Central Utah Counseling
FORM A - MENTAL HEALTH BUDGET NARRATIVE
3 Year Plan (FY 2024-2026)

Local Authority: **Central Utah Counseling**

Instructions:

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

1) Inpatient Services

Adult Services ***Pam Bennett***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
Contractual arrangements for inpatient care and services exist between CUCC and Provo Canyon Hospital and Huntsman Mental Health Institute(HMHI). Other inpatient psychiatric hospitals in the state are utilized on an emergency basis when there are no beds at contracted locations. CUCC's Director of Crisis Services monitors care at these inpatient hospital locations and attends staff meetings at Provo Canyon regularly, and maintains daily contact by phone with the caregivers when an individual has been placed elsewhere. In addition, the Director of Crisis Services also attends staffing and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units is seen as a vital part of treatment services offered by CUCC. Through the utilization of CUCC's Director of Crisis Services, the length of stay in inpatient psychiatric hospitals has been reduced as well as resulted in better continuity of care and discharge planning.
Describe your efforts to support the transition from this level of care back to the community.
CUCC's Director of Crisis Services monitors care at these inpatient hospital locations and attends staff meetings at Provo Canyon regularly, and maintains daily contact by phone with the caregivers when an individual has been placed elsewhere. In addition the Director of Crisis Services also attends staffing and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units is seen as a vital part of treatment services offered by CUCC. Through the utilization of CUCC's Director of Crisis Services the length of stay in inpatient psychiatric hospitals has been reduced . Appointments are set with CUCC prior to discharge and clients are often seen for a follow-up appointment at CUCC within 24 hours of the discharge.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
CUCC has contracts with University Hospital (UNI) and arranges for single-case agreements through Primary Children's Hospital when UNI is unavailable for child/youth inpatient hospitalizations. CUCC's Director of Crisis Services monitors care in all inpatient hospital locations and attends staff meetings regularly, and maintains daily contact by phone with the caregivers where an individual has been placed. In addition the Director of Crisis Services also attends staffing and Continuity of Care meetings at the State Hospital. Discharge planning from inpatient units is seen as a vital part of treatment services offered by CUCC. Through this discharge planning, CUCC has seen improved care and

reduced cost of Inpatient Psychiatric care through shorter lengths of stay. This has increased resources for improved care for clients in other services.

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

CUCC employs a hospital liaison that coordinates all discharge plans to various levels of care including residential and outpatient services. Coordination with parents, the receiving treatment facilities, inpatient treatment staff, and the client is conducted to best ascertain the needs of the client and family. Supports are put into place based upon the initial assessment and discharge plan. CUCC attempts to assess all clients discharging from any inpatient facility within one week, but generally, this takes place within 1-2 days.

2) Residential Care

Adult Services ***Pam Bennett***

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

CUCC maintains three adult residential support units. One is located in Mt. Pleasant and is called the ATF (Acute Treatment Facility) which can house 12 individuals, the second is located in Nephi and is called the THU (Transitional Housing Unit) which can house 10, and the third is located in Richfield and can house 12 individuals. The ATF also has an additional acute observation unit known as the RSM (Residential Support Mount Pleasant) with 2 beds which can be used at times of crisis to help an individual stabilize a psychiatric emergency while avoiding an inpatient hospitalization. All these residential support units can also be utilized to bring individuals out of the inpatient setting as a step-down unit closer to their homes and communities when there is space available. All persons have a full array of services available including; medication management; observation of medications; group therapy; case management; individual therapy; individual and group skills development; vocational assistance; and other needed community services such as food bank, SSI, and Medicaid application assistance, etc. Additionally, there is a nurse that is available that monitors residents' physical health and medication compliance and response. The addition to the Residential Support Unit in Richfield (ARPA funded) will greatly increase the number of residential/supportive living options for clients in need of this level of support in Sevier, Piute, and Wayne communities over the next 3 years and beyond.

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

All clients receive an assessment that looks at the following six areas to determine if higher levels of care are needed: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. When there are situations in any of these areas that are not able to be addressed on an outpatient level of care, then arrangements are made for higher levels of care. CUCC seeks to address these situations so as to help the individual maintain the least restrictive level of care, while maintaining safety. The effectiveness of the care received in a residential care facility is assessed by CUCC's Director of Inpatient Services who also monitors residential treatment for individuals. This is monitored by progress reported in case notes and frequent staffing for continued authorization of services. Accessibility can be an issue but CUCC maintains three supportive living facilities that can serve as a step either towards a residential facility or a step down when accessibility issues are

encountered. Issues have included no treatment slots available for a period of time. When CUCC has had individuals needing this level of care, we have been able to find facilities to meet the need.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please identify your current residential contracts. *Please identify any significant service gaps related to residential services for youth you may be experiencing.*

CUCC rarely utilizes residential facilities for children/youth. CUCC maintains that the best place for a child/youth is in their home and community. However, when the occasion has presented itself, CUCC has been established for children or youth requiring residential services to receive residential treatment through an arrangement with urban mental health centers and their youth and children facilities. CUCC has also used Primary Hospital's residential program in the past and it remains an option in the future. CUCC has also established a relationship with DCFS and we have in the past utilized a residential housing situation with a foster family for one youth in this setting. CUCC provided all therapeutic support and the team met monthly with the family, DCFS, schools and Center staff to coordinate services and do appropriate planning and evaluation. CUCC has utilized New Beginnings Behavioral Treatment Agency and Imperial Healing Estate as its two most recent youth residential programs. With some providers, CUCC has been told that the residential facility is only for residents of the county in which it is located. CUCC has recently contracted (single case agreement) with Crimson Counseling which offers residential support. Service Gaps: There seems to be a shortage of RTC's already in the state and this number seems to be decreasing further.

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.

All clients receive an assessment that looks at the following six areas to determine if higher levels of care are needed: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. When there are situations in any of these areas that are not able to be addressed on an outpatient level of care, then arrangements are made for higher levels of care. CUCC seeks to address these situations so as to help the individual maintain the least restrictive level of care, while maintaining safety. CUCC employs a hospital liaison that coordinates all discharge plans to various levels of care including residential and outpatient services. Coordination with parents, the receiving treatment facilities, inpatient treatment staff and the client are conducted to best ascertain the needs of the client and family. Supports are put into place based upon the initial assessment and discharge plan. CUCC attempts to assess all clients discharging from any inpatient facility within one week, but generally this takes place within 1-2 days.

3) Outpatient Care

Adult Services ***Pam Bennett***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding.

CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational

services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, and other services as needed. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client self-responsibility; Help clients to establish a meaningful role in life; Use the Wellness model in all aspects of treatment. Non-Medicaid SMI clients are considered a priority for receiving services. Funding from the state is channeled into providing services for this group. CUCC continues to utilize Telehealth and it has proven beneficial for clients. Typically younger clients are more comfortable in the Telehealth setting, but all clients find it helpful. CUCC provides these services directly in most instances. CUCC has created strategic partnerships with other rural providers such as Intermountain Health (Subcontractor). This allows CUCC clients to receive integrated medical and MH//SUD services at 9 Intermountain locations(Mount Pleasant, Ephraim, Richfield, Manti, Moroni, White Sage, Fillmore, Monroe, Salina) in CUCC's catchment area. CUCC is in the process of partnering with the Gunnison Valley Hospital as well. CUCC will continue to build strategic partnerships that are beneficial to the clients we serve. At times CUCC will call Intermountain Health offices to refer clients when needed. CUCC has other subcontractors and referrals are made on a case by case basis depending on client needs and location. The clinical director or a team leader will typically call the subcontractor by phone to make the referral. Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, and Ephraim. Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.

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.

CUCC does not currently have an ACT/ACOT team. High acuity patients with complex health presentations are generally provided housing in CUCC's residential facilities. As such they will have daily programming consisting of groups and individual services. Daily observed meds happen for these clients so staff have daily interaction with these clients. On rare occasions high acuity patients will continue to live in the community. These daily observed meds happen either at the client's home or in the nearest office. Regular services are made available so that almost daily the client receives some type of clinical service or case management. CUCC is in the process of forming a strategic partnership with an agency to assist clients who are dually diagnosed with mental illness and intellectual disabilities. CUCC utilizes the OQ/YOQ as outcome measures. Based on the state scorecard, CUCC was found to have the highest comparative OQ episode recovery rate for FY23.

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.

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

tracks the dates of the civil commitment. The Director of Inpatient Services maintains contact with the individual therapist working with these clients.

Children's Services ***Leah Colburn***

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. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding. *Please highlight approaches to engage family systems*.

