

# FORM A - MENTAL HEALTH BUDGET NARRATIVE

**Local Authority:** Northeastern

**Instructions:**

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

**1) Adult Inpatient**

*Program Manager*

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$1,050,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>160</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$1,000,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>160</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$790,697</b>		<b>42</b>

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

Inpatient services utilized by Northeastern Counseling (otherwise known as NCC or the Center) are predominantly provided through Provo Canyon Behavioral Hospital and the Huntsman Mental Health Institute. However, Northeastern Counseling will use 7 to 9 different inpatient providers throughout the year due to beds being full at contract hospitals, insurance network restrictions, special needs such as geriatric, and so forth. NCC provides admission services for the unfunded, insured, Medicare and Medicaid. The Northeastern Counseling provides most admission services through the Uintah Basin Medical Center and Ashley Regional Medical Center Emergency Rooms. **Each admission takes 1 to 3 hours of non reportable/billable time to locate a bed, complete admission forms, etc. NCC has seen an increase in the number of individuals that are recommended for inpatient services but are unable to access them due to psychiatric hospitals not having beds or not having high acuity beds available. This leaves high acuity individuals in local rural medical hospitals until a bed can be located. Over the past two years this challenge has increased putting significant pressure on local medical hospitals, NCC and other key stakeholders to manage the individual in a non secured medical setting.**

NCC employs a liaison that lives in Utah County. The liaison provides discharge planning, some utilization review for Utah county admissions and USH clients. In addition to admission services for all payers, NCC staff provide discharge planning and follow up services regardless of payer.

*Difference in "Projected" versus "Actual" or "mental health scorecard" inpatient numbers:* Throughout the years NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the Division's "Scorecard". NCC facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through NCC office locations. NCC projects 160 psychiatric inpatient admissions in the coming year for residents of the Tri-County area. The projections for adult Medicaid

admissions funded under the Prepaid Mental Health Plan that will be reported to the Division and the Department of Health is projected at 70.

**Describe your efforts to support the transition from this level of care back to the community.**

Challenging inpatient discharges are also facilitated by NCC regardless of payer. Only Medicaid admissions paid for by NCC under the Pre Paid Mental Health Plan are entered into the NCC Electronic Medical Record and subsequently reported to the Division and the Department of Health. All admissions and many discharges (regardless of payer) require additional non-billable time by NCC that is not captured by CPT billable codes or other inpatient service data. [NCC schedules inpatient clinical discharge follow up, regardless of the individual's funding, within three business days of discharge.](#)

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

Not applicable

**Describe any significant programmatic changes from the previous year.**

None

**2) Children/Youth Inpatient**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$300,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>40</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$250,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>40</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$360,464</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>25</b>

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

Northeastern Counseling Center has an inpatient contract for youth at Provo Canyon and the University of Utah Neuropsychiatric Institute. On occasion, NCC has utilized non contract hospitals such as Wasatch Canyons, Highland Ridge and McKay Dee as needed. The Center strives to utilize inpatient admission as a last resort and only when this level of care is needed to protect the youth, child or others. Every effort is made to work with the youth and parent/guardian in keeping the youth in their home environment with support services. [In CY2021 NCC funded over 30 inpatient admissions for children and youth.](#)

*Difference in "Projected" versus "Actual" or "mental health scorecard" inpatient numbers:* Throughout the years NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the Division's "Scorecard". NCC facilitates the majority of psychiatric inpatient admissions for area residents through both local emergency rooms or through NCC office locations. These admissions and discharges include individuals that are not covered under Medicaid. Only Medicaid admissions paid for by NCC under the Pre Paid Mental Health Plan are entered into the NCC EMR and subsequently reported to the Division

and the Department of Health. All admissions and many discharges (regardless of payer) require additional non-billable time by NCC that is not captured by a CPT billable code. This budget item includes some of those costs. NCC projects 40 psychiatric inpatient admissions for youth in the coming year for residents of the Tri-County area. The projections for youth Medicaid Enrollees funded under the Medicaid Managed Care Plan that will be reported to the Division and the Department of Health is projected at 30.

**Describe your efforts to support the transition from this level of care back to the community.**

NCC strives to provide support for all inpatient discharges regardless of funding. Follow up appointments are encouraged and required for inpatient discharges. Individuals that choose to follow up with NCC will be offered a follow up appointment with a therapist within three business days. An appointment with a prescriber will be scheduled within 7 days. Additional referrals may be made as needed including FRF, Peer Support, etc. NCC does follow up contacts on discharges.

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

The Center anticipates increases in the number of inpatient bed days for youth that the Center is responsible for funding under the Medicaid contract.. In addition, the Center anticipates an increased amount of inpatient admission services for youth that are not covered by Medicaid.

**Describe any significant programmatic changes from the previous year.**

None

**3) Adult Residential Care**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$55,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>18</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$55,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>18</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>

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

Northeastern Counseling Center does not provide licensed residential treatment services as a direct service in the Center's catchment area. When needed by consumers, the service has been arranged through agreements with larger centers. Northeastern Counseling has made such arrangements in the past with Centers on the Wasatch front to facilitate USH discharge. Funds may be utilized to cover services at the accepting Center while the individual is not eligible for Medicaid or for the months they remain under NCC Medicaid. Northeastern Counseling believes it does provide quasi residential type services through its housing and case management support services. The Center has chosen not to code its housing program as "Residential" in the State reporting data as it is not licensed as residential. However, the Center believes it does prevent inpatient admissions through its housing and support services for those living with a Serious Mental Illness. Individuals in one of NCC's 20 apartments that

have significant needs have nearly daily contact with NCC staff, may attend Day Treatment and receive daily medication services. Other support services include shopping assistance, medical care coordination, payee services and in-home services. The Center's housing and support program are used as a step down from the USH and acute admissions for adults living with a serious mental illness that require more community support.

**How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?**

The Center utilizes functional assessments such as the DLA-20 when available in combination with clinical information related to safety and the need for additional support. The primary goals include the individual being in the least restrictive environment possible. Effectiveness of care is determined by several factors including functioning levels, inpatient admissions, legal involvement, safety, etc. If the program is located in another catchment area NCC will still complete its assessment for medical necessity and payment authorization as needed. The receiving programs will also have their own screening assessment process in addition to NCC's. Potential receiving programs are likely to request extensive clinical history and the most recent clinical records to make a determination of admission appropriateness. There may be additional forms, admission packets, etc., required by the receiving program.

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

None

**Describe any significant programmatic changes from the previous year.**

None

**4) Children/Youth Residential Care**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$5,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>2</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$2,500</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>2</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please identify any significant service gaps related to residential services for youth you may be experiencing.***

The Center will continue to make arrangements on a case by case basis as needed by the individual youth and family. It remains the Center's policy to make every effort to maintain the youth in their own home honoring the wishes of the parent/guardian as long as safety can be maintained. Residential care for a child should be a service of last resort and will only be arranged by the Center in extreme cases. [Challenges and gaps include availability of service programs for Medicaid youth.](#)

The Center would arrange an individual agreement to cover treatment services for a Medicaid Youth in a residential program, provided it was medically necessary and agreed upon by the parent/guardian. Other financial arrangements would have to be made for Room and Board.

**How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.**

The Center utilizes clinical information related to safety and the need for additional support. The primary goals include the individual being in the least restrictive environment possible. Effectiveness of care is determined by several factors including functioning levels, inpatient admissions, legal involvement, safety, etc. The Center considers residential as short term treatment and not a placement option for out of home care.

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

The amount has been doubled in the event admissions are made as costs have increased.

**Describe any significant programmatic changes from the previous year.**

None

**5) Adult Outpatient Care**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$2,565,501</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>1,800</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$1,728,639</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>1,600</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$1,518,515</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>1,790</b>

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

The Center will continue to provide Assessment, Individual and Group Therapy services out of the Roosevelt and Vernal sites. The Center also provides appointments as needed in Manila during the school year at the health clinic, or by telehealth. The Center also provides a therapist to the Vernal FQHC 8 hours a week.

