

Summit County

FORM A - MENTAL HEALTH BUDGET NARRATIVE

3 Year Plan (FY 2024-2026)

Local Authority: Summit County

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.

Definitions

Summit County Network:

The term Summit County Network refers to the overall umbrella of services coordinated by the Summit County Behavioral Health Division, which includes the services contracted to the University of Utah Health Plans (UUHP), their behavioral health department known as Healthy U. Behavioral (HUB), local non-profits which provide low to no cost care to residents, Intermountain Healthcare (IHC), Wasatch Behavioral Health (WBH), and private clinicians within Summit County.

Healthy U. Behavioral Network:

The term Healthy U. Behavioral Network refers to the network administered by the University of Utah Health Plan’s behavioral health arm, Healthy U. Behavioral (HUB). Healthy U. Behavioral is responsible for providing all the mandated services through a network of clinicians as outlined in Utah Administrative Code. Additionally, University of Utah Health Plans holds the Medicaid Contract and is responsible for its administration and service delivery.

Neither Summit County nor University of Utah Health Plans directly provide services. Rather a network of clinicians in Summit County and neighboring counties is administered by University of Utah Health Plans. The Huntsman Mental Health Institute – Park City is the main referral source for Adult Inpatient admissions, provided at the Huntsman Mental Health Institute-Salt Lake City, where referrals from Summit County receive priority admission based on the availability of beds. When beds are not available at Huntsman Mental Health Institute – Salt Lake City, the case management team at Huntsman Mental Health Institute – Park City works with

University of Utah Health Plans to place adults who require inpatient treatment in appropriate facilities and follow their progress through aftercare appointments.

Through both the Healthy U. Behavioral Network and Summit County Network, Summit County has established diversion and alternative paths for inpatient admissions, which provides for the Park City Hospital and the Summit County Jail to serve as referrers of last resort. Healthy U. Behavioral Network clinicians provide direct inpatient referrals to both Park City and Salt Lake City Huntsman Mental Health Institutes. Huntsman Mental Health Institute – Park City serves as the point of assessment for non-network clinicians.

The following psychiatric hospitals are participating facilities within the Healthy U. Behavioral Network:

- Provo Canyon Behavioral Hospital
- Huntsman Mental Health Institute – Salt Lake City

FY24 represents the final year of the current service contract between University of Utah Health Plans and Summit County. During this time, both will be working collectively to develop better utilization of Office of Substance Use and Mental Health funding, improve Office of Substance Use and Mental Health data reporting, and increase network efficiencies.

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

University of Utah Health Plans coordinates with primary care physicians so that patients in need of additional care are able to do so through a referral from their primary care physician. Medical professionals can make referrals based on their visits and follow-ups with patients regarding pre- and post-behavioral healthcare. Huntsman Mental Health Institute – Park City offers a peer support specialist to help with coordination of check-in and follow-up services. Case Management services are available through the Huntsman Mental Health Institute – Park City to aid the transition to a lower level of care.

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 Huntsman Mental Health Institute - Park City is the primary referral source for Child/Youth Inpatient admissions. The Huntsman Mental Health Institute - Park City case management team works with the University of Utah Health Plans to place youth who require inpatient treatment in appropriate facilities and track their progress through aftercare and follow-up appointments.

The following psychiatric hospitals are participating facilities within the Healthy U. Behavioral Network:

- Provo Canyon Behavioral Hospital
- Huntsman Mental Health Institute – Salt Lake City

In the event that it is necessary, single-case agreements are utilized to serve client needs.

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

Case Management from Huntsman Mental Health Institute - Park City follows youth inpatient admissions and assists with coordinating discharge planning. Because most of the referrals to inpatient levels of care come from Huntsman Mental Health Institute - Park City, this allows for seamless resuming of services with established clinicians as well as coordinating with community supports.

School-based clinicians are able to make referrals to inpatient care through Huntsman Mental Health Institute - Park City, allowing for school-based clinicians to be part of the discharge plan for continued services. Summit County and University of Utah Health Plans are committed to increasing the availability of peer support for children and youth in Spanish and English, which aids in the transition to the appropriate level of care. Latino Behavioral Health provides peer support services that assist Spanish-speaking clients in transitioning to appropriate levels of care.

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.