CUCC maintains three geographic teams, which provide outpatient care and services in the six counties of Sevier, Wayne, Piute, (Tri-County Team) Millard, Juab, (Millard/Juab Team) and Sanpete (Sanpete Team). Staff provides individual therapy, family and group therapy, psychoeducational services, medication management, case management, wrap services, emergency services, in home services, consultation and education services, psychosocial rehabilitation, respite, therapeutic behavioral services, transportation services for Medicaid and non-Medicaid clients, Family Resource Facilitation, and other services as needed. The goals for outpatient care and services are to: Ensure the safety of the client; Provide quality care; Follow preferred practices; Establish and utilize services that meet fidelity standards around evidence based practices; Meet client's goals and desires by utilizing the strength based recovery model; Improve client functioning; Develop hope and empower the client and family; Develop client and family self-responsibility; Help clients to establish a meaningful role in life; and use the Wellness Model in all aspects of treatment. SED clients, regardless of funding, are considered a priority for receiving services. Funding from the state will be channeled into providing services for this group. CUCC continues to utilize Telehealth and it has proven beneficial for clients. Typically younger clients are more comfortable in the Telehealth setting, but all clients find it helpful. CUCC provides these services directly in most instances, but has subcontracts with private providers for some clients. Multiple geographic teams facilitate youth DBT groups. In collaboration with CJC, approximately 7 CUCC therapists were trained in TF-CBT. CUCC has created a strategic partnership with IH and Gunnison Valley Hospital. CUCC is looking into implementing 1-2-3 Magic or a similar program as a way to further engage parents/family systems to improve client outcomes.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim. Provided Directly and through subcontracts with private providers for some clients who have requested alternative treatment providers.

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.

For "high acuity youth and families" CUCC can increase the quantity of the above mentioned services. CUCC maintains the programmatic approach to best meet the needs of an individual. CUCC will set up a treatment approach to fit the needs of the individual, not forcing the individual to conform to a set program. CUCC also utilizes Systems of Care to help meet the needs of clients that fall into these situations. CUCC regularly refers to external providers for neuropsychological assessments. CUCC utilizes the YOQ as an outcome measure. Team leaders do regular audits of OQ/YOQ recordings and they can provide fidelity feedback for groups provided on their geographic team. CUCC also has EBP checklist templates that assist team leaders with assessing fidelity for other EBPs.CUCC is looking into a strategic partnership with an agency that provides both MH and ASD youth services.

4) **24-Hour Crisis Care**

Adult Services **Nichole Cunha**

Please outline plans for the next three years for 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 currently provided in your area, 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 DHHS systems of care, law enforcement and first responders, for the provision of crisis services. Include any planned changes in programming or funding.

Crisis services are governed by administrative rule and through statutory requirements. CUCC's crisis services have been established according to statute and rule. As such, CUCC maintains a 24 hour phone service where the goals are to: (1) ensure the physical safety of the client, (2) stabilize client's psychiatric symptoms and situation, (3) provide appropriate care in the least restrictive environment, and (4) assist clients and their family in being able to resume their normal lives as quickly as possible. This service is available 24 hours a day, 7 days a week for anyone within the six county area regardless of funding through a toll free number (877-469-2822). CUCC has a MCOT team that is available 24 hours a day, 7 days a week.The team consists of 6 full time master's level clinicians and 3 full time crisis case managers. These team members are spread out through all the three geographic teams. This team of clinicians is considered mobile and can respond to any emergency throughout the six county area in a short amount of time. CUCC utilizes the Statewide Crisis line and CUCC staff is available for warm handoffs for needed services. Services include assessment, individual therapy, referral, and case management. During work hours MCOT and individual teams work together to handle crises. Local Law Enforcement and First Responders have a direct line to connect with the MCOT. Local Law enforcement are the leading MCOT referral source. Next of kin is informed as quickly as possible in order to begin establishing a support system for the client to aid in recovery. Advance Directives, when established, are followed as much as is possible given the current status and needs of the client. The assessment of a client begins as soon as the therapist speaks with the client or professional such as an ER Doctor or law enforcement and continues through contact with the client and the staffing of the case with another CUCC clinician when needed. Coordination between the CUCC crisis worker and various local partners continues throughout the emergency. This can include either face to face contact or phone contact depending upon the nature of the crisis situation. Regular phone calls are made with the Statewide Crisis line to coordinate efforts and staff high acuity cases. A collaborative plan is determined to provide the quickest return of the individual to their highest level of functioning in the least restrictive environment possible. Diversions from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to de-escalate crisis situations. In these diversions staff members will remain with the client 24 hours per day until either the crisis passes or a higher level of care becomes necessary. The answering service is by contract, the actual clinical intervention is through direct service. There are no receiving centers in the CUCC's catchment area. CUCC has been working with several community partners who have expressed support for establishing a receiving center in Central Utah. CUCC will seek to work with the Crisis Commission to pursue funding for the 6 county areas to establish a receiving center.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim. Provided Directly or through Contracted Provider: Provided directly and through contract.

Describe your current and planned 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 and key performance indicators are available if needed, please describe any areas for help that are required.

CUCC utilizes the C-SSRS to assess risk to self. Measuring access to higher levels of care is often determined simply by there being a bed available. At times there has not been an inpatient bed available. This is both objective and measurable. A tracking form is utilized by CUCC to determine such measures as length of stay, date of the original emergency, date of discharge, date of first appointment following discharge etc.

Children's Services **Nichole Cunha**

Please outline plans for the next three years for 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 currently provided in your area, 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 Crisis Outreach Teams, facility-based stabilization/receiving centers and In-Home Stabilization Services). Including if you provide SMR/Youth MCOT and Stabilization services, if you are not an SMR/Youth MCOT and Stabilization 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 for services to include the Utah Crisis Line, JJYS and other DHHS systems of care, law enforcement and first responders, schools, and hospitals for the provision of crisis services to at-risk youth, children, and their families. Include any planned changes in programming or funding.

CUCC maintains a 24 hour crisis and emergency phone service where the goals are to: (1) ensure the physical safety of the client, (2) stabilize client's psychiatric symptoms and situation, (3) provide appropriate care in the least restrictive environment, and (4) assist clients and their family in being able to resume their normal lives as quickly as possible. This service is available 24 hours a day, 7 days a week for anyone within the six county area regardless of funding through a toll free number (877-469-2822).CUCC has a MCOT team that consists of 6 full-time master's level clinicians and 3 full time crisis case managers. They are supervised by CUCC's Director of Crisis Services. These team members are spread out through all the three geographic teams. This team of clinicians is considered mobile and can respond to any emergency throughout the six county area in a short amount of time. CUCC utilizes the Statewide Crisis line and CUCC staff is available for warm handoffs for needed services. Services include assessment, individual therapy, referral, and case management. During work hours MCOT and individual teams work together to handle crises.CUCC utilizes the Statewide Crisis line and CUCC staff is available for warm handoffs for needed services. Services include assessment, individual therapy, referral, and case management. During work hours each team is responsible for handling all emergencies in their area. Next of kin is informed as quickly as possible in order to begin establishing a support system for the client to aid in recovery. Advance Directives, when established, are followed as much as is possible given the current status and needs of the client. The assessment of a client begins as soon as the therapist speaks with the client or professional such as an ER Doctor or law enforcement and continues through contact with the client and the staffing of the case with another CUCC clinician when needed. Coordination between the CUCC crisis worker and various local partners continues throughout the emergency. This can include either face to face contact or phone contact depending upon the nature of the crisis situation. Regular phone calls are made with the Statewide Crisis line to coordinate efforts and staff high acuity cases. A collaborative plan is

determined to provide the quickest return of the individual to their highest level of functioning in the least restrictive environment possible. Diversions from higher levels of care are determined by clinical need. CUCC has utilized its residential units as locations for temporary diversion to de-escalate crisis situations. In these diversions staff members will remain with the client 24 hours per day until either the crisis passes or a higher level of care becomes necessary. The answering service is by contract, the actual clinical intervention is through direct service. CUCC does not provide SMR services, but again this team is mobile and can respond to emergencies throughout the six-county area as needed. CUCC coordinates with other service providers including JJS, Systems of Care, DCFS, and with the children and youth families involved. This coordination typically will take place during the crisis situation, but at times coordination must take place the next day during working hours as other individuals involved in the care of the individual are available in the middle of the night. There are no receiving centers in the CUCC's catchment area. CUCC has been working with several community partners who have expressed support for establishing a receiving center in Central Utah. CUCC will seek to work with the Crisis Commission to pursue funding for the 6 county areas to establish a receiving center.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim. Provided Directly or through Contracted Provider: Provided directly and through contract.

Describe your current and planned 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 and key performance indicators are available if needed, please describe any areas for help that are required.

CUCC utilizes the C-SSRS to assess risk to self. Measuring access to higher levels of care is often determined simply by there being a bed available. Throughout this year there have been times when there has not been an inpatient bed available for youth or children. This is both objective and measurable. A tracking form is utilized by CUCC to determine such measures as length of stay, date of the original emergency, date of discharge, date of first appointment following discharge etc.