Telehealth services are available.

Northeastern Counseling Center recognizes that all community members seeking services are a priority. This is seen in the score card where the percentage of adults served by NCC is high compared to the overall population when compared to most areas of the State. This is directly related to NCC providing services regardless of payer. The limitation that arises with the high volume is the ability to provide consistent regular individual therapy for some populations. Some differentiation is required

given the supply and demand challenge for individual therapy time. Priority adult populations for therapy include: individuals designated as living with a Serious Mental Illness (these individuals generally have case management, rehabilitative services, peer support services, nursing services, etc. that supplement the need for frequent therapy), medicaid enrollees with medical necessity, individuals under commitment or the criminal system and individuals requiring crisis services regardless of funding. Therapist time for therapy is further limited by Mobile Crisis Outreach, jail services, school services, FQHC services and other required programs that take the therapist off the general therapy schedule. The Center will continue exploring group services for mental health adults with similar needs as consistent individual therapy isn't always possible for non priority populations. Traditionally these mental health groups have not been well attended by lower priority populations for a variety of reasons, including the individual's preference of individual therapy instead of group services. Consumers not in priority populations may be notified of group or community referral or individual therapy by NCC on a less frequent basis. The Center will always provide crisis services including crisis therapy and Safety Planning to all adults. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment and retention program and working with the local MSW program to increase therapy resources and to fill open positions. The Center has entered into agreements with other providers for occasional Medicaid enrollee telehealth services, and a local private agency for enrollee therapy services as needed.

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

The Center does provide ACOT type services on a daily basis to those living with a serious mental illness which may or may not include court involvement including commitment, JRI or other order. These services include Medication, Therapy, Peer Support, Case Management, Protective Payee, Housing and Rehabilitation services, Medicaid B3 services, wellness, etc., to assist the individual in having their basic needs met. This includes regular case consultation and teamwork between all the types of providers involved and most importantly the client/family. The outcome measures sought for are keeping individuals in the community and out of inpatient units (especially the USH), out of jails and to prevent homelessness. The Center utilizes the DLA-20 to track improvement and individual needs. [NCC coordinates with community partners and stakeholders in difficult behavioral health presentations.](#)

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

[The budgeted amount has been increased due to increased provider/employee costs and a projected increase in adults accessing care.](#)

**Describe any significant programmatic changes from the previous year.**

None

**Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.**

NCC strives to serve civilly committed individuals in the least restrictive environment. The Center rarely has the option to place individuals in long term restrictive settings, e.g. the Utah State Hospital. The concept of Assisted Outpatient Treatment is not a new concept for NCC. Managing individuals in a community setting, requires daily creativity by NCC and at times other stakeholders to keep individuals out of longer term restrictive settings including incarceration. The Center's treatment teams, including

case managers, rehabilitation providers, nurses, peer support, prescribers and therapists are striving daily to keep individuals out of inpatient settings, out of incarceration, in their community housing, having basic needs met, and in the best health possible. This requires patience, diligence and a separation of problematic behaviors versus safety concerns and constant community and family education about the less restrictive philosophy.

**6) Children/Youth Outpatient Care**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$1,145,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>900</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$776,634</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>800</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$734,655</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>866</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please highlight approaches to engage family systems.***

The Center will continue to provide assessment, individual/family therapy out of the Roosevelt and Vernal offices. The Center sends a therapist to Manila, UT one day a week which has provided access to that community's children and youth. The Center also sends a therapist every other week to Dutch John Elementary School. The Uintah School District has chosen to develop their own internal treatment system. NCC continues to work well with the Uintah District but the additional funding they have received from the State has given them the opportunity to develop their own treatment system and to have more provider hours especially in the elementary schools. NCC does not anticipate major changes in the other school districts. In addition to services provided at NCC, the Center is providing services in the Vernal FQHC 8 hours a week where children and youth may also be seen for health care and therapy services. Priority child resource populations include: individuals living with a Serious Emotional Disorder, medicaid enrollees with medical necessity, school therapy services, individuals/families requiring crisis services regardless of funding. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment program and working with the local MSW program to increase therapy resources for the public system. The Center has entered into agreements with other agencies for Medicaid enrollees and a local agency for enrollee therapy services as needed. NCC strives to include parents/guardians in therapy, medication, groups, etc. *Parents are asked to attend therapy with their youth including attending therapy with the youth as clinically necessary. As is common, many parents/guardians are very invested in treatment for the family system while others are less invested.*

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

Whenever possible the Center seeks to provide or offer services that will support the family and the youth that allows the youth to remain in the least restrictive environment possible. The Center utilizes FPSS/Peer Support and also wants to increase acceptance of other treatment options in addition to therapy and medications among providers, parents/caregivers, and youth including respite, TCM and

Rehabilitation services. Parent services are available including behavioral health treatment and parenting education and support. NCC also works with the local youth shelter for MCOT, referrals, etc. The Center utilizes several instruments that aid in providing care including the C-SSRS, Child Behavior Checklists, DLA-20, TOVA, etc. The most important outcomes are related to the youth being able to remain in a community setting without long term care out of the home.

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

The budgeted amount has been increased due to increased provider/employee costs and a projected increase in children and youth accessing care.

**Describe any significant programmatic changes from the previous year.**

None

**7) Adult 24-Hour Crisis Care**

**Nichole Cunha**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$567,600</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>500</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$422,500</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>500</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$422,200</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>494</b>

**Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.**

In October 2020 the Center implemented MCOT services in the Uintah Basin. The MCOT model and expectations require the Center to dedicate additional provider resources that were not previously utilized or available for traditional crisis services. The Center believes the MCOT model is a better way to serve individuals and families. The Center also feels that it is an important option for law enforcement, and where possible provides diversion from the criminal justice system.

Case Managers/Peer Support are on shifts from 8:00 a.m. to 11:00 p.m during business days and on call for weekends and holidays during the same hours. The therapists assigned to MCOT for business hours must be available to deploy and are not scheduled for therapy services during business hours. Two therapists are on MCOT shifts each business day. Two therapists are MCOT/on call 24 hours a day 365 days a year for after hours, holidays and weekends. Therapists respond to local hospitals 24/7. The Center's geography necessitates two MCOT teams. One team for the Roosevelt area and

one team for the Vernal area. Current resource limits require providers that are MCOT/on call 24 hours a day to work the next business day to provide services regardless of the number or times of calls the night before. The Center does not feel it is currently able to utilize specific MCOT only providers as the pool of providers is limited. Where NCC provides behavioral health crisis evaluation and consultation for both local medical hospitals in addition to other community MCOT locations, services provided in the Tri-County area are high per capita compared to many urban locations. All therapists and all case managers/Peer Support participate in the MCOT rotations and schedules.

When adding two Mobile Crisis Outreach Teams to NCC in addition to hospital crisis services that have been provided for decades, the Center requested an exception for the MCOT program. MCOT services end at 11:00 p.m. Alternative staffing models have been and will continue to be discussed. For FY2023, the Center feels that maintaining the current staffing model and exception is the best course for sustainability. The Center will continue to look for alternatives that will improve crisis service access while also balancing resources needed for non crisis services. The MCOT service is new to the area. Over time the Center believes an increased portion of Emergency Room calls will be diverted to client or family homes. The Center is also interested in securing sustainable funding for a Receiving Center which would increase Emergency Room and Criminal Justice diversion.