Huntsman Mental Health Institute – Park City is the primary referral source for Adult Residential Care. The case management team at Huntsman Mental Health Institute – Park City works with the University of Utah Health Plans Utilization Management team (UM) to place adults who require residential care (Acute psychiatric, dual diagnosis, conduct disorder (CD), detox, discharge planning, and other prescribed inpatient treatments.) in appropriate facilities and follows their progress through follow-up appointments, referrals, and accommodations.

Currently, University of Utah Health Plans has the following Residential Mental Health Facilities associated as participating facilities in the Healthy U. Behavioral Network:

- Volunteers of America
- Provo Canyon Behavioral Hospital
- Provo Canyon School

- Foothill Residential Treatment Center
- Highland Ridge

In the event that it is necessary, single-case agreements are utilized to serve client needs.

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

Huntsman Mental Health Institute – Park City is the main referral source for adult residential care. The case management team at the clinic works with clients to find appropriate placements when clinically indicated. The case management team works with the inpatient clinicians to make sure that inpatient criteria is met prior to admissions. Appropriateness for residential care is determined through clinician recommendations and case staffing. Effectiveness of care is determined through amelioration or worsening of symptoms and further recommendations are made through scheduled staffing or emergency staffing, based on need.

The accessibility of care is determined by whether there are openings for our members. The effectiveness is determined by readmission rates. Case managers work with the facility's clinical staff to create a discharge plan so that the client can successfully transition to a lower level of care.

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.

Huntsman Mental Health Institute – Park City is the main referral source for Child/Youth Residential Care. The case management team at Huntsman Mental Health Institute – Park City and the care management team at University of Utah Health Plans work to place children and youth who require residential care in appropriate facilities and follow their progress through follow-up appointments. Services include acute psychiatric, detox, long term residential with age-appropriate schooling.

Currently, University of Utah Health Plans has the following Residential Mental Health Facilities within its network:

- Provo Canyon Behavioral Hospital
- Provo Canyon School
- Provo Canyon School-Springville

In the event that it is necessary, single-case agreements are utilized to serve client needs.

Facilities are not local to Summit County, and the resources are utilized in Salt Lake and Utah Counties with corresponding waitlists for 6-8 weeks for admissions into youth programs. During FY23, the Newport Academy opened at the site of the former Oakley school and is focused on providing these services in Summit County. The University of Utah Health Plans is working towards bringing the Newport Academy into the Healthy U. Behavioral Network.

Overall, there is a general lack of youth residential care in Utah. As a result, youth who would benefit from this level of care are having to be managed through outpatient treatments until such time as space in a residential program becomes available. In these situations, it is often the school-based clinicians that are reasonable to maintain care, placing additional strain on school-based services.

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.

Case Management from Huntsman Mental Health Institute – Park City follows youth residential care admissions and assists with coordinating discharge planning. Because most of the referrals to inpatient care have come from Huntsman Mental Health Institute – Park City, resuming services with established clinicians and coordinating care with community supports is streamlined and able to incorporate the family’s preferences and supports. School-based clinicians have also made referrals to residential levels of care through Huntsman Mental Health Institute – Park City so school-based services are able to be part of the discharge plan. Summit County and University of Utah Health Plans are working to increase the availability of peer support for children and youth in Spanish and English, which will also aid with the transition to the lowest appropriate level of care. Access to residential level of care is determined by therapy assessment which includes a thorough biopsychosocial interview as well as completion of various screening tools including the Adverse Childhood Experiences, PH-Q 9, GAD-7, Youth Outcome Questionnaire and the C-SSRS. Once the assessment is completed the recommendations are reviewed and staffed with the clinical team including the supervisor.

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.

Currently, the Network consists of 93 clinicians serving within Summit & Wasatch counties and an additional 2,545 within the Salt Lake Valley. General Services provided within Summit County include:

- Individual and group Counseling,
- Geriatric Psychiatry,
- Marriage and Family Therapy,

- School-Based Services,
- Medication Assisted Treatments (MAT),
- Medication Management,
- Neuropsychological Assessment,
- General Psychiatric Treatment,
- Child and Adolescent Psychiatric Treatment,
- General Psychology,
- Child and Adolescent Psychology,
- Spanish Language Services.