5) Psychotropic Medication Management

Adult Services ***Pam Bennett***

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

CUCC has three full-time providers prescribing psychotropic medications and providing medication management for CUCC clients for all teams in the six county area. They have been providing more frequent follow up visits then historically provided. Additionally, each team (3) has a full-time nurse to assist in medication management services. All clients receiving services from CUCC are eligible for medication management regardless of funding. Clients are referred to medical staff by a licensed therapist after a thorough assessment. Coordination of care with the client's primary physician is emphasized. Specific areas of focus by the medical staff include: AIMS testing, wellness, smoking cessation, physical exercise, blood pressure, weight, O2 saturation, decreasing caffeine intake, metabolic syndrome and diabetes screening. They routinely order lab work and review these results with the clients when they return for appointments with medical staff. They also discuss medications and their effectiveness in various doses as well as discussing any new medications. The nurses on the team work and provide in-home services when indicated. These clients are not able to come into the

office regularly and require medication management as well as having their vital signs monitored and coordination with any primary care physicians. Telehealth has brought some changes but a nurse still visits with the client to check vitals and other physical health concerns prior to the medication management appointment with the prescriber. The nurse then informs the prescriber of the client's status at which point the client then visits with the prescriber. Medication Management is provided directly through CUCC and through subcontract. CUCC will also observe medication when ordered by medical staff when clinically indicated. To accomplish this staff will travel to clients' places of residence. When clients transition from one prescriber to another, the cases are staffed so that current medication is reviewed. This can take place from nurse to nurse if the client is moving from one team to another, or from prescriber to prescriber if the prescriber changes. CUCC added a full-time prescriber this past year to keep up with the increasing demand for medication management services.

Where: On all three geographic teams.

Children's Services ***Leah Colburn***

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

CUCC has 3 full-time providers prescribing psychotropic medications and providing medication management for CUCC clients for all teams in the six county area. They have been providing more frequent follow up visits then historically provided.. Additionally, each team (3) has a full time nurse to assist in the medication management services. All clients receiving services from CUCC are eligible for medication management regardless of funding. Clients are referred to the medical staff by a licensed therapist after a thorough assessment. Coordination of care with the client's primary physician is emphasized. Specific areas of focus by the medical staff include: AIMS testing, wellness, smoking cessation, physical exercise, blood pressure, height, weight, O2 saturation, decreasing caffeine use, metabolic syndrome and diabetes screening. They routinely order lab work and review these results with the clients and caregivers when they return to appointments with medical staff. They also discuss medications and their effectiveness in various doses as well as discussing any new medications. Medical staff attend the local multidisciplinary team staffings and provide valuable assistance in formulating accurate treatment planning, diagnosis, medication review and explanation, as well as discussing physical health care needs for the clients. The nurses on the team work and provide in-home services when indicated. Telehealth has brought some changes but a nurse still visits with the client to check vitals and other physical health concerns. The nurse then informs the prescriber of the client's status at which point the client then visits with the prescriber. On occasion there are cases where a child psychiatrist's expertise is needed. In these cases we have contracted with Provo Canyon Hospital, or another provider for a child's psychiatrist. Once the child/youth is stable on their medication regime and a case consultation is completed with our Center medical staff, the case is then referred back to the Center for further continued medication management. This is done to decrease the amount of travel time required to providers outside of our service area. Medication Management is provided directly through CUCC and through subcontract. When clients transition from one prescriber to another, the cases are staffed so that current medication is reviewed. This can take place from nurse to nurse if the client is moving from one team to another, or from prescriber to prescriber if the prescriber changes. This is an internal process within CUCC. CUCC added a full-time prescriber this past year to keep up with the increasing demand for medication management services.

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

6) **Psychoeducation Services & Psychosocial Rehabilitation**

Adult Services ***Pam Bennett***

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

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the SMI population. Others, however, can move in and out of the program depending upon their level of functioning. These services are not gender selective and groups run with both males and females. The programs generally run at various times throughout the week. Overall wellness and physical health is emphasized. We have observed that our clients' overall mental health improves in conjunction with their physical health. Many of the skills and activities that are taught are around improved nutrition and physical activity but some of the skills also focus upon activities of daily living. Each of these services focus upon the individual goals of the clients, and action plans are outlined for how they can obtain these goals through the group or individual process. Vocational training can be provided by staff, invited guests, or members of other agencies such as vocational rehabilitation, but is billed as Psycho-educational services. Vocational training assists clients in developing a better self-concept and capability for future work. Additionally vocational training takes place, for instance a few clients have been employed and provide help at the center while staff members provide job coaching for them. Eligibility for psychosocial rehabilitation and psychoeducational services are not limited to funding. CUCC looks at psychosocial rehabilitation as a prime means of providing quality care to larger numbers of persons. CUCC staff coordinate with community partners such as DWS and Vocational Rehabilitation to help meet client employment related I needs. CUCC is adding the Nedley Depression and Anxiety Recovery Program as a new psychosocial rehabilitation group at multiple locations.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, Gunnison, and Ephraim. Provided Directly or through Contracted Provider: Provided Directly

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. Progress can be determined by ASAM ongoing assessment and the OQ/YOQ.

Children's Services ***Leah Colburn***

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

Psychosocial Rehabilitation and Psychoeducational programs are designed to meet the needs of the SED population. Others, however, can move in and out of the program depending upon their level of functioning. These services are not gender selective and groups run with both males and females. The programs generally run at various times throughout the week, and during the school year are either prior to or immediately after school. Overall wellness and physical health is emphasized. We have observed that our clients' overall mental health improves in conjunction with their physical health. The

skills and activities that are taught are focused on improved functioning in activities of daily living and as a result often improve nutrition and increase physical activity. Each of these services focus upon the individual goals of the clients, and action plans are outlined for how they can obtain these goals through the group or individual process. Vocational training can be provided by staff, invited guests, or members of other agencies such as vocational rehabilitation, but is billed as Psycho-educational services. The vocational training assists them in developing a better self-concept and capability for future work. Eligibility for psychosocial rehabilitation services is not limited to funding. CUCC continues to look at psychosocial rehabilitation and psychoeducation as a means of providing quality care to larger numbers of persons. CUCC has implemented WhyTry, an evidence-based Psychosocial Rehabilitation Group on all three geographic teams.CUCC is looking into Botvin's Life Skills Training and/or other evidence-based psychosocial skills programming for youth.

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. Progress can be determined by ASAM ongoing assessment and the OQ/YOQ.

7) **Case Management**

Adult Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

CUCC provides case management and personal services designed to assist clients in linking with needed services. Case management helps clients overcome any barriers that may impede their ability to function in the community and assist clients to achieve their personal goals and dreams. Medicaid clients who are SMI and who are desirous of receiving this assistance are eligible for these services but depending upon the need, anyone regardless of funding can be eligible for case management services. Case management services are provided typically outside of the Center's office structure and often occur in the client's home or some other location convenient for the client. With the use of the On-Going Assessment, this needs assessment is continually looked at for unfulfilled needs. Resource Specialists meet regularly with their teams and with the therapists to offer valuable clinical insight into client functioning and needs. Housing needs are constantly being assessed to ensure that clients are in safe, affordable housing. CUCC has assigned a staff member to oversee recertification and tracking requirements of all case managers. Team Leaders have direct responsibility to make sure that their staff is certified. All certificates are placed within the employee's personnel file. CUCC also provides an annual case manager training to help with training needs for all case managers.

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

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. This assessment helps a clinician determine if case management services are indicated. Clinicians also use the ongoing assessment with the option to refer a client for case management services at any point in treatment. After referral for case management services, a case manager completes the DLA-20 needs assessment identifying areas that are below levels of normal daily functioning. These areas have determined an overall score. Scores below 50 are considered in need of potential case management services. The effectiveness of the services are measured through assessment and reassessment utilizing the DLA-20 and comparing the scores. CUCC is exploring alternatives to the DLA-20.

Children's Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

CUCC provides case management and personal services designed to assist clients in linking with needed services. Case management helps clients overcome any barriers that may impede their ability to function in the community and assist clients to achieve their personal goals and dreams. Medicaid clients who are SED and who are desirous of receiving this assistance are eligible for these services but depending upon the need any SED client regardless of funding can be eligible for case management services. Case management services are provided typically outside of the Center's office structure and most often occur in the client's home or some other location convenient for the client and family. A needs assessment is completed and a service plan is developed with each client/family and frequently reviewed as indicated. With the use of On-Going Assessment, this needs assessment is continually looked at for unfulfilled needs. Resource Specialists meet regularly with their teams and with the therapists to offer valuable clinical insight into client functioning and needs. Housing needs are constantly being assessed to ensure that clients are in safe, affordable housing. CUCC has assigned a staff member to oversee recertification and tracking requirements of all case managers. Team Leaders have direct responsibility to make sure that their staff is certified. All certificates are placed within the employee's personnel file. CUCC also provides an annual case manager training to help with training needs for all case managers.

