Health Organization (Health Department or other clinic)
☐ Contracted provider (Please include a list or a link of contracted provider)

CUCC Curriculum: Dimensions Tobacco Free Program

Does the LA maintain a nicotine free environment?

- ☒ Yes

☐ No, not at this time

If deemed applicable, please add additional information about the LAs smoking cessation or nicotine free environment.

CUCC advertises and encourages a nicotine free environment within its facilities and grounds while also recognizing the behavioral health, engagement, and stability needs of individuals with serious mental illness and other high-risk populations. Enforcement approaches may vary depending on the clinical situation, with consideration given to safety, engagement, continuity of care, and potential risks related to destabilization or disengagement from treatment.

Community Assessment

Describe how the LA assesses service continuum access for the community they serve. This must include: population demographics (both in services and in LA catchment), location of provided services, and a plan for improving access to care for Medicaid members, unfunded, underfunded individuals not currently receiving services.

CUCC reviews service access and utilization information throughout the year at QAPI meetings and as part of geographic team leader supervision, both of which occur almost monthly. This includes data related to specific populations and access indicators, such as service utilization, referral patterns, payer source, Medicaid status, unfunded/underfunded needs, county of residence, staffing capacity, and service gaps.

CUCC participates in the HSAG Utah Network Adequacy Validation (NAV) review, which helps evaluate geographic access and distance from service locations for available services across the catchment area. Services are provided across Juab, Millard, Sanpete, Sevier, Piute, and Wayne Counties, including outpatient offices and community-based services when appropriate.

CUCC uses this information, including review of population and client needs by area, to impact service delivery by identifying access barriers, adjusting staffing by team, modifying services by location, and determining whether additional programming or service changes are needed. Recent examples in the Tri-county area include newer, larger outpatient treatment buildings, increased supportive living spaces, and hiring an additional therapist to better support population and client needs for Wayne, Piute, and Sevier Counties. CUCC is also constructing a receiving center in the Tri-county area that will serve the full catchment area. These efforts support improved access for Medicaid members, uninsured, underinsured, and individuals not currently engaged in care.

Collaboration and partnerships

Describe the collaboration efforts the LA will be doing over the next 1-3 years in order to increase client engagement and outcomes and community partnerships (i.e, Hospital, FQHCs, Receiving Centers, Health Department, Clinics, State, City and County agencies, community partners, committees, other, etc).

CUCC will continue collaboration with schools, hospitals, public health, law enforcement, and local coalitions to improve coordination and outcomes.

CUCC participates in a regional network of community coalitions and suicide prevention partnerships that support evidence-based practices, including MCOT-led crisis response, CIT training, safety planning, and prevention education. Focus areas include strengthening crisis response systems, improving care transitions, expanding school and community partnerships, and increasing access for Medicaid and uninsured populations.

Mental Health and Substance Use - Justice Services

The following sections are the Mental Health and Substance Use Justice Services requirement from the Code and SUMH Office Directives. Each LA must complete with an overview of how each service will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Justice Involved Individuals (including JRI funds) (Mandated Services, Directives)

For Justice Involved Individuals, please describe:

Service Delivery Framework: *Please also include what criminogenic screening tools are utilized and do you include criminogenic risk goals in the client treatment plans?*

CUCC provides Justice Involved Individual (JRI) services through direct clinical programming and coordination with Adult Probation and Parole (AP&P), local law enforcement, and the courts. Services in the 6 county catchment area are delivered through outpatient levels of care depending on assessed need.

CUCC uses validated screening and assessment tools including the RANT, CAGE-AID, and SASSI-4 at intake. These tools are used to identify criminogenic risk and guide treatment intensity and planning. Criminogenic risk factors are incorporated into individualized treatment plans, including goals targeting thinking patterns, substance use, and behavioral stabilization.

Outcomes Framework:

CUCC monitors JRI services through ongoing assessment, treatment planning, service engagement, and coordination with justice system partners. Outcomes may include reduced substance use, improved functioning, increased treatment engagement, reduced crisis use, reduced incarceration, and improved stability. Progress is tracked through clinical assessment, drug and alcohol testing, and outcome tools including the Outcome Questionnaire (OQ), along with recovery capital measures such as the Substance Use Recovery Evaluation (SURE), and ongoing clinical review and partner coordination.