In addition to Network Clinicians, Huntsman Mental Health Institute – Park City serves as the “backbone” provider for adult outpatient services. The services offered by Huntsman Mental Health Institute – Park City include:

- Individual Therapy,
- Group Therapy,
- Psychiatric Evaluation,
- Crisis Care,
- Psychiatric Medicaid Management.

Clients within the Network are able to access care Monday-Friday from 8am to 5pm at Huntsman Mental Health Institute – Park City (Open later for Groups), with additional network clinicians providing extended hours till 8pm Monday-Friday and reduced hours on Saturday and Sunday

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.

Community-based services are provided for all clients through our Medicaid network of clinicians. Care for Office of Substance Use and Mental Health funded clients is coordinated through and primarily provided by the Huntsman Mental Health Institute – Park City. Client needs are assessed, and delivered, including in-home case management, in-home peer support, mental health therapy, substance use disorder treatments, medication management, care management, and coordination behavioral and physical healthcare. Other services are provided as needed and are evaluated during weekly staffing meetings with Healthy U. Behavioral and Huntsman Mental Health Institute – Park City and may include referral to local nonprofits.

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.

Outpatient care forms the foundation of serving Summit County clients in the least restrictive level of care possible. Huntsman Mental Health Institute – Park City serves the majority of Office of Substance Use and Mental Health funded clients where they receive clinical services to assist in determining the most appropriate level of care based on the client’s acuity. The University of Utah Health Plans care

management team tracks the civil commitments from Summit County and assists the inpatient facilities with discharge planning, which often includes services at the Huntsman Mental Health Institute – Park City clinic where they can be followed by the case management team and connected to community supports. Progress in treatment is tracked on an individual basis during multidisciplinary clinical team and clinical coordinating meetings between University of Utah Health Plans and Huntsman Mental Health Institute – Park City.

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.*

Services within the Network are divided amongst Network Clinicians, independent School-Based Contractors, and Huntsman Mental Health Institute – Park City. Services provided within the Network:

- Individual Therapy,
- Group Therapy,
- Family Therapy,
- School-Based Services,
- Medication Assisted Treatments,
- Psychiatric Evaluation,
- Medication Management,
- Neuropsychological Assessment,
- Child and Adolescent Psychiatric Treatment,
- Child and Adolescent Psychology,
- Spanish Language Services.

Individual Therapy:

Individual therapy is offered on an outpatient basis for Summit County children and youth. Individual therapy can be accessed through the Summit County Network and is also offered in each of the Summit County public and charter schools. Children and youth may receive therapy services from any of the network clinicians, including clinicians at Huntsman Mental Health Institute – Park City and local non-profits. Occasionally students wishing to receive services outside of school for academic or extracurricular reasons are connected to services outside of Summit County but within the Healthy U. Behavioral Network. At times, students are best served outside of school due to level or acuity, comorbid conditions, or family situations. In these cases, the Huntsman Mental Health Institute – Park City clinical team ensures the child's care is referred to appropriate services for both the child and the family.

Group Therapy:

Group therapy is available through the network of clinicians after school and through school-based services. Currently, only Park City High School offers group therapy. As the populations of North and South Summit continue to grow, the demand for group therapy will continue to be monitored for future expansion in both school districts. Participation in group therapy is determined by clinical assessment and referral. Group therapy is led by master's level clinicians.

Engagement of family systems occurs through wraparound services and programs such as Systems Of Care, Families First, primary care, school-based programs, and specific outpatient treatment plans focused on working with families to support positive outcomes and engagement outside of treatment. Often, clinicians will refer families and parents to parenting resources and classes offered by the Summit County Behavioral Health Prevention team such as Primed For Life and Guiding Good Choices. Huntsman Mental Health Institute – Park City is continuing to work on opening a youth Day Treatment program FY23/24, staffing dependent. This program will be modeled after the Huntsman Mental Health Institute's Teenscope program offered in Salt Lake City.

Additionally, the Summit County Behavioral Health Division has partnered with the Live Like Sam Foundation to implement THRIVE in all public and charter schools in Summit County. THRIVE is a preventative mental health program that empowers and strengthens a youth's overall well-being through an evidence-based curriculum and clinical psychology.