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

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. This assessment helps a clinician determine if case management services are indicated. Clinicians also use the ongoing assessment with the option to refer a client for case management services at any point in treatment. After referral for case management services, a case manager completes the DLA-20 needs assessment identifying areas that are below levels of normal daily functioning. These areas determine an overall score. Scores below 50 are considered in need of potential case management services. The effectiveness of the services are measured through assessment and reassessment utilizing the DLA-20. CUCC is exploring alternatives to the DLA-20.

8) **Community Supports (housing services)**

Adult Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
CUCC provides community support designed to assist clients and their family in receiving needed services and related support. These services include in-home services, multi-agency client staffing's, respite, and family support services. In-home services include therapists, nurses and other providers traveling to the home of clients who are unable to leave their home to provide needed services. Supportive housing is also offered to SMI clients that are unable to live on their own. Medical staff makes frequent (weekly) contact, skills development staff offer services multiple times per week to increase skills, regular therapy is provided and transportation services for appointments are provided when necessary. Observed medication is also offered when needed to help clients maintain their highest level of functioning. Multi-agency staff meetings are attended or hosted often by CUCC providers to provide a continuity of care and wrap services where needed. We often invite other community agencies to our own staff meetings to focus upon the needs and desires of a common client. Our most common partners in these inter-agency staffings are DCFS and Adult Probation and Parole (AP&P). These staffings are valuable for coordinating all the support the family and client require. Family support involves collateral contacts from Center staff as well as educational meetings to help family members understand the client's illness and needs. Family involvement is seen as a crucial element of recovery. Through respite, education, and encouragement, family members become a key part of the recovery process. CUCC has expanded supportive housing for SMI clients in Sevier County having received ARPA housing capital funding. Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, Mount Pleasant, and Ephraim. CUCC provides community support both directly and through subcontractors.
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
All clients receive an assessment that looks at the following six areas to determine if higher levels of care are needed: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. When there are situations in any of these areas that are not able to be addressed on an outpatient level of care, then arrangements are made for higher levels of care. CUCC seeks to address these situations so as to help the individual maintain the least restrictive level of care, while maintaining safety.

Children's Services (respite services) ***Leah Colburn***

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.
CUCC provides community support designed to assist clients and their family in receiving needed services and related support. These services include in-home services, multi-agency client staffing's,

respite, and family support services. In-home services include therapists, nurses and other providers traveling to the home of clients who are unable to leave their home to provide needed services. Multi-agency staff meetings are attended and hosted often by CUCC providers to provide a continuity of care and wrap services where needed. We often invite other community agencies to our own staff meetings to focus upon the needs and desires of a common client. Our most common partners in these interagency staffings are DCFS and JJS. CUCC will attend schools for case staffing's requiring additional help from the center. These include Individual Education Plans (IEP's). These staffings are valuable for coordinating all the support the family and client require. Family support involves collateral contacts from Center staff as well as educational meetings to help family members understand the client's illness and needs. Family involvement is seen as a crucial element of recovery. Through respite, education, and encouragement, family members become a key part of the recovery process. Respite care for clients offers the family caregivers the opportunity to have a break from the challenging task of caring for the client with a serious mental illness. CUCC continues to feel that when many types of services are provided that these services provide "parents respite from the challenges of caring for a mentally ill child," but CUCC strives to record the service that seems most appropriate for the intervention offered. CUCC has utilized "Respite" groups on the Sevier and Millard-Juab teams. All other locations offer Respite as a service as part of a continuum of care for parents in need. At one location, Nephi, there is an option for a family to be helped with supportive living at CUCC's residential unit. This allows for greater support and closer proximity to the outpatient services for a family in need. This could be a family with a mentally ill parent or child that is at risk of separation due to the unmet mental health needs. Services can then be "wrapped" around the client/family to increase the likelihood of a successful outcome.

Where: On all three geographic teams. CUCC provides this directly.

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. This assessment helps a clinician determine if respite services are indicated. Effectiveness measures include the YOQ for youth OQ for parents.

9) Peer Support Services

Adult Services ***Heather Rydalch***

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

CUCC currently employs 5 trained Peer Specialists which includes 1 Family Peer Support Specialist. CUCC has utilized Peer Services in individual and group settings. CUCC plans to monitor the effectiveness of a newly created Peer Support group in Richfield.

Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties. Provided Directly or through Contracted Provider: Directly

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

All clients receive an assessment that looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. Progress can be determined by ASAM ongoing assessment and the OQ/YOQ.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period 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, DJJYS, DSPD, and HFW.* Include any planned changes in programming or funding.

CUCC currently employs 7 trained Peer Specialists which includes 1 Family Peer Support Specialist. CUCC has utilized Peer Services in a group setting in two locations (Richfield and Ephraim). The Family Peer Support Specialist employed at CUCC can provide WRAP services to families in need of additional resources to help cope with challenges. These services can be provided for adult clients of the Center with challenges of their own along with a youth/child in the home with additional challenges. OSUMH's newly developed 1 day training initiative for qualified Peers provides CUCC with the opportunity to increase agency-trained Family Peer Support Specialists.

Where: Juab, Millard, Sevier, Piute, Wayne and Sanpete Counties. Provided Directly or through Contracted Provider: Directly

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

Clients can be identified for Family Peer Support services through initial and ongoing clinician assessment. The initial assessment looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. The tool is the ASAM PPC-2R. Progress can be determined by ASAM ongoing assessment and OQ/YOQ.

10) Consultation & Education Services

Adult Services ***Pam Bennett***

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

The local geographic teams are responsible for informing the community of the services offered by CUCC. At local community health fairs CUCC staff have worked in booths where pamphlets describing services are available. Local religious organizations call and staff will attend meetings to discuss various topics of interest. Support groups in the area also request attendance at meetings for educational services. All geographic teams meet regularly with DCFS to discuss cases, particularly difficult cases, which require a wide array of services from several different agencies. There are also regular meetings at the Utah State Hospital in which necessary staff attend to assist with discharge planning and wrap services. Our med management providers consult with local physicians on an as

needed basis. Coordination of care is an important component of quality care. The consults are available to all clients receiving services at CUCC. CUCC also receives requests on occasion from local physicians to consult with our psychiatrist and PA regarding difficult cases that they are working on within the community. Medical staff readily respond to these requests in hopes of alleviating challenges to community members. The entire population of the Six County area is eligible for receiving educational and consultation services. CUCC also assists any resident to find a resource for treatment even if CUCC is not the agency that will be providing that treatment through our triage system. Additional information has been posted to CUCC's website. This includes screening services, information on community partners and services.

Where: On all three geographic teams, with offices in Loa, Junction, Richfield, Fillmore, Delta, Nephi, and Ephraim. Provided Directly or through Contracted Provider: Directly

Children's Services ***Leah Colburn***

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

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

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

11) Services to Incarcerated Persons ***Pam Bennett***

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

CUCC assists the local authority in the planning for the needs of persons incarcerated in local

correctional facilities. This includes according to UCA 17-43-201 to "review and evaluate substance abuse prevention and treatment needs and services, including substance abuse needs and services for individuals incarcerated in a county jail or other correctional facility," and R523-2-6 "for services to persons incarcerated in a county jail or other county correctional facility." This is for both MH and SUD needs. The local Authorities have chosen not to use State dollars given by the OSUMH to provide services, but rather use Beer Tax and local funds for the provision of behavioral health services. Local private providers under contract provide direct behavioral health services in all jails. CUCC continues to assist as necessary including responding to emergencies in all local jails, assessing if an incarcerated person needs inpatient care instead of incarceration, and being available for consultation for any situations that may arise in the jails. CUCC administration continues to be actively involved in assisting with the planning for jail services. The local Sheriffs and Police departments are key allies in the communities. CUCC works closely with both through its after-hours emergency system. CUCC has developed strong collaborative relationships to work together to improve communities. Each County Sheriff has elected to not contract with CUCC regarding direct jail services and has made arrangements for the provision of MH and SA services, including med management. CUCC does provide limited MH services in jails when referrals are made. This may occur as an emergency or in tandem with SUD services that have been requested in a jail setting. CUCC is more likely to receive a SUD related referral from a jail than a MH only referral. It is not uncommon for CUCC clinicians to find that an SUD referred client also has a MH condition as well. CUCC runs a SUD recovery skills telehealth group in partnership with the Sanpete County Jail. While the primary focus of the group is SUD, content is beneficial to those dually diagnosed as it includes information related to grounding, nutrition, exercise, financial management, positive psychology concepts, and other basic life skills that are beneficial for mental health. Clients from this group ideally complete a portion of the group in jail and then transition to CUCC to complete the rest at our Ephraim office hence creating a bridge from jail to outpatient services. This model has been discussed with other jails as well as a potential option to serve the SUD population and the dually diagnosed. Whether a client has MH, SUD, or has Dual Diagnosis, it is hoped that they will continue services at CUCC upon leaving a jail setting. Consultation services are offered by both the local CUCC Teams as well as through administration. This consultation time is not captured in client numbers served.

