

Northeastern

FORM A - MENTAL HEALTH BUDGET NARRATIVE

3 Year Plan (FY 2024-2026)

Local Authority: Northeastern

Instructions:

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

1) 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.

Northeastern Counseling has two inpatient contracts with Provo Canyon Behavioral Health and Huntsman Mental Health Institute. An additional 6 to 7 inpatient providers are utilized throughout the year for adult acute inpatient care. NCC provides admission services for the unfunded, insured, Medicare and Medicaid. NCC funds inpatient care for Adults under the Utah Medicaid PMHP program. The Northeastern Counseling provides most admission services through the Uintah Basin Medical Center who has an Emergency Room in Vernal and Roosevelt and Ashley Regional Medical Center who has an Emergency Room in Vernal. Each admission takes NCC staff 1.5 to 3 hours of non-reportable/billable time to locate a bed, complete admission forms, etc. NCC continues to see an increase in the number of individuals that are recommended for inpatient services but are unable to access that level of care due to psychiatric hospitals not having beds or not having high acuity beds available. Since 2021 this challenge has increased putting significant pressure on local medical hospitals, NCC, the patient and other key stakeholders, to manage the individual in a non-secured medical setting while waiting for an inpatient psychiatric hospital to accept the patient.

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

Challenging inpatient discharges are facilitated by NCC regardless of payer. NCC schedules inpatient clinical discharge follow up, regardless of the individual's funding, within three business days of discharge. These services include a therapy appointment within 3 business days and a medication appointment within 7. Additional services are provided depending on need including case management, Peer Support, medication deliveries, etc., as needed.

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.

Northeastern Counseling Center has an inpatient contract for youth at Provo Canyon and the University of Utah Neuropsychiatric Institute. NCC also utilizes non-contract hospitals such as Wasatch

Canyons, Highland Ridge and McKay Dee as needed. The Center strives to utilize inpatient admission as a last resort and only when this level of care is needed to protect the youth, child or others.

The Northeastern Counseling provides most admission services through the Uintah Basin Medical Center who has an Emergency Room in Vernal and Roosevelt and Ashley Regional Medical Center who has an Emergency Room in Vernal. Each admission takes NCC staff 1.5 to 3 hours of non-reportable/billable time to locate a bed, complete admission forms, etc. NCC funds inpatient care for children and youth under the Utah Medicaid PMHP program. NCC continues to see an increase in the number of youth that are recommended for inpatient services but are unable to access that level of care due to psychiatric hospitals not having beds or not having high acuity beds available. This leaves high acuity individuals in local rural medical hospitals until a bed can be located. Since 2021 this challenge has increased putting significant pressure on local medical hospitals, NCC, family and other key stakeholders, to manage the individual in a non-secured medical setting.

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

Challenging inpatient discharges are facilitated by NCC regardless of payer as families desire assistance. NCC schedules inpatient clinical discharge follow up, regardless of the individual's funding, within three business days of discharge. These services include a therapy appointment within 3 business days and a medication appointment within 7. Additional services are provided depending on need including case management, Peer Support, medication deliveries, etc., as needed.

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.

Northeastern Counseling Center does not provide licensed residential treatment services as a direct service in the Center's catchment area. When needed by consumers, the service may be arranged through agreements with larger centers. Funds may be utilized to cover services at the accepting Center while the individual is not eligible for Medicaid or for the months they remain under NCC Medicaid. Northeastern Counseling believes it does provide quasi residential type services through its housing and case management support services. The Center has chosen not to code its housing program as "Residential" in the State reporting data as it is not licensed as residential. However, the Center believes it does prevent inpatient admissions through its housing and support.

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

The Center utilizes functional assessments such as the DLA-20 when available in combination with clinical information related to safety and the need for additional support. The primary goals include the individual being in the least restrictive environment possible. Effectiveness of care is determined by several factors including functioning levels, inpatient admissions, legal involvement, safety, etc.

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.