The Center recognizes that crisis services are essential. The Center also recognizes that providing crisis services and requiring after hours shifts is one of the largest barriers to job satisfaction among the majority of providers. This perception is often due to evening, weekend and holiday lifestyle losses. Crisis services are also viewed as being more personally challenging for some providers than traditional services. Difficulties with replacing or hiring additional human resources, requires remaining providers to be on MCOT rotations on a more frequent basis which can further perpetuate the job satisfaction challenges. With more provider jobs being available in schools, corrections, private practice, outpatient medical settings, etc., that do not require 24 hour coverage, the public system will need to develop and have access to additional resources and ideas to attract and keep providers willing and able to provide 24/7 crisis services. The Center has and will continue to explore a myriad of options to alleviate some of the challenges associated with crisis services.

The Center provides crisis services regardless of an individual's funding. Crisis services including MCOT are accessed in a wide variety of ways including but not limited to the following:

- Local Emergency Rooms contacting the crisis worker for consultation in the E.R. Due to rural circumstances where hospitals do not have their own providers, the Center spends significant resources providing consultation, evaluation, Safety Planning and inpatient admission services.
- Calls initiated by law enforcement, first responders or Central Dispatch for MCOT, emergency evaluation or consultation.
- Calls from jails or the JJS Center and shelter for crisis evaluation.
- Calls or walk in crisis' initiated by consumers, family or others.
- Calls including handoffs or MCOT deployments that may come from the Statewide Crisis Line 1-800-273-TALK.

All crisis services are provided without any compensation from the local hospitals, jails, or other institutions. All individuals are served regardless of funding status.

**Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

The Center has implemented the Division MCOT data measures as required for State reporting. The

Center will monitor outcome measures such as the individual's final disposition following MCOT services.
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>
The budgeted amount has been increased due to increased provider/employee costs.
<b>Describe any significant programmatic changes from the previous year.</b>
None

**8) Children/Youth 24-Hour Crisis Care**

**Nichole Cunha**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$200,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>200</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$227,500</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>200</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$126,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>148</b>

**Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.**

In October 2020 the Center implemented MCOT services in the Uintah Basin.

The Center has received additional funding for MCOT implementation. The MCOT model and expectations require the Center to dedicate additional provider resources that were not previously utilized or available for traditional crisis services. For example, with the addition of MCOT the Center's team could receive a home deployment request 45 minutes away from the clinical office. Combined with travel, one Team deployment could easily require three to four hours of Team time. The Center believes the MCOT model is a better way to serve individuals and families. The model does come with significant increases in resource demands and costs. Case Managers/Peer Support are on shifts from 8:00 a.m. to 11:00 p.m during business days and on call for weekends and holidays during the same hours. The therapists assigned to MCOT for business hours must be available to deploy and therefore can no longer be scheduled for therapy services during business hours. Two therapists are on MCOT shifts each business day. Two therapists are MCOT/on call 24 hours a day 365 days a year for after hours, holidays and weekends. The Center's geography necessitates two MCOT teams. One team for the Roosevelt area and one team for the Vernal area. Current resource limits require therapists that are MCOT/on call 24 hours a day to work the next business day to provide services regardless of the number or times of calls the night before. [Where NCC provides behavioral health](#)

consultation for both local medical hospitals in addition to MCOT and other individual crisis services, service demands in the Tri-County area are high per capita. Given the limitations of rural provider numbers, the Center is not able to utilize specific MCOT providers as the pool of providers is too limited. All therapists and all case managers/Peer Support participate in the MCOT rotations and schedules.

Based on recent data, the Center does not anticipate a substantial increase in the number of unduplicated clients served for MCOT or other crisis services in SFY2022. However, with the COVID period in the current SFY and with MCOT in the Uintah Basin being relatively new, the coming year's crisis utilization is challenging to predict. In SFY 2020 the Center provided emergency services to more unduplicated adults than any other rural provider in the state. The Center does expect to maintain those numbers for SFY 2022. With MCOT, the Center does hope to see a change in service locations over time. For example, the Center would like to potentially replace some ER crisis services with MCOT home deployments when ER assessment and services may not be medically necessary.

The Center recognizes that crisis services are essential. The Center also recognizes that providing crisis services and requiring after hours shifts is one of the largest barriers to job satisfaction among the majority of providers. This perception is often due to evening, weekend and holiday lifestyle losses. Crisis services are also viewed as being more personally challenging for some providers than traditional services. Difficulties with replacing or hiring additional therapists, requires remaining therapists to be on MCOT rotations on a more frequent basis which can further perpetuate the job satisfaction challenges. With more therapy jobs being available in schools, corrections, private practice, outpatient medical settings, etc., that do not require 24 hour coverage, the public system will need to develop and have access to additional resources and ideas to attract and keep providers willing and able to provide 24/7 crisis services. The Center has and will continue to explore a myriad of options to alleviate some of the challenges associated with crisis services.

In SFY2023 NCC is planning towards implementation of SMR in the Vernal office (where the number of employed providers is higher). This effort is in cooperation with Four Corners Behavioral Health that administers the SMR grant in our region. NCC will focus on the crisis portion with Four Corners Behavioral Health contracting with a private agency for in-home services. NCC will provide in clinic therapy and medication services as needed. As NCC is able to hire additional staff, expansion to the Roosevelt area may be possible at a future time. Being able to hire and retain both licensed and certified providers is key to implementation and sustainability of MCOT and SMR services.

The Center provides crisis services regardless of an individual's funding. Crisis services including MCOT are accessed in a wide variety of ways including but not limited to the following:

- Local Emergency Rooms contacting the crisis worker for consultation in the E.R. Due to rural circumstances where hospitals do not have their own providers, the Center spends significant resources providing consultation, evaluation, Safety Planning and inpatient admission services at the two local hospitals.
- Calls initiated by law enforcement, first responders or Central Dispatch for MCOT, emergency evaluation or consultation.
- Calls from jails or the Youth Detention Center and shelter for crisis evaluation.
- Calls or walk in crisis' initiated by consumers, family or others.
- Calls including handoffs or MCOT deployments that may come from the Statewide Crisis Line 1-800-273-TALK.

All crisis services are provided without any compensation from the local hospitals, JJS, schools or other institutions. All individuals are served regardless of funding status.

**Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

The Center has implemented the Division MCOT data measures as required for State reporting. The Center will monitor outcome measures such as the individual's final disposition following MCOT services. [SMR data will be implemented.](#)

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

A small portion of the overall crisis services budget has moved to the Adult category.

**Describe any significant programmatic changes from the previous year.**

Northeastern Counseling will be having additional discussions regarding SMR services with Four Corners Behavioral Health.

**9) Adult Psychotropic Medication Management**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$590,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>1,100</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$520,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>925</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$489,532</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>1,013</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings***

The Center currently employs a physician. The physician sees consumers in Roosevelt two days a week and Vernal two days a week. The Center also employs an APRN that provides services two days in Roosevelt and two in Vernal via tele-health.

[The Center has hired an additional nurse for a total of four nurses that operate out of the Roosevelt and Vernal offices.](#)

Nurses provide daily and weekly medication management for individuals requiring that level of care including the managing of many physical health medications for diabetes/metabolic, cardiac, hypertension, etc.

[Individuals that choose to follow up with NCC upon inpatient discharge will be offered a follow up appointment with a therapist within three business days. An appointment with a prescriber will be](#)

scheduled within 7 days. In cases where an individual is on medication administration with NCC, the NCC nurse will meet with the individual upon discharge to reconcile medications prescribed during the inpatient stay.

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

Increase due to increased provider costs and increased demand.

**Describe any significant programmatic changes from the previous year.**

None

**10) Children/Youth Psychotropic Medication Management**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$110,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>250</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$120,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>175</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>?</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>196</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.***

The Center currently employs a physician. The physician sees consumers in Roosevelt two days a week and Vernal two days a week. The Center also employs an APRN that provides services two days a week in both Roosevelt and Vernal via telehealth. The Center will continue to employ four nurses that operate out of the Roosevelt and Vernal offices.

The Center continues to utilize its contract with the Huntsman's Mental Health Institute for youth telehealth psychiatry for Medicaid enrollees when this level of service is required. Children, youth and their parents attend the appointments at either the Roosevelt or Vernal NCC offices or directly from their home via telehealth. This service is limited to a small number of SED youth.