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 school-based therapy program in Summit County plays a primary role in service delivery and early intervention for the children and youth of Summit County. In FY23, the school-based therapy program transferred to the Huntsman Mental Health Institute – Park City, which allows for greater integration between the schools and the array of clinical services (psychological, case management, psychiatric) offered through Huntsman Mental Health Institute – Park City. The connection between the schools and Huntsman Mental Health Institute – Park City is important because the first warning signs of the need for behavioral health services are often identified by school staff members, providing the best place for early intervention and reducing the severity of ongoing behavioral health issues throughout their lifetime. In this way, the Summit County approach to serving the children and youth in the least restrictive setting begins in the schools. We are continuing to expand youth-based peer support services in both Spanish and English. Additional community support from local non-profits focused on behavioral health services helps augment services in identifying youth in need of increased support. The Huntsman Mental Health Institute – Park City is able to provide psychological testing and psychiatric services prior to placement in a more restrictive inpatient setting. Fidelity is monitored by clinical supervision and clinical team staffing weekly. Patients are assessed and assigned to staff who are trained in specific evidence based practices to meet

the needs of the patients. Huntsman also offers access to evidence based practice training regularly to support use and fidelity. Members of the team participate in outside consultation for Acceptance and Commitment Therapy. In addition, the OQ and YOQ are used to support outcome measures as well as other screening tools like C-SSRS, PHQ-9, GAD-7 which are administered at regular intervals.

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.

FY23 saw a continued increase in the number of adults seeking crisis care. Adult Crisis Services are provided by the Summit County Network, which includes Huntsman Mental Health Institute – Park City, Wasatch Behavioral Health, Latino Behavioral Health, Intermountain Healthcare, Peace House, 911/988, Jewish Family Services, Holy Cross Ministries, Christian Center of Park City, CONNECT Summit County and network clinicians overseen by University of Utah Health Plans. Services within the Summit County Network are coordinated collectively through the Summit County Behavioral Health Division and University of Utah Health Plans. Individuals requiring crisis services are reported to the Summit County Behavioral Health Division and University of Utah Health Plans for appropriate follow-up and recovery care. When interactions involve the Mobile Crisis Outreach Team (MCOT), Wasatch Behavioral Health will coordinate follow-up services with its clinicians when appropriate.

Huntsman Mental Health Institute – Park City:

Crisis services are provided by both walk-in and same day crisis appointment scheduling Monday-Friday, 8am-5pm. Additionally, Huntsman Mental Health Institute – Park City responds to all crisis calls within the Summit County Jail 24/7 (Spanish services available).

Intermountain Healthcare-Hospital:

Adult Crisis services are provided 24/7 in the emergency department and in coordination with the Huntsman Mental Health Institute – Salt Lake via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff are able to stabilize. Prior to discharge, a safety plan is developed, including scheduling a follow-up appointment with either Intermountain Healthcare or a

University of Utah Health Plan's Network Provider. For FY24, Huntsman Mental Health Institute – Park City is currently working on providing direct crisis service at the Park City Hospital to ensure greater wraparound for individuals who fall under the Local Authority's role, such as civil commitments and individuals with a severe mental illness (SMI).

Intermountain Healthcare-Round Valley Clinic:

Adult Crisis services are provided Monday-Saturday, 9am-8pm for both walk-in crisis care and crisis appointment scheduling.

Peace House:

Adult female crisis services are available 24/7. Special consideration is required for residential stay. (Spanish Provider Available)

Healthy U. Behavioral Network Clinicians:

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either Huntsman Mental Health Institute – Park City or University of Utah Health Plans on post-care (Spanish Provider Available).

Latino Behavioral Health:

Summit County and University of Utah Health Plans contract with Latino Behavioral Health to provide Spanish language crisis care as needed through an on-call clinician who is able to coordinate with the Mobile Crisis Outreach Team (MCOT). This is in addition to their expanded clinical and peer support services offered in Summit County. Summit County's goal is to have at least one member of each Mobile Crisis Outreach Team (MCOT) be a native and/or clinical Spanish speaker.

Mobile Crisis Outreach Team (MCOT):

Summit and Wasatch Counties have entered into an interlocal agreement to contract with Wasatch Behavioral Health for operations of a joint Mobile Crisis Outreach Team (MCOT) serving both counties. Per the agreement, psychiatric services are provided by Summit County along with 911 Dispatching, office space, and law enforcement coordination. Currently, one team provides coverage six days a week during business hours. Wasatch Behavioral Health has increased the starting salary to attract new staff to bring the Mobile Crisis Outreach Team (MCOT) program up to 24/7 operations, but due to the high cost of living in both counties, this is an ongoing problem.