Will JRI funding be used to provide services to individuals that are or were incarcerated directly or through a contracted provider?

- ☒ Directly
- ☐ Contracted provider (Please include a list or a link of contracted provider)
- ☐ Organized by Jail Facility

Department of Corrections (UDC) (Directives, Mandated Service)

Will the LA provide services to individuals referred or approved by the Department of Corrections directly or through a contracted provider?

- ☒ Directly
- ☐ Contracted provider (Please include a list or a link of contracted provider)

--

UDC funding can be utilized for Mental Health, Substance Use and/or Recovery Support Services (RSS). Please describe the services the LA intends on providing with the use of these funds. If RSS services will be provided, please indicate this will be covered in the RSS section.

UDC funding may be utilized to support mental health treatment, substance use disorder treatment, case management, medication services, crisis support, recovery support services, and other clinically appropriate services for individuals involved with the Department of Corrections.

Drug Courts (ADC) (Directives)

Will the LA provide services to individuals involved in a Drug Court directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Select the drug court(s) that the LA provides services to:

- ☒ Family Dependency Court
☐ Youth Specialty Court
☒ Adult Specialty Court
☐ DUI Court
☒ Mental Health Court
☐ Vet Court
☐ Other Courts? Please specify what other courts

Service Delivery Framework: Please also include validated criminogenic screening tools used to screen drug court participants, federally approved Medication Assisted Therapy (MAT) allowed, and any restrictions to MAT. Include plans to remove/reduce barriers.

CUCC provides Specialty Court treatment services for Adult Felony Drug Courts in Juab, Millard, Sanpete, and Sevier Counties, as well as Family Drug Courts in collaboration with DCFS and Juvenile Court partners. Eligibility includes High Risk/High Need individuals identified through validated criminogenic screening tools including the SASSI-4 and RANT. Services provided directly by CUCC include individual, group, and family counseling, case management, crisis services, co-occurring treatment, medication management, recovery support, and random drug testing, including weekends and holidays.

Federally approved Medication Assisted Treatment (MAT), including Suboxone, Vivitrol,

Antabuse, and Naloxone, is allowed in all Drug Court programs and may be provided directly by CUCC prescribers or coordinated with community providers. Participants are not required to taper or discontinue MAT to participate in or graduate from Specialty Court programs.

Outcomes Framework:

CUCC monitors Specialty Court services through treatment engagement, drug testing compliance, court participation, and collaboration with court and community partners. Participants progress through a five-phase program designed to support recovery, accountability, behavioral change, and long-term stability. Outcomes may include reduced substance use, reduced recidivism, improved mental health functioning, increased treatment engagement, successful phase progression and program completion, and improved recovery stability. Progress is tracked through clinical assessment, drug and alcohol testing, the Outcome Questionnaire (OQ), recovery capital measures including the Substance Use Recovery Evaluation (SURE), and ongoing clinical review to support continuous quality improvement.

When was the last time the specialty court manuals and policies were updated?

Specialty court manuals and policies are currently being updated through an internal committee process that began in January 2025, in collaboration with UCJC, to support a more unified approach across courts. Implementation of the updated manuals is anticipated for FY27.

Coordinate with the Dept of Corrections to Provide Treatment Services to High-Risk Habitual Offenders

(UCA 64-13-21(8)(a)).

Will the LA coordinate with the Dept of Corrections (DOC) directly or through a contracted provider for Treatment Services to High-Risk Habitual Offenders?

- ☒ Directly
- ☐ Contracted provider (list contractor(s) below)

Service Delivery Framework:

CUCC coordinates directly with the Department of Corrections and Adult Probation and Parole (AP&P) to provide mental health and substance use treatment services to high-risk habitual offenders based on assessed clinical need. Services may include assessment, outpatient treatment, case management, medication services, crisis support, and recovery support services.