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties. Provided Directly and through Contracted Providers

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

Local jail staff identify clients and contact CUCC for services to incarcerated persons. Effectiveness of services can be measured by the OQ. This OQ administered as part of the initial assessment in jail is ideally followed by further OQ administrations including after a client transitions from an incarcerated setting to outpatient services at CUCC.

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

Clients are made aware of services provided by CUCC and invited to continue to participate upon release.

12) Outplacement

Adult Services ***Pam Bennett***

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will

provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

Where: All Geographic Teams Provided Directly

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties. Provided Directly or through Contracted Provider: Directly

13) Unfunded Clients

Adult Services ***Pam Bennett***

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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

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

Case managers continue to work with unfunded clients in efforts to secure funding as that which is

allocated is simply not close to the need in our communities. When clients come in without funding, appointments with case managers can be set to assess resources and possible funding streams.Each year, CUCC helps several individuals to receive funding by addressing barriers. This funding obviously begins by addressing the needs of the parents, but can and will address funding specifically to the youth and children in the home.

Children's Services *Leah Colburn*

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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

Where: Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties. Provided Directly or through Contracted Provider: Directly and through contracted providers.

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

Case managers continue to work with unfunded clients in efforts to secure funding as that which is allocated is simply not close to the need in our communities. When clients come in without funding, appointments with case managers can be set to assess resources and possible funding streams. CUCC estimates that it has helped 90 individuals receive funding by addressing barriers in this last fiscal year. This funding obviously begins by addressing the needs of the parents, but can and will address funding specifically to the youth and children in the home.

14) First Episode Psychosis (FEP) Services *Jessica Makin*

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

CUCC does not receive funding for FEPS.

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

N/A

Describe plans to ensure sustainability of FEP services. This includes: financial sustainability plans(e.g. billing and making changes to CMS to support billing) and sustainable practices to ensure fidelity to the CSC PREP treatment model. Describe process for tracking treatment outcomes. Technical assistance is available through Jessica Makin at jmakin@utah.gov

N/A

15) 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. Include any planned changes in programming or funding.
Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).
CUCC can provide psychoeducational services to help clients overcome challenges that limit the ability to engage in competitive employment. These efforts have been made to help clients gain the skills for employment, gain the confidence to do so and to overcome existing barriers that limit their ability to seek and obtain meaningful employment.
The referral process for employment services and how clients who are referred to receive employment services are identified.
Clients are assessed for employment related services or referrals with the ASAM PPC-2R which looks at the following six areas to determine needed care: Acute challenges that are not able to be addressed in an outpatient setting, Biomedical conditions and complications, Emotional, Behavioral or Cognitive Conditions and Complications, The client's Readiness to Change, The chances of Continued Problem Potential, and lastly the Living Environment. CUCC utilizes the DLA20 to assess employment related service needs. CUCC is exploring alternatives to the DLA 20.
Collaborative employment efforts involving other community partners.
CUCC works with DWS and Vocational Rehabilitation in helping clients prepare and succeed in the workplace. Case managers have advocated for clients in various workplaces to help employers understand the clients' challenges and to help the employer make reasonable accommodations so that expectations can be met. CUCC has also worked closely with local food banks to increase opportunities for clients to work for pay and in some cases volunteer.
Employment of people with lived experience as staff through the Local Authority or subcontractors.
Currently CUCC has at least 6 former or current clients employed or volunteering in some way within the center and are currently looking for ways to involve more. The roles that the former and current clients hold within the agency vary from employee to employee but are generally based upon client interest and needs within the Center. CUCC does not consider mental illness or past substance abuse reasons to not hire. If anything, CUCC will consider these assets for positive peer relationships and promoting recovery among current clients.
Evidence-Based Supported Employment.
CUCC has not implemented Supported Employment to fidelity.

16) Quality & Access Improvements

Identify process improvement activities over the next three years. Include any planned changes in programming or funding.

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

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

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

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

As it relates to the end of the Public Health Emergency and subsequent unwinding, it is expected that CUCC's funding will decrease. Unfunded funding has remained stagnant therefore CUCC may need to explore options including reduction of services/discharge for these clients. Another option may be to find alternate funding to meet client needs.

Describe how mental health needs and specialized services for people in Nursing Facilities are being met in your area.

CUCC responds to needs in local nursing facilities, including emergencies, assessments, and therapy. There are six nursing care facilities in the area (Ephraim, Mount Pleasant, Centerville, Nephi, Delta and Richfield). Each of the care facilities have CUCC's contact information and can request services for residents. In most cases residents are transported to CUCC offices, but in certain circumstances clinicians can and will provide treatment for individuals in nursing facilities.

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

CUCC has been using telehealth services for a number of years. Primarily it was used almost exclusively for medication management services. Currently all services are being provided through telehealth services including assessment and evaluation, individual and group psychotherapy, skills development, case management, medication management etc. All staff have been equipped with telehealth equipment. CUCC also has made contractual arrangements with the Department of Human Services Telehealth system as well as with Google where CUCC has a BAA set up with them for the provision of telehealth services. Providers have the flexibility to utilize either system depending upon their preference and the needs and ability of the client. Quality of services can be measured utilizing outcome measures including the OQ and YOQ.

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

CUCC is in the process of again identifying therapists who can be trained to become Maternal Mental Health Specialists. These therapists will be specifically trained on early childhood mental health needs. CUCC views the MMH Provider Toolkit and Training Videos as a resource for specialists as well as other clinicians and staff. When a client or parent presents for services that fall into this category it will be ideal for them to be assigned to work with a maternal mental health specialist or another provider trained in maternal mental health including those aware of needs including signs and symptoms of postpartum depression. CUCC maintains a triage system that will assess and screen the needs of potential clients seeking services. In a case where a mother who has recently given birth extra time is spent assessing the need so that appropriate referrals and treatment can be provided.

Describe how you are addressing services for transition-age youth (TAY) (age 16-25) in your community. Describe how you are coordinating between child and adult serving programs to ensure continuity of care for TAY. Describe how you are incorporating meaningful feedback from TAY to improve services. Technical assistance is available through Jessica Makin, jmakin@utah.gov, and Theo Schwartz, aschwartz@utah.gov

Transition-age youth who receive CUCC services are able to maintain the same individual therapist over time. This provides them with continuity as they explore life/treatment changes with a stable therapist over time. One way CUCC seeks to accommodate TAY feedback is by offering telehealth appointments for individual therapy sessions and some groups. This allows TAY to access services even when transportation is a barrier.

Other Quality and Access Improvement Projects (not included above)

CUCC has an interest in exploring treatment content specific to TAY needs. This could include curricula such as Botvin's Lifeskills Training Transitions.

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

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

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

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including training, screening and treatment and recovery support (see Office Directives Section E.viii). 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).

Currently CUCC's medical staff continues to look at and evaluate not only psychiatric care needs but also looks at physical health needs. As a result of these efforts, numerous physical health problems have been averted or caught early enough that serious problems did not occur including strokes and heart attacks. Case management is another key part of these efforts as Case Managers coordinate care with primary care providers including dental needs which are often a high priority for substance abuse clients. Emphasis has been placed on the overall health of all providers at CUCC. As a result of this emphasis additional training and education is provided that directly impacts staff interactions with clients as programming incorporates whole health, not just behavioral health concerns. All employees including administration, medical, therapists, skills providers and case managers emphasize the importance of physical health to clients and even to the staff. Extensive efforts are made by the medical staff to monitor weight, blood pressure, pulse, caffeine intake, soda consumption, labs, smoking, and physical exercise. These efforts have been made to increase the health and life span of our clients. Through the assessment process, screening for health concerns and need for recovery support are assessed. This is an ongoing process. CUCC employs 3 full time prescribers who are able to focus on overall physical health while also providing medication management services for psychiatric needs. This past year, a CUCC APRN developed and provided training for all staff on identifying and attending to client physical health needs including a focus on linking clients to appropriate medical care. Barriers for expanding and enhancing integrated care services include cost and office space. CUCC has added a physical wellness (see below) category to our EHR individual therapy note template to encourage staff to engage clients in wellness/integrated care throughout the treatment process.