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

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

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

The Center utilizes functional assessments such as the DLA-20, testing results, inpatient admissions and records, family input and stakeholder input, in combination with clinical information related to safety and the need for additional supported treatment. The primary goals include the individual being in the least restrictive environment possible. Residential care should generally be short term for treatment purposes and not custodial or placement care. NCC participates in treatment team meetings with the youth and family, treatment providers, and invites other stakeholders as needed. NCC will provide family therapy and other services upon discharge to support the youth and family.

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.

The Center will continue to provide Assessment, Individual and Group Therapy services out of the Roosevelt and Vernal sites. The Center provides appointments as needed in Manila at the health clinic, or by telehealth. The Center provides a therapist to the Vernal FQHC 8 hours a week. Most outpatient services will be provided directly by NCC employed providers out of the Roosevelt and Vernal Clinics. A much smaller portion of outpatient services such as assessment and individual therapy may be provided by out-of-network providers locally or in other areas of the state for those enrolled in the Medicaid PMHP.

Northeastern Counseling Center recognizes that all community members seeking services are a priority. This is seen in the score card where the percentage of adults served by NCC is high compared to the overall population when compared to most areas of the State. This is directly related to NCC providing services regardless of payer.

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

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

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

NCC strives to serve civilly committed individuals in the least restrictive environment. The Center rarely has the option to place individuals in long term restrictive settings, e.g. the Utah State Hospital. Managing individuals in a community setting, requires daily creativity by NCC and at times other stakeholders to keep individuals out of longer term restrictive settings including incarceration. The Center's treatment teams, including case managers, rehabilitation providers, nurses, peer support, prescribers and therapists are striving daily to keep individuals out of inpatient settings, out of incarceration, in their community housing, having basic needs met, and in the best health possible. This requires patience, diligence and a separation of problematic behaviors versus safety concerns and constant community and family education about the less restrictive philosophy. Case managers track these individuals and their service access and needs.

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.*

The Center will continue to provide Assessment, Individual and Group Therapy services out of the Roosevelt and Vernal sites. The Center provides appointments as needed in Manila at the health clinic, or by telehealth. The Center provides a therapist to the Vernal FQHC 8 hours a week. Most outpatient services will be provided directly by NCC employed providers out of the Roosevelt and Vernal Clinics. A much smaller portion of outpatient services such as Assessment and Individual Therapy may be provided by out of network providers locally or in other areas of the state for those enrolled in the Medicaid PMHP. The Center considers single case agreement requests by clients and parents for out of network providers that specialize in children or youth and are also Medicaid providers.

Northeastern Counseling Center recognizes that all community members seeking services are a priority. This is seen in the score card where the percentage of children and youth served by NCC is high compared to the overall population when compared to most areas of the State. This is directly

related to NCC providing services regardless of payer.

Parents are asked to attend assessments and therapy with their youth as clinically necessary. As is common, many parents/guardians are very invested in treatment for the family system while others are less invested. The Center makes referrals for Family Peer Support as needed and supports and refers to local parenting education.

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

Whenever possible the Center seeks to provide or offer services that will support the family and the youth that allows the youth to remain in the least restrictive environment possible. The Center utilizes FPSS/Peer Support and also wants to increase acceptance of other treatment options in addition to therapy and medications among providers, parents/caregivers, and youth including respite, TCM and Rehabilitation services. Parent services are available including behavioral health treatment and parenting education and support. NCC also works with the local youth shelter for MCOT, referrals, etc. The Center utilizes several instruments that aid in providing care including the C-SSRS, Child Behavior Checklists, DLA-20, TOVA, etc. The most important outcomes are related to the youth being able to remain in a community setting without long term care out of the home. The Center participates in team meetings, SOC, and other group efforts to help youth and families.

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.

The Center's geography necessitates two MCOT teams. One team for the Roosevelt area and one team for the Vernal area. All therapists and all case managers/Peer Support participate in the MCOT rotations and schedules. In addition to MCOT team deployments, NCC provides significant crisis services at its clinical locations. Whenever possible and wherever the individual and or family may be at the time of the intervention, the goal is to keep the individual in the least restrictive setting possible by safely planning, providing and or arranging for additional services, etc.