Individuals that choose to follow up with NCC upon inpatient discharge will be offered a follow up appointment with a therapist within three business days. An appointment with a prescriber will be scheduled within 7 days. In cases where an individual is on medication administration with NCC, the NCC nurse will meet with the individual upon discharge to reconcile medications prescribed during the inpatient stay.

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

Not applicable

**Describe any significant programmatic changes from the previous year.**

None

**11) Adult Psychoeducation Services & Psychosocial Rehabilitation**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$305,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>80</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$300,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>80</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$249,260</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>74</b>

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

The Center operates two Day Treatment Centers in Roosevelt and Vernal. These programs include transportation and skills development related to wellness, daily living and behavioral development. Individual skills and appropriate B3 services are provided on an individual basis to maintain the consumer in the community, improve functioning, budgeting/payee services and to explore employment. Northeastern Counseling provides enrollment services in house or refers individuals to Workforce Services. Day treatment programs also include group therapy; those services are not included in this budget. The Center is utilizing the DLA- 20 and will continue efforts in utilizing the instrument in identifying skill needs and skill improvement.

**Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?**

The Center utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need.

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

None

**Describe any significant programmatic changes from the previous year.**

None

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$80,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>25</b>
<b>Form A1 - Amount</b>	<b>\$70,000</b>	<b>Form A1 - Projected Clients</b>	<b>35</b>

<b>budgeted in FY22 Area Plan</b>		<b>Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
Covid-19 hindered group psychosocial rehabilitation services in the past. For SFY22 the Center has been able to increase skill groups for youth that will continue in SFY23. Efforts will continue in identifying youth that may be eligible and accepting of group skills and individual skills. Transportation and distance to services continue to be a challenge for youth services in the rural areas of the Basin. Telehealth is an option but with limitations depending on age and engagement.			
<b>Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?</b>			
The Center utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need.			
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>			
Budget has been increased due to increased staff costs.			
<b>Describe any significant programmatic changes from the previous year.</b>			
None			

**13) Adult Case Management**

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$360,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>140</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$340,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>140</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$665,819</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>137</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.</b>			
The Center strives to offer TCM assessment to all Medicaid SMI consumers. As the Center continues to provide services to all adults regardless of payer source the percentage of NCC consumers eligible for TCM will remain low compared to the overall number of consumers served. The Center does			

provide limited TCM to non-Medicaid enrollees that are active consumers. In some cases, non-Medicaid adults may be provided the limited service under mental health commitment. Some of these previously unfunded adults may be eligible for Medicaid expansion and may receive TCM services when allowed by Medicaid policy. The Center provides eligibility services which are not reimbursable and works with Workforce Services as needed. Other non-Medicaid consumers may receive brief services under Case Management (which are not reimbursable) to obtain any public assistance available including application for Disability which may result in Medicaid eligibility. NCC's wellness nurse may also provide TCM and enrollment services. Due to the rural provider network that the Center must operate, Case Managers at Northeastern Counseling Center act in a variety of positions and provide a variety of services. Case Managers are responsible for transportation services. They are also the providers of Skills Development Services (individual and group including Day Treatment) B3 services and certain psycho-educational functions. This includes the addition of being MCOT members with assigned shifts as of October 2020.

Northeastern Counseling follows Medicaid required credentialing processes which include; Targeted Case Management training, testing and practicum requirements as certified by the Division of Substance Abuse and Mental Health, when that certification is required. This includes certification renewals as required by the Division. In addition, the Medicaid credentialing process conducted by NCC requires verification of licenses, those working towards licensure including education verification, etc. for that are allowed to provide TCM without Division certification. Credentialing activities are audited by the Medicaid External Quality Review Organization in detail. Case managers must also attend the Division Crisis Training and complete the additional training hours required.

**Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?**

The Center utilizes the DLA-20 to target areas of TCM Needs and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need.

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

None

**Describe any significant programmatic changes from the previous year.**

None

**14) Children/Youth Case Management**

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$40,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>40</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$20,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>18</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$10,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>1</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.**

The Center continues to actively seek Medicaid SED youth and families that may benefit from TCM services and that are willing to participate. [In SFY2022 NCC has increased utilization to youth TCM.](#) In some cases Peer Support meets this need. This includes the FRF seeking Medicaid SED youth that are eligible. As the Center continues to provide services to all children/youth regardless of payer source, the percentage of NCC consumers eligible for TCM will remain low compared to the overall number of consumers served.

Northeastern Counseling follows Medicaid required credentialing processes which include; Targeted Case Management training, testing and practicum requirements as certified by the Division of Substance Abuse and Mental Health, when that certification is required. This includes certification renewals as required by the Division. In addition, the Medicaid credentialing process conducted by NCC requires verification of licenses, those working towards licensure including education verification, etc. for those that are allowed to provide TCM without Division certification. Credentialing activities are audited by the Medicaid External Quality Review Organization in detail. Case managers must also attend the Division Crisis Training and complete the additional training hours required.

**Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?**

The Center utilizes the DLA-20 to target areas of TCM Needs and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need.

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

[The amount has increased due to increased staff costs and an increase in youth served.](#)

**Describe any significant programmatic changes from the previous year.**

None

**15) Adult Community Supports (housing services)**

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$80,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>25</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$75,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>25</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$92,500</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>23</b>

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

The Center has continued to have low turnover in its 16 apartments that are part of a low-income housing program. Housing services are only for adults living with a Serious Mental Illness. The Center's case managers continually work on finding low income housing options within the community for consumers with housing needs. The Center works with housing authorities and provides in-home services in efforts to maintain housing. The Center owns 4 transitional housing apartments located in the Vernal community. This housing is used for those individuals that do not qualify for low income housing programs or are waiting for a low income housing opening or have been disqualified or evicted from low income housing. The Center's transitional housing is also used at times for individuals being discharged from an inpatient setting that have no other immediate housing options. At times this includes individuals that have no entitlements or are in the process of applying and have no income for rent, medications, services, etc. The Center subsidizes both housing programs. Additional apartment options have been discussed with the Local Authority Board.

**Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov](mailto:pgcaldwell@utah.gov)**

DLA-20, SMI criteria, Civil Commitment, and supervision needs are used to consider the individuals with the highest priorities for limited housing resources.

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

None

**Describe any significant programmatic changes from the previous year.**

None

**16) Children/Youth Community Supports (respite services)**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$10,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>15</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$10,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>15</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.**

The Center does not directly provide housing for families with children or youth. The Center does through Case Management arrange and link families with low income housing options as needed. The Center continues its efforts to offer and increase Respite services. Covid precautions limited demand and opportunity to provide respite for much of CY2020. The Center hopes that respite services will be increased in the coming year. The Center's FPSS and therapists are actively looking for families that may benefit from the service. As the Center continues to provide services to all children/youth regardless of payer source and SED status, the percentage of NCC consumers eligible and receiving

respite will remain low compared to the overall number of consumers served. Other respite type services are arranged for by the Center but not reported in State data. The local Juvenile Justice Center is providing respite for teens under qualifying circumstances. The Family Support Center is also providing respite for younger youth. The Center works with both of these entities on a regular basis.

**Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?**

The Center uses SED criteria and parent needs.

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

The budget has been increased due to expected increase in services for the coming year.

**Describe any significant programmatic changes from the previous year.**

None

**17) Adult Peer Support Services**

*Heather Rydalch*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$50,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>25</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$40,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>40</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$40,828</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>26</b>

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

NCC currently has the equivalent of one FTE adult Peer Support position from two providers. Peer Support participates in MCOT rotations including business hours, evenings until 11:00 p.m., weekends and holidays.

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

Increase in budget is due to increased staff costs.

**Describe any significant programmatic changes from the previous year.**

NCC has been able to form a transitional age Peer Support group and hopes that there will be

continued interest in SFY203.