Outcomes Framework:

CUCC monitors treatment engagement, coordination with correctional partners, clinical progress, and recovery outcomes for high-risk habitual offenders. Outcomes may include increased treatment engagement, reduced substance use, improved behavioral health functioning, reduced recidivism, and improved recovery stability. Progress is tracked through clinical assessment, the Outcome Questionnaire (OQ), recovery capital measures including the Substance Use Recovery Evaluation (SURE), and ongoing clinical review.

Guilty with a Mental Health Condition (GMC)

Will the LA provide court-ordered evaluations, treatment plans, treatment and supervision for the GMC population?

- ☒ Yes
☐ No, not at this time

Technical Assistance - Justice Services

Is technical assistance requested for any components of the Justice Services sections?

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

N/A

RECOVERY SUPPORTS

Mental Health and Substance Use Recovery Supports

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

Mental Health and Substance Use Recovery Supports

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Recovery Support (non-clinical services) (Contract 8.2 & Directives)

Will the LA provide Recovery Support Services directly or through a contracted provider?

- ☒ Directly
- ☐ Contracted provider (Please include a list or a link of contracted provider)

What funding will you be using to support and provide Recovery Support Services? Check box(s)

- ☐ BJA (BJA)
- ☐ Drug Court (ADC)
- ☐ State General (SGF)
- ☐ JRI (JRI)
- ☐ Mental Health (MHBG)
- ☐ Opioid Grant (SOR)
- ☒ Substance Use Block Grant (SUBG)
- ☒ Department of Corrections (UDC)
- ☐ Other- please specify below

Service Delivery Framework: *Please include responses that address adult and youth services. Please also include what the process is for identifying and approving Recovery Support Services to ensure that services are needed and appropriate to eliminate fraud, waste and abuse of funds and that the funding is being used for allowable services based on the funding source?*

CUCC may provide Recovery Support Services (RSS) for adults and youth through direct service delivery based on identified recovery needs and allowable funding source requirements. Services may include CUCC's standard behavioral health services, transportation assistance, educational and employment support, identification and birth certificate assistance, housing-related supports, recovery residence support, physical healthcare and dental assistance, and medication assistance including MAT support.

Recovery Support Services are identified through assessment, treatment planning, case management, and clinical review to ensure services are necessary, appropriate, documented,

Mental Health and Substance Use Recovery Supports

and allowable under the applicable funding source. All services require approval and justification to reduce fraud, waste, and abuse and ensure compliance with state and federal requirements.

Outcomes Framework:

CUCC monitors Recovery Support Services through service engagement, housing and employment stability, connection to community supports, and reduction of barriers to recovery. Outcomes may include increased recovery stability, improved functioning, increased treatment engagement, and reduced relapse risk. Progress is tracked through clinical review, the Outcome Questionnaire (OQ), recovery capital measures including the Substance Use Recovery Evaluation (SURE), and ongoing quality improvement review.

Peer Support Services (PSS)

Will the LA provide Peer Support Services directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (list contractor(s) below)

Does the LA currently employ or contract the following for services:

- ☒ Certified Peer Support Specialists (CPSS)
☐ Family Peer Support Specialists (FPSS)
☒ Certified Peer Support Specialists (CPSS) in SUD services.

Service Delivery Framework:

CUCC provides Peer Support Services directly through trained staff across the three primary geographic teams: Tri-county, Millard/Juab, and Sanpete. Each team currently has one trained Peer Support Specialist. Peer Support Services are available for individuals receiving mental health and substance use disorder services in outpatient offices and in the community. Services may be provided individually or in groups and support recovery, coping skills, wellness, treatment engagement, community integration, and connection to supports. For youth, peer support may be provided to parents, legal guardians, or caregivers as appropriate. CUCC does not currently have a staff member trained as a Family Peer Support Specialist, but is seeking to have a staff member trained in this area.