The Center provides 24/7 365 days a year crisis services regardless of an individual's funding. Crisis services including MCOT are accessed in a wide variety of ways including but not limited to the following:

- Calls including handoffs or MCOT deployments that may come from the Statewide Crisis Line.
- Calls directly to NCC, initiated by local law enforcement, first responders or Central Dispatch, family members, and the client, etc., for emergency evaluation, intervention or consultation.
- Local Emergency Rooms contacting the crisis worker or team for consultation in the E.R. Due to rural circumstances where hospitals do not have their own providers, the Center spends significant resources providing consultation, evaluation, safety planning and psychiatric inpatient admission services.
- Calls or walk-in crisis initiated by consumers, family, or others.

The Center and its community partners would like to see a Receiving Center in its area to further assist in providing resources including a 24/7 environment that would allow more crisis service options. A receiving center would significantly aid in diverting the crisis population from incarceration, inpatient care and potentially unnecessary emergency room care. There is currently no middle ground resource that would provide 24/7 monitoring, medication access, etc. Northeastern Counseling met with the Crisis Commission and made the formal request in 2022/2023. The Center, its Board of Directors and community stakeholders met several times in 2022 and 2023, to develop a plan and support for a receiving center, if funding were to be available. Efforts will continue as directed by the Authority Board.

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.

The Center has implemented the Division MCOT data measures as required for State reporting. The Center will monitor outcome measures such as the individual's final disposition following MCOT services. The Center is monitoring inpatient admissions on a perpetual basis and will be adding MCOT data specs to all crisis services to better track dispositions at the end of the service.

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.

The Center's geography necessitates two MCOT teams. One team for the Roosevelt area and one team for the Vernal area. All therapists and all case managers/Peer Support participate in the MCOT rotations and schedules. In addition to MCOT team deployments, NCC provides significant crisis services at its clinical locations. Whenever possible and wherever the individual and or family may be at the time of the intervention, the goal is to keep the individual in the least restrictive setting possible by safely planning, providing and or arranging for additional services, etc.

The Center provides 24/7 365 days a year crisis services regardless of an individual's funding. Crisis services including MCOT are accessed in a wide variety of ways including but not limited to the following:

- Calls including handoffs or MCOT deployments that may come from the Statewide Crisis Line.
- Calls directly to NCC, initiated by local law enforcement, first responders or Central Dispatch, schools, family members, and the client, etc., for emergency evaluation, intervention or consultation.
- Local Emergency Rooms contacting the crisis worker or team for consultation in the E.R. Due to rural circumstances where hospitals do not have their own providers, the Center spends significant resources providing consultation, evaluation, safety planning and psychiatric inpatient admission services.
- Calls from the local JJS Center/shelter or DCFS for crisis evaluation.
- Calls or walk-in crisis initiated by consumers, family, or others.

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.

The Center has implemented the Division MCOT data measures as required for State reporting. The Center will monitor outcome measures such as the individual's final disposition following MCOT services. The Center is monitoring inpatient admissions on a perpetual basis and will be adding MCOT data specs to all crisis services to better track dispositions at the end of the service.

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.*

The Center currently employs a full time physician. The Center also employs a full time APRN. Services are provided out of the Roosevelt and Vernal clinics and by telehealth.

Nurses provide daily and weekly medication management for individuals requiring that level of care

including the managing of many physical health medications for diabetes/metabolic, cardiac, hypertension, etc. NCC delivers medications to high risk individuals and provides transportation for injections and prescriber services as needed for this population.

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

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.*

The Center currently employs a full time physician. The Center also employs a full time APRN. Services are provided out of the Roosevelt and Vernal clinics and by telehealth.

The Center continues to utilize its contract with the Huntsman's Mental Health Institute for youth telehealth psychiatry for Medicaid enrollees as needed. Children, youth and their parents attend the appointments at either the Roosevelt or Vernal NCC offices or directly from their home via telehealth. This service is limited to a small number of SED youth. Under the PMHP Medicaid program the Center authorizes out of network medication services as warranted.