**18) Family Peer Support Services**

**Tracy Johnson**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$35,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>25</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$35,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>25</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$41,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>26</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.**

The Center's Family Peer Support Specialist is fully trained and certified as a Peer Support provider. The Center is actively seeking families that are in services with NCC that could benefit from this specific service. The FPSS is located in Roosevelt and actively seeks referrals and opportunities to provide Peer Support. This includes services to the Vernal area. Peer Support is in the Center's MCOT rotation. The position most commonly works with DCFS but can also work with other agencies including DJJS and DSPD. The Center sees the FPSS role as significant in helping families with Utah State Hospital discharges and transitions.

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

Services are prescribed by therapists based on clinical need including but not limited to, the DLA-20, C-SSRS. Decreased acuity and increased functioning is used from these same measures for improvement.

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

Not applicable.

**Describe any significant programmatic changes from the previous year.**

Peer Support/FPSS scheduled in MCOT rotation. The position went from part time to full time to accommodate rototations. Only FPSS services are included under this portion of the plan.

**19) Adult Consultation & Education Services**

**Pam Bennett**

<b>\$76,000</b>	<b>\$76,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$85,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	

<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$25,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>Northeastern Counseling currently has four certified Mental Health First Aid Adult instructors. The Center plans on continuing to offer an average of one class every other month, that is free of charge to the community. Training includes classes provided at the Ute Tribe, school districts, clergy and so forth. Over 2,000 community members have been trained in Mental Health First Aid in the Uintah Basin. The Center has seen an increase in demand for classes and strives to be able to meet the community's needs. The Center is also involved in increased community activities related to the GLS suicide prevention grant.</p> <p>The Center will continue to be involved in local events such as community nights, parades, panels, parent meetings in the school, DV Coalitions, etc. Activities in which Northeastern Counseling Center has, or may participate in, include, but are not limited to: radio appearances, written articles for the local newspapers, tribal committees and lecturing at the Utah State University MSW program and nursing programs, presentations to religious groups on depression, suicide prevention, etc.</p>			
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>			
Not applicable			
<b>Describe any significant programmatic changes from the previous year.</b>			
None			

**20) Children/Youth Consultation & Education Services**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$75,814</b>	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$85,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$25,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>Northeastern Counseling currently has four certified Mental Health First Aid Youth instructors. Over 2,000 community members have been trained in Mental Health First Aid in the Uintah Basin. The Center has seen an increase in demand for classes and strives to be able to meet the community's needs. The Center is also involved in increased community activities related to the GLS suicide prevention grant. The Center participates on CJC boards, Family Support Center Board, and other</p>			

multidisciplinary teams, SOC and many other community groups.

Staff provide workshops for parents and community members through the local site-based programs. Staff also provide consultation to teachers, school counselors, principals, DCFS and other State agencies, including participation in staffings for mental health and prevention issues as requested. We are often called upon by local health providers and law enforcement to not only provide crisis services, but to also provide consultation on mental health questions and issues facing the community.

The Systems of Care Human Services employees for the Basin continue to be housed in the NCC office. Northeastern Counseling has strived to attend meetings that support the SOC as resources permit. The Center will participate as resources allow in planning, staffing/consulting and treating those involved in Systems of Care. The Center feels it is essential to work with JJS, DCFS, DSPD and other community stakeholders to provide what children, youth and families need.

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

Not applicable

**Describe any significant programmatic changes from the previous year.**

None

**21) Services to Incarcerated Persons**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$105,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>140</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$82,500</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>110</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$75,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>117</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.**

Northeastern Counseling provides services to both the Duchesne and Uintah County jails. NCC provides approximately 8 hours of regularly scheduled clinical time per week at the Uintah County jail for both mental health (majority of individuals served) and SUD. These services are provided in person. The Center provides the same amount of service hours to the Duchesne County Jail through tele-health. The services for both jails are funded by NCC and not by contract. Therapists are the resource being requested. The Center also provides furlough services arranged with the Court, attorneys and the jail as needed. Furlough services are provided when appropriate at NCC office locations with the inmate returning to jail following the service. Jails have their own prescribers that address psychotropic medication issues.

**Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?**

Medical staff at the jails determine those with the greatest need. Effectiveness is measured in the same manner as other services provided by the Center. Generally, services are of a short term nature for those incarcerated. Columbia Suicide Severity Rating Scales are completed and when possible other outcome measures may be used when allowed by the circumstances at the Jails, e.g. OQ.

**Describe the process used to engage clients who are transitioning out of incarceration.**

All individuals served while in jail may receive services from NCC once released including medication services and other supportive services. This will be encouraged by the clinician depending on individual need. The Center will schedule appointments as requested for this population prior to release as the individual agrees.

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

The increase in budget is due to increased provider/employee costs and an increase in the number served.

**Describe any significant programmatic changes from the previous year.**

None

**22) Adult Outplacement**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$55,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>15</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$45,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>15</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$45,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>20</b>

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

The Center uses pass through funds from the State plus additional Center resources to cover individuals released (e.g. from the Utah State Hospital or an acute inpatient setting) until they are able to have their entitlements reinstated or to become initially eligible. Funds may be used to cover rent or rent free housing with NCC for those with no entitlements, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center may provide emergency housing, food, bedding, and household items for an individual released from a psychiatric hospital with no other housing options and no immediate funding available. Throughout the year the Center will experience released inpatient individuals that do not have Medicaid coverage, could not be immediately employed and or that have a significant delay in their Social Security benefits being reinstated or awarded to meet their basic needs. These funds are used to care for the client's needs until entitlements can be obtained.

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

<b>in the number of individuals served (15% or greater change).</b>
The budget number has been increased due to increases in costs.
<b>Describe any significant programmatic changes from the previous year.</b>
None

**23) Children/Youth Outplacement**

**Codie Thurgood**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$0</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>0</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>0</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
During the past year NCC has not utilized outplacement funds from the Division. The Center will apply and request outplacement funds as needed for individual children and youth.			
<b>Describe any significant programmatic changes from the previous year.</b>			

**24) Unfunded Adult Clients**

**Pam Bennett**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$11,862</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>30</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$12,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>20</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$11,182</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>30</b>
<b>Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
The Center remains committed to the philosophy of being a community mental health center that serves individuals without adequate funding as there are limited options for these individuals locally.			

There is also a dearth of private therapists that accept Health Insurance plans. This commitment to serving the whole community is becoming increasingly difficult due to payer mix, therapist shortages and increased demand in mental health services at schools, SUD, health care sites, MCOT, jails and other crisis services. The Center will serve adults regardless of funding source as far as resources allow.

The Center uses the funding to provide outpatient services at current service locations to adults that have inadequate or no funding and would otherwise discontinue or not have access to mental health services. The Center continues to serve adults that have no coverage for services. Unfunded services may include therapy, limited case management, crisis services, medication services and ongoing treatment.

As previously mentioned in this plan, the Center is providing eligibility counseling and enrollment services for Medicaid and actively referring to Workforce Services as needed. Some adults that were previously unfunded are now eligible for Medicaid services under expansion. The Center continues to serve those that remain unfunded or underfunded and are not eligible for entitlements.

**Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.**

The Center helps individuals apply for Medicaid and refers to the Department of Workforce Services as needed. The Center continues to see an increased amount of individuals that are enrolled in Medicaid at the time of service. This is likely due to the public becoming more aware of Adult Expansion Medicaid.

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

Not applicable

**Describe any significant programmatic changes from the previous year.**

None

**25) Unfunded Children/Youth Clients**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$11,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>30</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$11,013</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>20</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$12,000</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>30</b>

**Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.**

With the initial appropriation of this money in FY 2008 Northeastern Counseling submitted a plan for services that focused on developing mental health services in the schools. With the Early Intervention Funding for school based services being available, the unfunded money for youth has been used less in the school setting and more in general outpatient services for children and youth that have no funding or are underfunded for services. The Center remains committed to being a community mental health Center and serving all children and youth regardless of funding status as resources allow.

**Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.**

The Center provides enrollment services for Medicaid. NCC is able and willing to provide eligibility services to youth and families that may qualify for Medicaid or other public subsidized funding. The majority of unfunded needs the Center sees are for adults that may be eligible under Adult Medicaid Expansion. The Center will also help with family medicaid, marketplace options, etc., but families are more likely to already have coverage when initiating services.

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

Not applicable

**Describe any significant programmatic changes from the previous year.**

None

**26) Other non-mandated Services**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$300,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>195</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$300,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>195</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$312,145</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>70</b>

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

The majority of the allotted amount in this area goes to transportation services. This includes covered transportation to outpatient appointments and transports to and from psychiatric hospitals. Medicaid removed transportation requirements from the PMHP contract but also allowed these services to be provided by the PMHP as needed. Given the lack of local transportation services available through the Medicaid contractor, the Center anticipates transportation services as allowed under the PMHP cost model will continue at the current amount. NCC records transportation in the Electronic Medical Record to those that receive the services. These transportation services are not included in the reported amount.

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

<b>in the number of individuals served (15% or greater change).</b>
Not applicable
<b>Describe any significant programmatic changes from the previous year.</b>
None

**27) First Episode Psychosis Services**

*Jessica Makin*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$0	<b>Form A1 - FY23 Projected clients Served:</b>	0
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$0	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	0
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	0

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

NCC does not receive this funding.

**Describe how clients are identified for FEP services. How is the effectiveness of the services measured?**

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

**Describe any significant programmatic changes from the previous year.**

**28) Client Employment**

*Sharon Cook*

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

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

**Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).**

NCC believes that employment is an integral part of recovery and positive growth.

The Center assists individual consumers in obtaining competitive employment through the Center's case managers according to consumer ability and desire. Including assistance in filling out applications, interview skills, interacting with employers as issues arise, etc. Some consumers are able to access and maintain traditional employment. Others require special assistance in obtaining and maintaining employment including interaction with employers and other special assistance to maintain employment. Peer Support also assists the transition-aged youth.

**The referral process for employment services and how clients who are referred to receive employment services are identified.**

Referrals are generally generated from therapists at the Center.

**Collaborative employment efforts involving other community partners.**

The Center works actively with the Vernal Deseret Industries for select consumers that are interested in entering the workforce for limited employment. Generally, these consumers require support and coordination from both Deseret Industries and the Center Case managers to maintain employment. The Center will also continue to assist individual consumers in pursuing education through the UBATC and or USU as well as services and formal programs through Vocational Rehabilitation. The Center has worked with local grocery stores and will work with other employers as individual circumstances require.

**Employment of people with lived experience as staff through the Local Authority or subcontractors.**

The Center has several staff with lived experience that provide services.

**Evidence-Based Supported Employment.**

[The Center would be interested in having a staff member trained for a part time position.](#)

**29) Quality & Access Improvements**

**Identify process improvement activities:**

**Evidence Based Practices: [In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.](#)**

The Center believes in Evidence Based Practices and improvements. The Center also believes in being realistic regarding resources and the balance between Evidence Based Practices including strict fidelity and service access. The Center strives to have all therapists that work with youth trained in TF-CBT including select therapists that have attended in person training and participate in ongoing phone consultations as needed. The Center has 6 therapists spread across two offices that have completed EMDR training. Moral Reconciliation Therapy for Substance Use Disorder Population is also a practice we believe can be sustained internally. The Center has provided in-house training for Motivational Interviewing in the past which will be enhanced in the years to come for both SUD and Mental Health treatment plus the ongoing practice of YOQ/OQ. The Center provides an annual training budget and hours for all therapists and case managers. Trauma training for both adults and youth continues to be a major focus. Within available resources, fidelity is monitored using tools and observation.

The Center is committed to taking a reasonable approach to evidence based implementation and fidelity. This includes being committed to a minimal number of practices that can be sustained and

that will benefit a higher number of consumers. The Center appreciates the efforts of the Division of Substance Abuse and Mental Health in the area of evidence based practices. This is a system issue and will require financial and additional clinical resources and funding to mitigate the impact on access and other community service demands. The Center supports realistic implementation and fidelity efforts within the current resources available. Efforts are going to be a gradual process of improvement as more resources become available.

**Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.**

The Center is actively attempting to increase the number of YOQ and OQ measures completed and utilized by clinicians. Completing the measure is only one part of the practice and training to therapists will continue to be provided on using the measure as feedback. The Center has implemented the CSSRS. The LS-RNR is used in select situations involving compelled consumers including measuring improvement over time. The Center has used the DLA-20 for many years. The Center's new Performance Improvement Project for Medicaid includes data and implementation strategies aimed at improving post psychiatric inpatient discharge engagement, evidenced based screening and safety plans. Some portion of the project is based on the annual Medicaid performance measures that include HEDIS altered data points or the FUH criteria developed by the Utah Department of Health, to track post-inpatient psychiatric "Discharged" contacts.

**Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming**

NCC is experiencing increased demand for services and including adding services such as MCOT that require additional training and provider resources. The Center continues its efforts at recruitment and retention including visiting graduate programs as allowed, providing practicums, supervision toward licensure, signing bonuses, etc. With the demand for individual therapy services continuing to increase the Center looks to private providers in some cases for increased capacity. The Center hopes to increase the number of individuals willing to attend group services that could be provided at an increased frequency compared to individual therapy.

**Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).**

Where possible within available resources, special service needs suggested by individuals or stakeholders are addressed and considered. The Center has at least annual discussions with the Ute Tribe agencies, Sheriff Departments, Hospitals, school districts, etc. to talk about services that need coordination and quality. [The Center has an employee that attends the local Homeless Council.](#)

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

NCC does not have therapists scheduled to be at nursing homes for blocks of time. The Center does respond to emergency requests to local nursing homes but these are not frequent. The Center does provide therapy services when requested, for select residents that are covered by Medicaid or are required due to PASRR recommendations. The Center's prescriber has also been utilized occasionally for SMI residents where their physician has requested consultation.

**Telehealth:** How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

As previously noted in this Area Plan, the Center utilizes telehealth in several different ways. For children and youth psychiatry with the University of Utah. Secure HIPAA compliant video from prescribers or therapists directly to individuals. The Center hopes to measure quality in the same manner as in person services. This would include OQ/YOQ mobile administration when possible and survey participation.

**Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: [cthurgood@utah.gov](mailto:cthurgood@utah.gov)**

The Center does provide services for youth 0-5. The most common ages being children 4 and 5 years of age.

We are aware of Head Start, school district programs and the 0-3 Early Childhood Development programs in our local areas. The Center supports parenting classes locally and is able to refer parents as needed. The Center provides therapy and medication services to mothers including case management services as needed. The Center has assigned Tricia Bennett LCSW as the maternal mental health specialist. Services are coordinated with medical providers and other community agencies by phone and or in writing.

**Other Quality and Access Improvement Projects (not included above)**

None

**30) Integrated Care**

*Pete Caldwell*

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

The Center began a contract with the Vernal Federally Qualified Health Clinic or FQHC in March 2014. The Center provides a therapist 8 hours a week at the clinic. This is the only FQHC in the catchment area. The Center has several interactions with TriCounty health for prevention, on coalitions and other activities and referrals. The Center provides crisis intervention in both hospitals. The demand for these services and the amount of time spent by NCC staff interacting with physical health care providers is significant. A therapist also provides services at the Manila health clinic once a week during the school year. The therapist travels to Manila once a week during the school year and after providing services at the school site would have two hours of service time available at the health clinic.