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

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

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

Treatment plans are based upon medical necessity based upon areas of concern identified in the assessment. Where there are problem areas, including HIV, TB, Hep-C, Diabetes etc that can stand in

the way of recovery, these areas are addressed accordingly. This can be through case management by making referrals to outside providers such as a Health Department or a primary care physician. It could include referrals to providers at CUCC for skills. This could include providers to address smoking cessation for children, youth and adults. Individual and group skills are often added to treatment plans to address these needs across the age spectrum. Referrals for medical needs are also addressed either through internal medication management or to Primary Care Physicians depending upon the needs of the children, youth or adult. CUCC has also begun using the ACE's evaluation for some clients based upon clinician preference. CUCC has added a physical wellness (see below) category to our EHR individual therapy note template to encourage staff to engage clients in wellness/integrated care throughout the treatment process.

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

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

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

Every year staff review our policy manual. One of the reviewed policies is our Promoting Healthy Living Policy:

GUIDING PRINCIPLE

Central Utah Counseling Center (CUCC) will deny any individual, family, or group access to services based upon current or past unhealthy living practices including the use of tobacco products. Furthermore, if the choice of an individual is to practice unhealthy living habits, including tobacco products while a client of CUCC, CUCC will not deny needed services, especially when the absence of such services could lead to life threatening circumstances. CUCC will continue to provide kind and compassionate services to all who choose to seek services through the Center.

POLICY

It is the policy of CUCC to encourage healthy living habits among clients and staff. As a health care provider committed to the health and safety of staff, patients, physicians, visitors and business associates, CUCC is implementing this Promoting Healthy Living Policy. In an attempt to promote and encourage health and safety and to reduce the health and safety risks of those served and employed at the workplace, CUCC will encourage and promote a healthy campus by supporting a tobacco free environment and encouraging healthy living practices such as exercise, and healthy eating habits. This policy is applicable to all staff on the campus whether they are employees, or other agencies, including medical staff, visitors, students, volunteers, vendors, lessees and contractors. It also includes all clients in outpatient and residential services. CUCC will follow State and Federal law when enforcing this policy. CUCC does not require staff, patients or visitors to stop using tobacco or practicing other unhealthy living habits; however, CUCC will encourage healthy living among staff, patients and visitors while they are present on CUCC's physical grounds by supporting a tobacco free environment.

ACCOUNTABILITY

It is the responsibility of all staff members to encourage compliance to CUCC's healthy living policy by

encouraging colleagues, clients, visitors and others to comply with the policy. Supervisors are responsible for implementing CUCC's Promoting Healthy Living Policy.

PROCEDURE

Clients are assessed at either intake or at regular yearly assessments for overall health with noted unhealthy habits documented. Those receiving medication management appointments will receive a general health assessment by qualified medical staff, including O2 saturation, blood pressure, use of tobacco, and other health measures such as weight etc. Readiness to change unhealthy habits including use of tobacco products can be assessed and appropriate intervention offered for individuals who desire to quit unhealthy habits. CUCC will include this policy in its policy manual and train new employees of the Center's policies, including its Promoting Healthy Living Policy.

Individuals while on CUCC grounds are encouraged to make healthy living a routine part of their lives. Violation of this policy by clients is a treatment issue and should be addressed in an appropriate treatment setting. In addition to the aforementioned policy, CUCC trains annually on communicable diseases including TB, HIV, etc. In addition to this there is a section on transition age youth, other health concerns such as Diabetes and Pregnancy.

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%.

CUCC is expanding its partnership with local health departments. It has developed cards that are distributed to clients both at intake and throughout treatment to provide education and information on improving health, including smoking cessation. Efforts are made to train both staff and clients of the dangers of tobacco consumption. Medical providers at the center emphasize the importance of improved health, including efforts to stop smoking. Health and Wellness efforts are a high priority within the center. All employees including administration, medical, therapists, skills providers and case managers emphasize the importance of physical health to clients and even to the staff. Extensive efforts are made by the medical staff to monitor weight, blood pressure, pulse, caffeine intake, soda consumption, labs, smoking, and physical exercise. These efforts have been made to increase the health and life span of our clients. CUCC became a smoke free campus in 2011. CUCC continues to put forth efforts to assist our clients in becoming healthier including smoking cessation. In addition to these aforementioned efforts, CUCC has undertaken to review and audit individual providers and provide feedback on smoking cessation rates based upon their individual caseloads. In addition, Prevention staff have begun providing smoking cessation and education classes to groups of individuals that desire to quit. CUCC uses the PRIME for Life short 4 hour military intervention. Both of these are considered EBP for prevention. CUCC has created an 9-10 week cycling recovery skills group that includes Naloxone training and the PRIME for life short 4 hour smoking cessation intervention. CUCC prevention team staff are willing to provide PRN classes to clients with smoking cessation. Further, In collaboration with our prevention team, CUCC offers incentives centerwide for clients who set goals to reduce/stop smoking.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and intellectual/developmental disabilities. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

CUCC has a Chrysalis group home in the area and a number of individual homes with individuals with intellectual/developmental disorders. Regular contact with the group home happens and CUCC provides needed services such as medication management and individual and even some group services when appropriate. Clients that have been diagnosed with an Autism Spectrum disorder can

receive treatment through CUCC when they have a co-occurring mental health disorder. CUCC has worked to obtain ABA services in the area and slowly we have observed an increase in these services. When they are present, CUCC coordinates efforts when there is an overlap between clients. Youth and adults with an ASD can receive all appropriate and necessary services that would be normally provided for the mental health diagnosis that is co-occurring. CUCC is looking into the possibility of a strategic partnership with Chrysalis at this time as this agency can provide MH services in our catchment area.

Agency IDD/MH Liaison- Jared Kummer. jaredk@cucc.us.

18) Mental Health Early Intervention (EIM) Funds
Please complete each section as it pertains to MHEI funding utilization.

School Based Behavioral Health: Describe the School-Based Behavioral Health activities or other OSUMH approved activity your agency proposes to undertake with MHEI funding over the three year period. 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. Include any planned changes in programming or funding. **Please email Leah Colburn lacolburn@utah.gov a list of your FY24 school locations.**
CUCC has multiple therapists for the provision of school based services.Treatment begins with a referral from the school. The therapist and or the Peer Specialist then make contact with the parent to obtain consent to treat and obtain parental involvement in the treatment process. Services that CUCC provides individual and group work, including classroom interventions. Education for teachers and administrators are offered to help in working with students with behavioral and mental health challenges. The Peer Specialists help to address issues and challenges in the home environment, including parental education and support in working with children and youth with behavioral and mental health challenges. Services are provided directly by CUCC. CUCC has utilized IGP funding for the provision of school based services in the past. CUCC has partnered with Central Utah Educational Services (CUES) that provides regional coordination for 7 different school districts in the area. These include Juab, North Sanpete, South Sanpete, Piute, Sevier, Tintic and Wayne School Districts. With this partnership efforts have been combined to meet the needs of the students in our area. CUES is applying for additional grant monies and it allowed for CUCC to employ a new therapist in the Juab/Tintic school districts. CUCC will continue to work with CUES in efforts to meet the needs of the students in our area. Telehealth services have at times been utilized to provide SBS. CUCC has joined with CUES to offer an annual parent/mental health training event annually for each district. CUCC is planning for a reduction in funding for SBS as funds from CUES requires no match.
Please describe how your agency plans to collect data including MHEI required data points and YOQ outcomes in your school programs. Identify who the MHEI Quarterly Reporting should be sent to, including their email.

CUCC gathers MHEI data points through Credible (track services provided), the YOQ system (determine outcomes/progress), and by use of an internal spreadsheet (captures time spent at several schools). MHEI quarterly reports should be sent to Jared Kummer at jaredk@cucc.us.

Family Peer Support: Describe the Family Peer Support activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

Mobile Crisis Team: Describe the *Mobile Crisis Team* activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

19) 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.

CENTRAL UTAH COUNSELING CENTER
SUICIDE PREVENTION POLICY AND PROCEDURE
Policy Classification: Treatment and Prevention
Originated: 04/16/2015
Effective Date: Authority Board Approval: 2/10/2016
Revisions:

PURPOSE: To establish treatment, prevention and intervention standards around the prevention of suicide that will include the utilization of Evidenced Based and Best Practices. Central Utah Counseling Center (CUCC) is establishing a goal of Zero Suicides among all active clients and a goal to reduce overall rates of suicide in surrounding communities through a process of education and prevention efforts.

DEFINITIONS: INTERVENTION: Intervention includes alteration of the conditions that produced the current crisis, treatment of underlying psychiatric disorder(s) that contributed to suicidal thoughts, and follow-up care to assure problem resolution. This includes measures taken to ensure safe environments, to include the use of crisis planning, therapy, diversions, and inpatient psychiatric hospitalizations when clinically indicated. Clinicians play an integral part during this phase, as it is their responsibility to ensure access to appropriate health care where safety is a priority.