Nurses provide daily and weekly medication management for individuals requiring that level of care including the managing of many physical health medications for diabetes/metabolic, cardiac, hypertension, etc. NCC delivers medications to high risk individuals and provides transportation for injections and prescriber services as needed for this population.

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

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.

The Center operates two Day Treatment Centers in Roosevelt and Vernal. These programs include transportation and skills development related to wellness, daily living and behavioral development.

Individual skills and appropriate B3 services are provided on an individual basis to maintain the consumer in the community, improve functioning, budgeting/payee services and to explore employment. Northeastern Counseling provides enrollment services in house or refers individuals to Workforce Services. The Center is utilizing the DLA- 20 and will continue efforts in utilizing the instrument in identifying skill needs and skill improvement.

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

The Center utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need. PRS services aid in keeping high risk individuals in a community setting which is an important outcome for individuals and the Center.

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.

NCC is providing PRS groups at both the Roosevelt and Vernal locations for youth. Efforts will continue in identifying youth that may be eligible and accepting of both group skills and individual skills. Transportation and distance to services continue to be a challenge for youth services in the rural areas of the Basin. Telehealth is an option but with limitations depending on age and engagement.

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

Referrals for PRS generally come from therapists and other providers. The Center is utilizing data including flags such as SED status and age for outreach efforts when clinically appropriate. The Center utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement or ongoing areas of need.

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.

Targeted case management may be provided in clinic locations, homes or other locations. The primary populations are adults that are identified as SMI. The Center does provide TCM to non-Medicaid enrollees that may be under mental health commitment. TCM services are provided by employees of Northeastern Counseling.

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

Referrals for TCM generally come from therapists and other providers. [The Center is utilizing data](#)

including flags such as SMI status and age for outreach efforts when clinically appropriate. The Center utilizes the DLA-20 to target areas of need and completes a DLA-20/Needs Assessment on each client receiving the service every six months to measure improvement or ongoing areas of need.

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.

Targeted case management may be provided in clinic locations, homes or other locations. The primary populations are youth that are identified as SED. TCM services are provided by employees of Northeastern Counseling.

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

Referrals for TCM generally come from therapists and other providers. [The Center is utilizing data including flags such as SED status for outreach efforts when clinically appropriate.](#) The Center utilizes the DLA-20 to target areas of need and completes a DLA-20/Needs Assessment on each client receiving the service every six months to measure improvement or ongoing areas of need.

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.

The Center operates 16 apartments that are part of a low-income housing program. Housing services are for adults living with a Serious Mental Illness. The Center's case managers continually work on finding low income housing options within the community for consumers with housing needs. The Center works with housing authorities and provides in-home services in efforts to maintain housing.

The Center owns 4 transitional housing apartments located in the Vernal community. This housing is used for those individuals that do not qualify for low income housing programs or are waiting for a low income housing opening or have been disqualified or evicted from low income housing. The Center's transitional housing is also used at times for individuals being discharged from an inpatient setting that have no other immediate housing options. At times this includes individuals that have no entitlements or are in the process of applying and have no income for rent, medications, services, etc. The Center subsidizes both housing programs. [The Center has included additional apartments in its long term plan for the Vernal campus. This housing would be for those adults living with a serious mental illness that require daily support.](#)

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

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

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.

Respite is provided by NCC employed case managers. The services may be provided in the home or other community location. There are also other respite options in the community that are not provided by NCC that may be referred to by NCC.

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

The Center uses the DLA-20, SED criteria and parent needs to identify potential candidates.

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.

Peer Support providers participate in MCOT rotations including during business hours. Peer Support providers also provide individual Peer Support and Group Peer Support.

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

The majority of clients receiving Peer Support are living with a serious mental illness or have higher service and support needs and are identified internally by clinicians.

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.

The FPSS actively seeks referrals and opportunities to provide Peer Support. The Family Peer Support Specialist is in the Center's MCOT rotation. The position also provides Peer Support and works with DCFS, DJJS and DSPD. The FPSS is a half time FTE which also includes periodic MCOT assignment. The FPSS is based in Roosevelt but travels throughout the Basin to provide services.