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

<p>The Center feels it is at an advantage with co-occurring treatment as both the Mental Health and Substance Abuse provider. All therapists are able to complete both Mental Health and Substance Abuse assessments and provide basic treatment within both populations. Each assigned therapist is expected to ensure that both needs are met. In addition, the Center's prescribers are able to provide both Mental Health and MAT services. The Center makes referrals for appropriate health care on a regular basis and coordinates with health care providers as needed. The Center's nurses and case managers are regularly involved in arranging, escorting to physical health care appointments, case managing and following through with health care treatment and referrals for those living with a serious mental illness or SED that are unable to manage their own health care needs. The Center makes necessary referrals to the local health department, primary care or specialist providers for necessary testing or screening not directly provided by NCC.</p>	
<p><b>Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.</b></p>	
<p>The Center strives to assess for basic wellness as services are accessed from therapists, prescribers, nurses, case managers and peer support. As agreed and when warranted wellness issues are incorporated into plans.</p>	
<p><b>Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?</b></p>	
<p>NCC nursing staff has provided basic health care training during full staff meetings in the past and will do so periodically on basic health related issues often seen in clinic settings including diabetes, other metabolic problems, etc. NCC nursing staff will meet with therapists, case managers and clients to arrange appropriate care.</p> <p>The Center's staff continually works with individuals in treatment in referring to local health providers that accept Medicaid and Medicare, including urgent care, primary care and specialists. For individuals with serious medical needs that require assistance and have no family support, case managers may also accompany the consumer to the health appointment. NCC nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers.</p> <p>Key goals include increasing primary care access to alleviate where possible unnecessary ER use, assisting with high physical health acuity individuals that also have behavioral health needs, coordination of care and to promote social determinants of health.</p>	
<p><b>Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.</b></p>	
<p>The Center's campus has been tobacco free by policy for many years. We have also been fortunate to have several success stories that involved individuals that have quit tobacco products as part of their recovery. However, challenges will continue to exist but the culture is slowly changing in the treatment population. We offer NRT and</p>	

other treatment and motivational interviewing for cessation.	
<b>Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.</b>	
<p>Services exclusively for Pervasive Developmental disorders/Autism are to be provided by Applied Behavioral Analysis providers under a different Medicaid waiver. That waiver does not fall under NCC's umbrella or its ability to provide. However, due to frustrations regarding ABA access over recent years, NCC provides its array of non ABA services to these families, when another mental health diagnosis is also present.</p> <p>Services for those with intellectual disabilities are also provided when another mental health or substance abuse diagnosis is present. NCC serves many individuals with both Pervasive Developmental Disorders and other Intellectual Disabilities. Services provided include the full array of NCC services when medical necessity for the mental health diagnosis exists including therapy, medication services, case management services for those that also qualify as Seriously Mentally Ill or SED (The Medicaid determined "Target" population), crisis services, etc. The Center coordinates with Northeastern Services (DSPD providers), RISE etc., as needed.</p> <p>Robert Hall LCSW will be liaison.</p>	

**31) Children/Youth Mental Health Early Intervention**

*Leah Colburn/Tracy Johnson*

<b>Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.</b>
<p>The Center's FPSS position is now located in Duchesne County. The FPSS continues efforts to solicit referrals from both within the NCC consumer pool and from other agencies such as DCFS, Juvenile Court, Schools, etc. Services can be provided in all three counties. Generally, more referrals are received than families that chose to participate in formal Wrap around services. <a href="#">The Center does not use Early Intervention Funds for FPSS services.</a></p>
<b>Include expected increases or decreases from the previous year and explain any variance over 15%.</b>
N/A
<b>Describe any significant programmatic changes from the previous year.</b>
None
<b>Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement? YES/NO</b>
Yes

**32) Children/Youth Mental Health Early Intervention**

*Leah Colburn/Nichole Cunha*

**Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

N/A

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

**Describe any significant programmatic changes from the previous year.**

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

**33) Children/Youth Mental Health Early Intervention**

*Leah Colburn/Scott Eyre*

**Describe the School-Based Behavioral Health activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

Due to the extra funding received by the school districts under HB373 and additional funds allocated by the Uintah School Board, the Uintah district has opted to develop their own internal treatment system that includes hiring full time behavioral health care providers. NCC is not providing school based services in the Uintah district as of August of 2020. NCC respects the Uintah School District's decision to develop their own treatment system and we maintain a good working relationship.

Services in FY2023 will be provided in 5 different school settings. Dutch John elementary is funded by an agreement with the Daggett county school district. The other four schools are funded with early intervention funds and subsidized by other NCC funds as available. The Center will serve children and youth regardless of funding source as far as resources allow. All therapists providing services in school settings are NCC employees. Every effort is made to involve the parents in the youth's treatment. Many parents are involved. In other situations, this is a challenge, however, calls and invitations will continue to be made by therapists, school counselors, etc.

Some of these consumers choose to access services at NCC during the summer months.

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

None

**Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn [lacolburn@utah.gov](mailto:lacolburn@utah.gov) a list of your FY23 school locations.)**

Anticipated schools being served in FY 2023 by NCC  
Daggett District:  
Manila Schools  
Dutch John Elementary

Duchesne District:  
Union High School  
Roosevelt Junior High  
Centennial Elementary School

**Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.**

The Center will continue efforts to collect YOQ data for school based services. The Center enters all school based services into its Electronic Medical Record with required state reporting data collected. The Center believes the best outcomes are measured on an individual basis'. The NCC clinical director should continue to be notified regarding report requests. [roberth@nccutah.org](mailto:roberth@nccutah.org)

#### 34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

**Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.**

Prevention: NCC provides suicide prevention messaging, gun locks, safes, advertisement of the crisis line, etc., as part of its prevention activities related to suicided. Listed below are current activities in place in suicide prevention, including evaluation of the activities and their effectiveness. The center is actively providing Mental Health First Aid classes to the entire community. Some highlights include partnering with a local area hospital and the local technology college to train local nurses to help identify those in mental health crisis. Youth Mental Health First Aid is available to all area school districts and those serving youth populations. Mental Health First Aid classes are evaluated by participants completing evaluation forms provided by the Mental Health First Aid Program. Northeastern Counseling Center staff enters data into the MHFA database that scores the instructor and tracks participant knowledge. To date Mental Health First Aid has been provided to over 2000 community members.

In effort to increase awareness Northeastern Counseling Center partners with local radio, media stations and movie theaters to run suicide prevention messaging. NCC has also formed unique partnerships with Northeastern Bikers Group, local paint and hardware stores to raise awareness and reduce stigma surrounding high risk individuals asking for help concerning their mental health.

The center is working to reduce stigma in high-risk populations by attending local events and promoting the importance of asking for help by utilizing the National Suicide Lifeline number, [and promoting the Live On Suicide Prevention campaign](#). This number has been printed on multiple reusable items such as pens, cleaning cloths, ammo boxes, gun socks and farmers almanacs and has been well received by the public. Increased requests to our prevention programs show positive feedback from our community.

Northeastern Counseling Center is proactive with upstream prevention and is partnering with local community stakeholders in providing evidence based parenting classes, which includes Love & Logic, Strengthening Families, Active Parenting and Kids With Incredible Potential to the public free of charge. NCC is currently partnering with TriCounty Health Department and teaching QPR to Future Farmers of America groups in local area high schools.

NCC has attended virtual meetings and provided resources to the Basin Equality Center to build capacity with LBTQIA+ community. Discussions have started on how to improve access to prevention services to this underserved group. [NCC is attending Diversity Lunch and Learns provided by UBTECH.](#)

#### [Intervention:](#)

The Center provides approximately 1,000 crisis services a year. The majority of these crisis situations are related to suicidal ideation. The Center is involved with both local emergency rooms assessing and locating resources for patients seen in the Emergency Rooms or those initially seen at one of the NCC offices, jails, homes, schools, etc. These service efforts will continue including offering and providing discharge follow up after inpatient care or following MCOT services. NCC has also implemented the Columbia Screening in 2016 along with Safety Plan interventions using the Stanley Brown format. The Centers Medicaid Performance Improvement Project that began in 2019 focuses on post inpatient psychiatric discharge engagement, assessment and safety planning. That project continues in SFY23. The Center is able to identify higher risk individuals by C-SSRS scores and other risks for suicide specific treatment.