POSTVENTION: Postvention is required when an individual has attempted or died by suicide. After an attempt, steps should be taken to secure and protect such individuals and information before they can

cause additional harm to themselves or harm others. Postvention activities also include area wide interventions following significant suicidal acts, to minimize psychological reactions to the event, prevent or minimize potential for suicide contagion.

PREVENTION: Prevention focuses on preventing normal life stressors from turning into life crises. Prevention programming focuses on equipping individuals and family members with coping skills to handle overwhelming life circumstances. Prevention includes early screening to establish baseline behavioral health and to offer specific remedial programs before dysfunctional behavior occurs. Prevention is dependent upon caring individuals who make the effort to know and understand the needs of individuals and their ability to handle stress, and who offer a positive, cohesive environment which nurtures, and develops positive life-coping skills. Prevention plays a crucial role in mitigating issues before intervention becomes necessary.

TREATMENT: Treatment should be considered the formal process of working with established clients in a formal setting (home, office etc.) with established interventions aimed at the rehabilitation of clients to their highest possible level of functioning. Treatment can include but not be limited to Individual and Group Psychotherapy, Therapeutic Behavioral interventions, Skills building, Medication Management, and Peer Support.

POLICY: CUCC has a centerwide commitment to provide resources for suicide intervention skills, prevention and follow-up in an effort to prevent the occurrence of suicidal behavior across active clients. CUCC has an area-wide commitment to reduce and prevent suicidal behavior among community members throughout the service area. This includes efforts to educate and train community members in healthy ways of intervention with suicidal individuals or individuals at increased risk of suicidal behaviors. CUCC will maintain an emergency system where all members of the community can access emergency services 24 hours a day, 365 days a year.

In these efforts CUCC establishes a suicide prevention task force that will consist of representatives from staff throughout the service area. This task force will be chaired by the Clinical Director and topics, trends and needs will be explored at regular Quality Assessment Performance Improvement Meetings. Members of this committee will include the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Director of Inpatient Care, Executive Office Manager, Compliance Officer, Team Leaders from each geographic team (3) and the Medical Director. Topics addressed will include needed training, best practices, policy and procedure implementation, and a review of the emergency system etc.

CUCC will provide regular staff trainings which will include a review of CUCC's SUICIDE PREVENTION POLICY AND PROCEDURE. All staff at CUCC will be included in these training sessions. Trainings will focus upon assessment of risk, intervention for suicidal behavior, prevention of suicidal behavior both for clients as well as prevention education for the community at large. Postvention training will be an important topic in these trainings including the need to contact individuals following an attempted suicide following intervention.

PROCEDURE: The following are steps that should be taken when clinically indicated and will be part of the comprehensive procedure by CUCC to address all aspects of the Suicide Prevention Policy. These steps should not be construed as purely prescriptive as individual circumstances and best clinical judgement must be utilized to ensure the safety of clients. These should be seen more as guidelines to help direct staff towards possible solutions to suicidal behavior.

ASSESSMENT OF RISK: CUCC is adopting a formal screening tool known as the Columbia Suicide Severity Rating Scale (C-SSRS). Client's indicating risk for suicide should be assessed formally utilizing the C-SSRS. All clients presenting for services should be assessed for current mental status either formally or informally. Assessment is seen as an ongoing process that continues throughout

treatment regardless of how long a client might have been in service.

SAFETY PLANS: Safety Plans consist of either a Crisis Plan and/or a Prevention Plan. Both should be utilized for clients when clinically indicated.

CRISIS PLANS: Crisis Plans can be utilized when an individual is in the midst of a crisis. It is a plan to help the individual return to an emotionally and behaviorally safe state prior to the crisis. Once an individual has returned to a safe state a Prevention Plan can be put into place to prevent future crises. As part of the Crisis Plan, steps to increase the safety of the individual should be enacted, which can include reducing access to lethal means, contracting for safety, enlisting the help of family/friends, possible diversions, and higher levels of care when indicated.

PREVENTION PLANS: Prevention Plans focus on preventing normal life stressors from turning into life crises. Prevention Plans focus on equipping individuals and families with coping skills to handle overwhelming life circumstances. They include possible signs and symptoms that a crisis could be building and provide for steps and interventions that can decrease the likelihood of a crisis before dysfunctional behavior occurs. Prevention Plans promote client and family independence by giving them skills and interventions to better handle stress, and offer a positive, cohesive environment which nurtures, and develops positive life-coping skills.

STAFF TRAINING: Training is provided to increase competence. Staff assessments periodically conducted to assess for knowledge around suicide prevention, assessment, intervention and postvention shall be completed. Training should focus upon the indicated needs of staff. All staff should be assessed and trained including clerical, office managers, case managers, skills providers, peer specialists, therapists, and medical staff. Training can take place in the following settings but should not be limited to only these approaches; Staff meetings, both general and team staff meetings, Guest presenters/trainers, and Online courses.

FOLLOW UP CARE: Follow up is offered to clients, members of the community and staff following suicidal events. It is to convey the message that someone is available to help the individual/family through challenging life events by helping convey hope through care.
CLIENTS: Clients should be given a follow up appointment at the earliest possible time and which is clinically indicated following a crisis. If the client does not come to the appointment, outreach should be completed through a phone call or home visit etc. Depending upon circumstances, a phone call by a staff member to the individual the following day should be attempted.
COMMUNITY: Individuals in the community including family should receive follow up phone calls the following day when indicated. Care should be given to protect the confidentiality of clients and family following any emergency/crisis situation.
STAFF: Traumatic events can have profound effects upon all involved, including staff. Supervisors should be available to staff following difficult events. All levels of staff should be aware of Trauma Informed Care for not only clients and members of the community but also among each other.

PREVENTION TRAININGS/COMMUNITY PREVENTION EFFORTS: Prevention and efforts to train community will consist but not be limited to the following: Evidence Based Prevention activities: CUCC will employ Evidence Based Practices and Best Practices in working with the community to provide education, training and intervention. These include but are not limited to: Mental Health First Aid: Mental Health First Aid is taught to communities and individual groups to help them feel comfortable around the mentally ill and to give them ways of working with them to alleviate the risk of adverse suicide events. Postvention Training: Postvention training is offered to communities to help prevent improper messaging following adverse suicide events. It is offered to help communities prevent contagion from exposing others to the effects of suicide. Question Persuade Refer (QPR): QPR trainings are offered to large groups to train them and to help them become comfortable to question individuals around them regarding possible suicidal ideation and to give them knowledge of available

resources for referral. Other: Other interventions can be offered as they are developed, become available and are clinically indicated.

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)**

Elizabeth Hinckley, Prevention Specialist Team Leader has completed all of these courses.

Describe all current strategies in place in suicide <u>postvention</u> 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.

POSTVENTION: Postvention is required when an individual has attempted or died by suicide. After an attempt, steps should be taken to secure and protect such individuals and information before they can cause additional harm to themselves or harm others. Postvention activities also include area wide interventions following significant suicidal acts, to minimize psychological reactions to the event, prevent or minimize potential for suicide contagion.

CUCC will provide regular staff trainings which will include a review of CUCC's SUICIDE PREVENTION POLICY AND PROCEDURE. All staff at CUCC will be included in these training sessions. Trainings will focus upon assessment of risk, intervention for suicidal behavior, prevention of suicidal behavior both for clients as well as prevention education for the community at large. Postvention training will be an important topic in these trainings including the need to contact individuals following an attempted suicide following intervention.

STAFF TRAINING: Training is provided to increase competence. Staff assessments periodically conducted to assess for knowledge around suicide prevention, assessment, intervention and postvention shall be completed. Training should focus upon the indicated needs of staff. All staff should be assessed and trained including clerical, office managers, case managers, skills providers, peer specialists, therapists, and medical staff. Training can take place in the following settings but should not be limited to only these approaches; Staff meetings, both general and team staff meetings, Guest presenters/trainers, and Online courses.

PREVENTION TRAININGS/COMMUNITY PREVENTION EFFORTS: Prevention and efforts to train community will consist but not be limited to the following: Evidence Based Prevention activities: CUCC will employ Evidence Based Practices and Best Practices in working with the community to provide education, training and intervention. These include but are not limited to: Mental Health First Aid: Mental Health First Aid is taught to communities and individual groups to help them feel comfortable

around the mentally ill and to give them ways of working with them to alleviate the risk of adverse suicide events. Postvention Training: Postvention training is offered to communities to help prevent improper messaging following adverse suicide events. It is offered to help communities prevent contagion from exposing others to the effects of suicide. Question Persuade Refer (QPR): QPR trainings are offered to large groups to train them and to help them become comfortable to question individuals around them regarding possible suicidal ideation and to give them knowledge of available resources for referral. Other: Other interventions can be offered as they are developed, become available and are clinically indicated.