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

Services are prescribed by therapists based on clinical need including but not limited to, the DLA-20, C-SSRS. The FPSS supervisor is also the clinical supervisor and referrals may come from treatment meetings, directly from the supervisor, following MCOT deployments, or inpatient discharge. The FPSS has attended clinical meetings periodically to educate therapists on the services. Not all families

accept FPSS services. High acuity youth and families are more likely to be referred for the service. Decreased acuity and increased functioning are derived from the following. Effectiveness is measured by DLA-20, C-SSRS, YOQ and the youth being able to remain in a community setting.

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.

Northeastern Counseling provides Adult Mental Health First Aid. The Center plans on continuing to offer an average of one class every other month, that is free of charge to the community. Training includes classes provided at the Ute Tribe, school districts, clergy and so forth. The Center has seen an increase in demand for classes and strives to be able to meet the community's needs. The Center is also involved in increased community activities related to suicide prevention.

The Center will continue to be involved in local events such as community nights, parades, panels, parent meetings in the school, DV Coalitions, etc. Activities in which Northeastern Counseling Center has, or may participate in, include, but are not limited to: radio appearances, written articles for the local newspapers, tribal committees and lecturing at the Utah State University MSW program and nursing programs, presentations to religious groups on depression, suicide prevention, etc.

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.

Northeastern Counseling provides youth Mental Health First Aid free of charge to community members and groups. The Center is also involved in increased community activities related to suicide prevention. The Center participates on CJC boards and other multidisciplinary teams and staffings.

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

The Center feels it is essential to work with JJS, DCFS, DSPD and other community stakeholders to provide what children, youth and families need.

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.

Northeastern Counseling provides services to both the Duchesne and Uintah County jails. NCC provides approximately 8 hours of regularly scheduled clinical time per week at the Uintah County jail for both mental health (majority of individuals served) and SUD. These services are provided in person. The Center provides the same amount of service hours to the Duchesne County Jail through tele-health. The services for both jails are funded by NCC and not by contract. [Uintah County is planning on hiring a therapist that will work full time in the jail in 2023.](#)

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

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

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

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

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.

The Center uses pass through funds from the State plus additional Center resources to cover individuals released (e.g. from the Utah State Hospital or an acute inpatient setting) until they are able to have their entitlements reinstated or to become initially eligible. Funds may be used to cover rent or rent free housing with NCC for those with no entitlements, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center may provide emergency housing, food, bedding, and household items for an individual released from a psychiatric hospital with no other housing options and no immediate funding available.

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.

The Center will apply and request outplacement funds as needed for individual children and youth. Funds and identified services and providers will vary from youth to youth.

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.

The Center remains committed to the philosophy of being a community mental health center that serves individuals without adequate funding as there are limited options for these individuals. The Center will serve adults regardless of funding source as far as resources allow.

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

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

The Center is providing eligibility counseling and enrollment services for Medicaid and actively referring to Workforce Services or health insurance resources.

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.

Funds are used in outpatient services for children and for youth that have no funding or are underfunded for services. The Center remains committed to being a community mental health Center and serving all children and youth regardless of funding status as resources allow.

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

The Center is providing eligibility counseling and enrollment services for Medicaid and actively referring to Workforce Services or health insurance resources.

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.

NCC does not receive FEP funds.

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

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](mailto:jmakin@utah.gov)

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).

NCC believes that employment is an integral part of recovery and positive growth for many living with a serious mental illness.

The Center assists individual consumers in obtaining competitive employment through the Center's case managers and Peer Support according to consumer ability and desire. Including assistance in filling out applications, interview skills, interacting with employers as issues arise, etc. Some consumers are able to access and maintain traditional employment. Others require special assistance in obtaining and maintaining employment including interaction with employers and other special assistance to maintain employment. [There is no difference between approaches for transition aged adults and older adults.](#)

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

Referrals are generally generated from therapists, clients and or Case Managers and Peer Support at the Center.

Collaborative employment efforts involving other community partners.