**[Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:](#)**

- [1. Suicide Prevention 101 Training](#)**
- [2. Safe & Effective Messaging for Suicide Prevention](#)**
- [3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer \(QPR\), Mental Health First Aid \(MHFA\), Talk Saves Lives or Applied Suicide Intervention Skills Training \(ASIST\)](#)**

Erica Gilbert-Lance

**[Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.](#)**

Northeastern Counseling Center continues to strive to coordinate and integrate productive suicide postvention efforts when invited to do so, with the local health department, school districts, hospitals, law enforcement agencies, first responders, local faith communities, mortuaries and other key stakeholders.

NCC offers access to effective preventative, supportive, and clinical services for all individuals affected by suicide.

Northeastern Counseling Center's Mobile Crisis Outreach Team is available to all suicide loss survivors, attempt survivor or individual requesting crisis service. The MCOT at NCC provides crisis intervention, onsite therapeutic assessment, safety planning and next day in-person follow-up at the center with a licensed therapist. Northeastern Counseling's Team is a potential resources for family and friends following a suicide. The Team is to respect family wishes and preferences including their right to decline postvention services.

Northeastern Counseling Center offers Caring Contact Outreach to all individuals recently discharged from a behavioral health center. Caring Contact is also available to high risk individuals that have been seen in the ER, recent suicide attempt survivors and those referred to the outreach program by a NCC therapist.

NCC offers support to schools who follow their postvention plans following a suicide.

NCC promotes and encourages grief support groups offered by NAMI and AFSP to provide suicide postvention care to individuals of suicide loss and their families.

The center also partners with Tri County Health Department and local area mortuaries to provide a postvention care package which includes resources for families and community members who have recently experienced the suicide death of a loved one.

When Northeastern Counseling employees become aware of a community suicide or potential suicide the following are to be notified within NCC:

The clinical director

Clinical site supervisors

The suicide prevention specialist

The main goals of NCC's localized suicide postvention plan are:

1. On an individual level, identify those most likely to need support, provide comfort to those who are distressed, minimize adverse personal outcomes (depression, PTSD, complicated grief), promote healthy grieving, and encourage safe messaging practices.

2. On an organizational level, to assist in restoring equilibrium and functioning within area schools, agency, communities, and organizations and to reduce the risk of suicide imitation or contagion. Efforts of developing a community postvention plan in alignment with the state Community Postvention Toolkit are ongoing at this time and will address at a minimum the following areas when completed. Many of these areas are already in practice but will be enhanced.

Better verification of death and cause.

Partnering with TriCounty Health and State of Utah for more timely suicide data within our area. Immediately following a suicide or potential suicide, NCC generally learns of the deaths the same way the public does, by social media and word of mouth from family, schools, clergy, and so forth.

Coordination of external and internal resources

TriCounty Health Department, Uintah Basin Medical Center, Ashley Regional Medical Center, Law Enforcement Agencies, School Districts, First Responders, Faith Communities, Funeral Homes and other key stakeholders. This is a key area so that surviving families may be presented with postvention options at the time of death or soon after. For example, MCOT interventions or other postvention services as offered by law enforcement and first responders.

Dissemination of suicide postvention information

Attending public events handing out and promoting resources and educating community members about risk and protective factors. Partner with School Districts to provide effective EBI's to students and teachers.

Support for those most impacted by the death and access to care

Promoting, providing material and encouraging the AFSP and NAMI grief support groups or other clinical interventions.

Psychoeducation on grieving, depression, PTSD, and suicide

Offering and providing Mental Health First Aid Classes for suicide loss survivors, attempt survivors, and to families and individuals affected by suicide

Screening for depression and suicidality

Offering and promoting MCOT services to suicide loss survivors, attempt survivors and for families and individuals affected by suicide.

**For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).**

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

Northeastern Counseling Center is working closely with the local high school HOPE Squads by attending meetings, providing support at events and providing suicide prevention presentations. NCC has recently provided training to local high school HOPE Squads and if funding allows, will be sponsoring the second annual TriCounty Youth Suicide Prevention Conference. [The Center hopes to offer a Basin wide Hope Sqad conference in SFY2023.](#)

Global screening of students will be determined by school boards and authorities. Northeastern Counseling stands ready to consult and assist in the process as school districts make decisions on screening policy and implementation.

Northeastern Counseling Center offers Caring Contact Outreach to all individuals recently discharged from an inpatient hospital. Caring Contact is also available to high risk individuals that have been seen in the ER, recent suicide attempt survivors and those referred to the outreach program by a NCC therapist. NCC provides MCOT follow up contacts.

To date Mental Health First Aid has been provided to over 2000 community members. In addition, NCC works with and supports Tri-county health in providing QPR.

Northeastern Counseling Center has four case managers that have been trained to teach Botvin Life Skills. Botvin Life Skills will be evaluated by forms provided by Botvin Life Skills Program and tracked by the Prevention Coordinator. NCC is providing services using this curriculum.

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

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

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

**For those not participating in this project, please indicate, "N/A" below.**

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

***For those not participating in this project, please indicate, "N/A" below.***

Northeastern first implemented the LiveOn grant in FY21 with great success. We were able to partner with over 21 local hardware stores or related businesses creating prevention partners across our entire region and have secured sponsorship with the local Diamond Mountain Speedway, putting messaging on up to 50 race cars that will compete throughout Utah. NCC also partnered with a local bikers group to help reduce stigma relating to asking for help and access mental health services. With the FY22 LiveOn grant, we again plan to use the resources of our local coalition and conduct at least two focus groups with the intent to target businesses that employ and serve the underserved, addressing local health disparities. Efforts will be made to have the focus groups represent our local demographics. In order to sustain our prevention efforts, Northeastern has always worked to build community relationships and train local partners and coalition members in prevention science.

### **35) Justice Treatment Services (Justice Involved)**

**Thom Dunford**

**What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?**

Justice involved clients have access to the full continuum of services provided by NCC when individuals are living in a community setting. The Center provides therapy services to the county jails for those incarcerated. The Center utilizes CBT to address criminogenic risk factors. The majority of justice referred individuals are individuals referred for substance use that may also have a co-occurring

disorder requiring mental health services.
<b>Describe how clients are identified as justice involved clients</b>
Mental Health assessments ask individuals if they have been compelled e.g. court ordered for mental health treatment.
<b>How do you measure effectiveness and outcomes for justice involved clients?</b>
The Center utilizes current Division of Substance Abuse and Mental Health data that is submitted to that Division by NCC. Decreasing criminal and legal system involvement is a key outcome.
<b>Identify training and/or technical assistance needs.</b>
LS-R-SV training for the Center's staff or key members.
<b>Identify a quality improvement goal to better serve justice-involved clients.</b>
Increase the LS-R-SV admission rate upon assessment and decrease unknowns in the risk factor data point.
<b>Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&amp;P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.</b>
The Center has some good coordinating relationships with various agents and hopes to improve coordination on a perpetual basis. With AP&P developing their own in house treatment programs the Center may not be involved with all individuals receiving behavioral health services.
<b>Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.</b>
The Center coordinates with local SOC staffings, services provided at the YDC, the Juvenile Court on an individual basis and during staffings, PAC and other meetings. The Center has regular contact with DCFS and Children Justice Centers.

**36) Specialty Services**

*Pete Caldwell*

<b>If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. <u>If not applicable, enter NA.</u></b>
N/A

**37) Required attachments**

- **Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.**
- **List of evidence-based practices provided to fidelity.**
- **Policies for improving cultural responsiveness across agency staff and in services.**
- **“Eliminating Health Disparity Strategic Plan” goals with progress.**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**