Sanpete County has a completed postvention plan (see attachments). Juab county's postvention plan is more than 50% complete at this time.

CUCC collaborates with local schools/districts that all have postvention plans.

CUCC Postvention goals:
1- Increase Support to Survivors of Suicide Loss.
2- Have a Postvention Plan for each county in the Central area.

Objective 1: Provide training to organizations on the importance of a postvention plan and how their organization can be a part of suicide prevention in the community. Training on safe messaging and prompting help-seeking behavior will also be offered.
Objective 2: Create a coalition of key leaders to work on the postvention plan in each of the six counties.
Objective 3: Provide training on implementing the postvention plan to stakeholders and organizations.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program or the Project AWARE grant, 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 either of these grant programs, please indicate "N/A" in the box below.

N/A

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

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

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

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

For skills-based programming we have: Guiding Good Choices Parenting Class and the Good Behavior Game (GBG). The GBG is being utilized. Fidelity measures are in place where supervisors are also trained and will provide coaching and monitoring. This is targeted to directly address risk factors that increase suicide risk.

Gatekeeper training includes: QPR for adults and youth with the "Is Your Safety On" module, Mental Health First Aid for adults for law enforcement, and adults working with youth.

Postvention planning currently includes plans for the communication protocol for both the community and specifically to CUCC.Staff have been trained in messaging specific to postvention and these principles are followed as outlined in CUCC's Policy. For the specifics of the plan see the Suicide Prevention Policy and Procedure attached above.

20) 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?

The majority of justice-involved individuals referred to CUCC relates to SUD. At the same time many referred SUD clients are dually diagnosed and CUCC strives to treat both MH and SUD conditions concurrently. The continuum begins with prevention and includes outpatient, residential and inpatient depending upon the needs of the individual. These can also include SUD services when indicated. Services can be offered in schools, the community including in home services etc. CUCC utilizes the RANT, TCU-5, and SASSI-4 in the identification of the needs of the offender. In collaboration with AP&P and local law enforcement, CUCC will seek to obtain the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk screening tools utilized in the initial contact with criminal offenders. In the initial intake paperwork, Based upon the results of these screening and assessment tools, treatment and prevention efforts are customized to best meet the needs of the offender as well as providing the right amount of intervention. All CUCC clinicians providing JRI services have been trained in the LSI tools and the interpretation of the results. Treatment planning was an important part of the training along with coordination of services with AP&P and other local law enforcement including the courts. Treatment will be based upon the needs of the offender but possible treatment options will include, DBT, Seeking Safety, MRT, MI, CBT, MAT, Prime Solutions, Helping Men Recovery, Helping Women Recover, EMDR, Criminal and Addictive Thinking, Early Recovery Skills, Interactive Journaling, and the work of Stanton Samenow and Samuel Yochelson on the Criminal Personality and correcting thinking errors. Recovery support can include additional treatment following discharge, rent, medication (MAT or other), Peer Support Services and other personal needs. High Risk/High Need offenders typically assess at a higher level on the ASAM and therefore receive many more services, including case management, individual and group therapies, U/A testing, Therapeutic Behavioral Services (individual and group) and psychosocial rehabilitative services (skills, both individual and group) and medication management which can include MAT. Low Risk/Low Need offenders are rarely put into the same groups as the High Risk group. Typically they can receive all of the same services that the High Risk group does, but it is done on an individual basis to avoid mixing populations. Because there are not as many low risk offenders seeking services, groups cannot be provided simply because there are not enough to have a group. CUCC provides Drug Court aftercare groups in Sanpete, Sevier, Millard, and Juab counties. CUCC has collaborated with the Sanpete County jail to create a unique treatment bridge to outpatient treatment for those completing the jail'sResidential Substance Abuse Treatment (RSAT) program. Our staff begins providing clinical services while these individuals are still in jail. Services include assessment, case

management, and a telehealth group. Clients still in jail begin the Recovery Skills telehealth group about 3 weeks before being released and then they continue in this group at our outpatient office upon release. We believe that beginning services in jail will help clients feel more comfortable engaging in outpatient treatment with CUCC upon release hence reducing the risks of relapse, reincarceration, and overdose. CUCC has included a Mental Health component to the Early Recovery Skills curriculum developed for clients who are in jail or transitioning out to our offices given the fact that a high percentage of clients being seen for SUD also have a co-occurring MH condition. CUCC is in the process of potentially implementing this group at another rural jail that has expressed interest. CUCC's Sevier County team offers a Mental Health Court which provides structure and services to promote client success.

Describe how clients are identified as justice involved clients

Justice involved clients are frequently referred to CUCC by local courts and probation officers. Clients tend to self-identify as being court referred prior to or at the initial evaluation when scheduling an appointment with office managers. It is common for probation officers to send the LS-RNR and a referral form to CUCC for justice involved clients which aids in identification. CUCCI's Intake paperwork asks the question "Who referred you to Central Utah Counseling Center?." As part of the evaluation a CUCC clinician gathers legal history which will also identify a client as justice involved.

How do you measure effectiveness and outcomes for justice involved clients?

CUCC utilizes the following measures for outcome data to evaluate Justice Services: OQ/YOQ, reduced substance use and other TEDS data that is required as shown on the State scorecard if there is a co-occurring SUD.

Identify training and/or technical assistance needs.

None at this time.

Identify a quality improvement goal to better serve justice-involved clients.

CUCC is implementing the SURE. CUCC is seeking to partner with at least 1 other rural jail to offer Early Recovery Skills which includes a section on mental illness and principles of positive psychology in addition to SUD-related content.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

CUCC is working with IHC on a Rural Communities Opioid Response Program (RCORP) that has pulled together local partners in an effort to address specifically Opioids in the area, but generally substance use in the area. Partners include: two local sheriffs, Hospital administrators, Schools, Public Health, local prevention coalitions, a representative from the Paiute tribe, and the Local Mental Health and Substance Use Authority. CUCC also participates in a partnership with IH with local medical providers to increase services which increases the utilization of SBIRT. CUCC is also present in each school district in the area where there are therapists available in most of the schools depending upon the demand and acute nature of the need. Prevention efforts continue in schools, local coalitions, and community events. These coalitions include (1) Juab Unites Motivating Prevention (JUMP); (2) East Millard Prevention Coalition (EMPC); (3) Central Utah Prevention Coalition (CUPC) and (4) Sanpete Cares. CUCC invites AP&P officers and sheriffs deputies to participate in a part of the local team staff meetings to coordinate care and progress in treatment.

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

21) Specialty Services *Pete Caldwell*

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. Include any planned changes in programming or funding. If not applicable, enter NA.
N/A

22) Disaster Preparedness and Response *Nichole Cunha*

Outline your plans for the next three years to: Identify a staff person responsible for disaster preparedness and response coordination. This individual shall coordinate with DHHS staff on disaster preparedness and recovery planning, attending to community disaster preparedness and response coalitions such as Regional Healthcare Coordinating Councils, Local Emergency Preparedness Committees (ESF8), and engage with DHHS in a basic needs assessment of unmet behavioral health disaster needs in their communities. In addition, please detail plans for community engagement, to include partnership with local counsels and preparedness committees as well as plans for the next three years for staff and leadership on disaster preparedness (to include training on both internal disaster planning and external disaster preparedness and response training). Please detail what areas your agency intends to focus on with training efforts and timeline for completing training.
CUCC Disaster Preparedness and Response Coordinator: Nathan Strait CUCC plans to review Carbon Monoxide exposure with staff as an internal disaster plan (1 time in FY 24). CUCC will also focus on Emergency Disaster Preparedness related to the CUCC Emergency Disaster Plan over the next 3 years by utilizing the online (RELIAS) platform. Topics will include planning for disaster including guiding principles/guidelines, conditions of plan activation, procedures for plan activation, essential positions, and essential functions. There will be exploration of the organization chart so it is known who will be leading in a localized or general disasters (continuity planning). Principles of Assessment for a disaster will be discussed. Training on the potential needed use of alternate facilities including distances from various locations will be reviewed. Guidance specific to supporting SMI clients at residential facilities in the case of a disaster will also be a point of focus. Please see attached Disaster Preparedness plan for further detail.

23) Required attachments

- **List of evidence-based practices provided to fidelity and include the fidelity measures.**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**
- **A list of metrics used by your agency to evaluate client outcomes and quality of care.**
- **A list of partnership groups and community efforts (i.e. 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 including Mental Health Court, Regional Healthcare Coalitions, Local Homeless Councils, State and Local government agencies, and other partnership groups relevant in individual communities)**