The Center works actively with individual employers and clients that are interested in entering the workforce. Generally, these consumers require support and coordination from both the employer and the Center Case managers to maintain employment. The Center will also continue to assist individual consumers in pursuing education through the UBATC and or USU as well as services and formal

programs through Vocational Rehabilitation. The Center has worked with local grocery stores and will work with other employers as individual circumstances require.

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

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

Evidence-Based Supported Employment.

The Center would be interested in having a staff member trained for a part time position.

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).

Northeastern Counseling seeks to be culturally responsive including integrating culture in treatment where possible. Efforts include but are not limited to the following:

Asking about culture and important aspects of personal culture during assessments and ongoing treatment.

Where possible, matching client needs with a provider of their choice including using out of NCC network providers when appropriate.

Providing translation services that are funded by Northeastern Counseling including ASL.

Provide training and education opportunities for providers and general staff.

Annually, analyze data of clients being served to identify any changes in demographics, languages, etc., that may necessitate increased discussions and implementations related to health disparities and cultural responsiveness.

Continued efforts and coordination with the Ute tribe and I.H.S. programs.

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.

NCC continues to see high demand for services especially for therapy and medications. Private therapists and prescribers have increased in the local area but demand for services has also increased. The Center continues its efforts at recruitment and retention including visiting graduate programs, providing practicums, supervision toward licensure, signing bonuses, etc. With the demand for

individual therapy services continuing to increase the Center looks to specialized private providers in some cases for increased capacity. Northeastern Counseling serves a higher percentage of the local population compared to most areas of the State of Utah. This is challenging for higher duration services such as individual therapy. NCC hopes to build two new clinical buildings in the next two years as the existing Roosevelt and Vernal buildings have reached capacity.

The Center hopes to continue basic services as resources allow, for those that may lose Medicaid eligibility due to the “unwinding”. One of the biggest challenges may be related to Medication costs for select clients. NCC will work with individuals on accessing discounted medication options through the local FQHC or pharmacy companies.

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

NCC will provide services at the Nursing Facilities as needed or by telehealth as needed.

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

For children and youth psychiatry with the University of Utah.

Secure HIPAA compliant video from prescribers or therapists directly to individuals.

The Center measures quality in the same manner as in person services. This would include OQ/YOQ mobile administration when possible, survey participation, etc.

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

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

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

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

The size of Northeastern Counseling does not require that youth transitioning to adulthood change programs or providers. There are additional services such as Peer Support, Case Management and TAY groups at age 18 for those that want and need services.

Other Quality and Access Improvement Projects (not included above)

On a perpetual basis the Center is studying new processes to improve access times and improve treatment access and quality. [Northeastern Counseling would like to see a receiving center in the local area.](#) [See crisis services section.](#)

17) Integrated Care

Pete Caldwell

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

The Center began a contract with the Vernal Federally Qualified Health Clinic or FQHC in March 2014. The Center provides a therapist 8 hours a week at the clinic. This is the only FQHC in the catchment area. The Center has several interactions with TriCounty health for prevention, on coalitions and other activities and referrals. The Center provides crisis intervention in both hospitals. The Center's case management and nursing staff interact with physical health providers to help manage health care for those that require assistance. [The Center hopes to provide a therapist at the Manila health clinic when open.](#)

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 \(i.e., HIV, TB, Hep-C, Diabetes, Pregnancy\).](#)

The Center makes referrals for appropriate health care on a regular basis and coordinates with health care providers as needed. The Center's nurses and case managers are regularly involved in arranging, escorting to physical health care appointments, case managing and following through with health care treatment and referrals for those living with a serious mental illness or SED that are unable to manage their own health care needs. The Center makes necessary referrals to the local health department for testing, immunizations, etc. The Center makes necessary referrals to primary care, OBGYN, dental clinic or specialist health providers for care, necessary testing or screening not directly provided by NCC. The Center administers physical health medications for diabetes, hypertension, infections, etc., for individuals that require that level of assistance.