Mental Health and Substance Use Recovery Supports

Outcomes Framework:

Clients are identified for Peer Support Services through initial assessment, ongoing clinician assessment, ASAM assessment and reassessment, treatment planning, internal referral, and multidisciplinary team review. Effectiveness is monitored through treatment engagement, ongoing clinical review, OQ/YOQ, ASAM reassessment, and SURE as a recovery capital tool. Outcomes may include improved mental health functioning, reduced substance use, increased recovery stability, improved coping skills, improved treatment engagement, and connection to natural and community supports.

Please confirm that the LA is in compliance with the following office directive: "The LA's PSS team, or a representative peer support specialist, shall meet with LA leadership semi-annually to discuss the peer support program and peer involvement in the agency"

☒ Yes

☐ No, not at this time

Homeless Services Supports

Please identify the LAs identified Local Homeless Council (LHC) or Continuum of Care (COC) representative for this SUMH office directive:

Name	Nathan Strait
Email	nathans@cucc.us
Job role/title	CEO

Sober Living Program-Homeless services (SLF) (Directives)

Will the LA provide Sober Living Services

☐ Directly

☐ Contracted provider (Please include a list or a link of contracted providers)

☒ Not receiving SLF funds

Service Delivery Framework:

Mental Health and Substance Use Recovery Supports

N/A

Outcomes Framework:

N/A

Supported Employment Services including Individual Placement Support (IPS)

Will the LA provide Supported Employment Services directly or through a contracted provider?

- ☐ Directly
- ☒ No, not at this time
- ☐ Contracted provider (provide link or list contractor(s) below)

N/A

Service Delivery Framework: *Please also include how the LA implements collaboration with the Utah State Office of Rehabilitation/Vocational Rehabilitation Services. Also include adaptations for youth.*

CUCC does not provide IPS services. CUCC providers collaborate with the Utah State Office of Rehabilitation/Vocational Rehabilitation Services through referrals, linking, and coordination. CUCC uses Well-RX SDOH screens for all incoming clients, which include questions related to vocational and educational needs. Clients identified as needing additional support are often referred to CUCC case managers for further assessment.

CUCC case managers use the Arizona Self-Sufficiency Matrix to better understand client needs, including vocational and educational needs. Based on identified needs, case managers link and coordinate with Vocational Rehabilitation services throughout the catchment area.

Outcomes Framework:

Outcomes will be measured through OQ results and readministration of the Arizona Self-Sufficiency Matrix.

Technical Assistance - Recovery Support

Is technical assistance requested for any components of the Recovery Support section?

Mental Health and Substance Use Recovery Supports

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

N/A

SERVICE SATISFACTION AND OUTCOME DATA

Service Satisfaction and Outcome Data

The following section stems from the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

Consumer Satisfaction

Describe the LA's process for administering the Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS).

CUCC administers the Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS/YSS-F) annually to eligible clients receiving mental health and substance use services. Office Specialists distribute and collect surveys primarily by tablet during office visits, but may also utilize other methods as needed.

Mental Health Outcome Questionnaire

Does the LA have a training process for clinical teams on utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ).

- ☒ Yes
☐ No, not at this time

If applicable, briefly describe information on training, implementation, oversight, data analysis, and associated quality improvement.

CUCC utilizes the Relias training platform and supervisor-supported training processes for

Service Satisfaction and Outcome Data

implementation and utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ). Relias training links staff directly to OQ/YOQ training modules developed by the creators of the tools.

Recovery Support Screenings and Tools

What Recovery Support screening or tools are you utilizing? (i.e., SURE, SUD OQ, etc).

CUCC utilizes recovery support and outcome tools including the Substance Use Recovery Evaluation (SURE) as a recovery capital measure, the Outcome Questionnaire (OQ), Youth Outcome Questionnaire (YOQ), SASSI-4 Online, and SASSI-3 for youth, along with other clinically appropriate assessments to support treatment planning, monitor progress, and evaluate recovery outcomes.

If you are not utilizing any Recovery Support screenings or tools can you please provide details on the barriers?

N/A

Technical assistance

Is technical assistance requested for any components of SUMH Office Directives Service Satisfaction and Outcome Data section? This may include data submission requirements.

- ☐ Yes
- ☒ No, not at this time.

Please indicate sections requested

N/A