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.](#)

The Center strives to assess for basic wellness as services are accessed from therapists, prescribers, nurses, case managers and peer support. As agreed and when warranted wellness issues are incorporated into plans. Examples would include housing, transportation, eligibility health care access and maintenance, etc.

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

NCC nursing staff work with therapists and case managers to educate and coordinate health care needs. Health related issues often seen in clinic settings include diabetes, other metabolic problems, issues related to aging, dental needs, etc. Staff are educated on a basic level regarding identification of health related concerns that are then to be reported to medical staff and providers.

The Center's staff continually works with individuals in treatment in referring to local health providers including urgent care, primary care and specialists. For individuals with serious medical needs that

require assistance and have no family support, case managers may also accompany the consumer to the health appointment. NCC nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers.

Key goals include increasing primary care access to alleviate where possible unnecessary ER use, assisting with high physical health acuity individuals that also have behavioral health needs, coordination of care and to promote social determinants of health.

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%.

The Center's campus has been tobacco free by policy for many years. We have been fortunate to have several success stories that involved individuals that have quit tobacco products as part of their recovery. However, challenges will continue to exist but the culture is slowly changing in the treatment population. We offer NRT, MAT, other treatment and motivational interviewing for cessation.

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.](#)

Services exclusively for Pervasive Developmental disorders/Autism may be provided by Applied Behavioral Analysis providers under a different Medicaid waiver. That waiver does not fall under NCC's umbrella or its ability to provide. However, due to frustrations regarding ABA access over recent years, NCC provides an array of non ABA services to these families, when another mental health diagnosis is also present.

Services for those with intellectual disabilities are also provided when another mental health or substance abuse diagnosis is present. NCC serves many individuals with both Pervasive Developmental Disorders and other Intellectual Disabilities. Services provided include the full array of NCC services when medical necessity for the mental health diagnosis exists including therapy, medication services, case management services for those that also qualify as Seriously Mentally Ill or SED (The Medicaid determined "Target" population), crisis services, etc. The Center coordinates with Northeastern Services (DSPD providers), RISE etc., as needed.

Robert Hall LCSW will be liaison.

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 ljacoburn@utah.gov a list of your FY24 school locations.

Due to the extra funding received by the school districts under HB373, two school districts have opted to develop their own treatment systems by hiring full time behavioral health care providers or by contracting with private providers. The third district is also now hiring a limited number of therapists. NCC respects the District's decisions to develop their own systems and we strive to maintain good working relationships.

Over the three year period of this plan NCC anticipates providing school therapy services to one district using MHEI funds. The district and NCC will decide which schools would be the best options for therapist placement. NCC does not anticipate receiving any contract funds from the three school districts. The Center will serve children and youth in a school setting regardless of funding source as far as resources allow. Every effort is made to involve the parents in the youth's treatment. Many parents are involved. In other situations, this is a challenge, however, calls and invitations will continue to be made by therapists, school counselors, etc.

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.

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

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.

NA

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.

NA

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.

Prevention: NCC provides suicide prevention messaging, gun locks, safes, advertisement of the crisis line, etc., as part of its prevention activities related to suicided. Listed below are current activities in place in suicide prevention, including evaluation of the activities and their effectiveness. The center is actively providing Mental Health First Aid classes to the entire community. Some highlights include partnering with a local area hospital and the local technology college to train local nurses to help identify those in mental health crisis. Youth Mental Health First Aid is available to all area school districts and those serving youth populations. Mental Health First Aid classes are evaluated by participants completing evaluation forms provided by the Mental Health First Aid Program. Northeastern Counseling Center staff enters data into the MHFA database that scores the instructor and tracks participant knowledge. To date Mental Health First Aid has been provided to over 2100 community members.

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

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

Northeastern Counseling Center is proactive with upstream prevention and is partnering with local community stakeholders in providing evidence based parenting classes, which includes Love & Logic, Strengthening Families, Active Parenting and Kids With Incredible Potential to the public free of charge.

NCC is currently partnering with TriCounty Health Department and teaching QPR to Future Farmers of America groups in local area high schools.

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

Intervention:

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

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

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

Erica Gilbert-Lance

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

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

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

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

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

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

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

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

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

The clinical director

Clinical site supervisors

The suicide prevention specialist

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

1. On an individual level, identify those most likely to need support, provide comfort to those who are distressed, minimize adverse personal outcomes (depression, PTSD, complicated grief), promote healthy grieving, and encourage safe messaging practices.
2. On an organizational level, to assist in restoring equilibrium and functioning within area schools, agency, communities, and organizations and to reduce the risk of suicide imitation or contagion.

Efforts of developing a community postvention plan in alignment with the state Community Postvention Toolkit are ongoing at this time and will address at a minimum the following areas when completed. Many of these areas are already in practice but will be enhanced.

Better verification of death and cause.

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

Coordination of external and internal resources

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

Dissemination of suicide postvention information

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

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

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

Psychoeducation on grieving, depression, PTSD, and suicide

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

Screening for depression and suicidality

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

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program 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.

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

Northeastern Counseling Center is proactive with upstream prevention and is partnering with local community stakeholders in providing evidence based parenting classes, which includes Love & Logic, Strengthening Families, Active Parenting and Kids With Incredible Potential to the public free of charge. The Center provides Mental Health First aid both to youth and adults including offering the program to schools.

NCC is currently partnering with TriCounty Health Department and teaching QPR to Future Farmers of America groups in local area high schools.

Schools have implemented a variety of programs that include screenings, Mental Health APPS, etc. The Center is willing to participate in these efforts as invited by schools. Schools have increasingly implemented their own strategies over the past several years and the local authority is willing to assist as invited.

The Center provides follow up and outreach services for individuals discharged from psychiatric inpatient settings or that would benefit from follow up after a local crisis that did not result in an inpatient disposition. The Center schedules individuals within three business days of discharge for follow-up with a clinician. Outreach is provided for individuals that do not attend appointments. Also, please see previous sections for additional information related to suicide prevention and interventions.

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.

See documentation in the previous sections

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?

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

Describe how clients are identified as justice involved clients

Mental Health assessments ask individuals if they have been compelled e.g. court ordered for mental health treatment. Individuals may be receiving treatment from NCC and then acquire charges or they may be ordered or agree to access services after charges.

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

The Center utilizes current Office of Substance Use and Mental Health data that is submitted to that Division by NCC. Decreasing criminal and legal system involvement is a key outcome.

Identify training and/or technical assistance needs.

None

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

Increase LS-RNR full assessments on compelled mental health individuals.

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.

The Center has some good coordinating relationships with various agents and hopes to improve coordination on a perpetual basis. With AP&P developing their own in house treatment programs the Center may not be involved with all individuals receiving behavioral health services. NCC participates in the local coordinating councils that formally began in 2023 that includes other community stakeholders such as law enforcement, AP&P, County Attorney, etc.

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.

NCC coordinates with local SOC staffings, JJS (their shelter and detention), etc. The Center has regular contact with DCFS and Children Justice Centers. The Center accepts referrals from the Juvenile Court for mental health treatment.

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.

NA

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 councils 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.

The Clinical Director of Northeastern Counseling will be the point of contact for Disaster Preparedness and Response. The NCC administrative team which includes the CEO/CFO, Human Resources, IT, Controller and Site Clinical Supervisors are also engaged in these efforts.

The Clinical Director is on the Regional Healthcare Coordinating Council. This may include participation in TableTop exercises as developed by the Council. The Center participates in State radio checks. The Center has and will participate in other community planning exercises such as school shooting simulations, etc., as hosted by community stakeholders. The smaller size of the community, personal relationships with EMS, law enforcement, hospitals, and elected officials facilitate resource deployment in the event of a community or broader disaster that may require behavioral health resources. The Center is open to other invitations related to emergency preparedness.

Employees are trained on active shooter and crisis scenarios that may occur at NCC locations including housing units and those most vulnerable in the Center's care, e.g. SMI that may rely on NCC to meet basic daily needs in the event of a community disaster, e.g. earthquake, etc. This training will be held annually with all NCC staff.

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 (ie. 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)