For FY24/25, Wasatch Behavioral Health and the Summit County Behavioral Health Division are working to develop a firehouse service delivery model for the Mobile Crisis Outreach Team. The goal will be to have one Mobile Crisis Outreach Team housed in Summit County for five consecutive days allowing for 24-hour coverage and callout. In preparation, Wasatch Behavioral Health implanted a new housing allowance for staff living and working in the Wasatch back.

Receiving Center For Wasatch and Summit County:

In a continued effort to provide crisis services from a regional approach, over the next three years, Wasatch Behavioral Health and the Summit County Behavioral Health Division will be developing an operations plan for a joint Behavioral Health Local Authority Receiving Center, operating 24/7, supplementing the Mobile Crisis Outreach Team. This regional approach to the future development of a joint receiving center was placed in the 2023 update to the Summit County Mental Wellness Strategic Plan. Each year, the Utah Legislature allocates funds to expand receiving centers across the state. By working collectively, Summit and Wasatch Counties are in a strong position as additional state funding becomes available.

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.

Adults who are civilly committed have their care coordinated through Huntsman Mental Health Institute – Park City case managers. Those in court-ordered services go through Huntsman Mental Health Institute – Park City clinic for services.

Evaluation procedures for crisis services provided by Wasatch Behavioral Health can be found in their corresponding Area Plan for FY24. The Summit County Behavioral Health Division receives monthly reports from Wasatch Behavioral Health outlining crisis services provided, source of call/dispatch, care provided, results of interaction, and follow-up services performed.

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.

Child and Youth Crisis services are provided by the Summit County which includes Huntsman Mental Health Institute – Park City, Intermountain Healthcare, Local Education Authorities, Mobile Crisis Outreach Team (MCOT), and clinicians in the Healthy U. Behavioral Network clinicians. Services within the overall community network are coordinated collectively through the Summit County Behavioral Health Division and University of Utah Health Plans.

Individuals who require crisis services are reported to both the Summit County Behavioral Health Division and University of Utah Health Plans for appropriate follow-up and recovery care.

Huntsman Mental Health Institute – Park City:

Child and Youth Crisis services are provided by both walk-in crisis care and crisis appointment scheduling Monday-Friday, 8am-5pm. (Spanish Provider Available)

Intermountain Healthcare-Hospital:

Child and Youth Crisis services are provided 24 hours a day in the emergency department in coordination with Huntsman Mental Health Institute - Salt Lake City via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff are able to stabilize. Prior to discharge, an action/safety plan is developed, including setting up a follow-up appointment with either Intermountain Healthcare or a Healthy U. Behavioral Network clinician. The Summit County Behavioral Health Division is notified of individuals seen in the emergency department and coordinates follow-up as needed from school-based services.

Intermountain Healthcare-Round Valley Clinic:

Child and Youth Crisis services are provided Monday-Saturday, 9am-8pm for both walk-in crisis care and crisis appointment scheduling (Spanish Provider Available).

Local Education Authorities:

School counselors work closely with assigned school-based service clinicians to address crises during school hours. Monthly meetings between Local Education Authorities' councilors, principals, superintendents, University of Utah Health Plan, and school-based clinicians allow for early identification of concerns and corresponding intervention to reduce the risk of future crisis intervention. Meetings currently take place within all school districts.

Healthy U. Behavioral Network Clinicians:

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either the Huntsman Mental Health Institute – Park City or the University of Utah Health Plan's Clinical Director on post care (Spanish Provider Available).

Mobile Crisis Outreach Team (MCOT):

Summit and Wasatch Counties have entered into an interlocal agreement to contract with Wasatch Behavioral Health for operations of a joint Mobile Crisis Outreach Team (MCOT) serving both counties. Per the agreement, psychiatric services are provided by Summit County along with 911 Dispatching, office space, and law enforcement coordination. Currently, one team provides coverage six days a week during business hours.

Latino Behavioral Health:

Summit County and University of Utah Health Plans contracted with Latino Behavioral Health to provide Spanish language crisis care as needed through an

on-call clinician who is able to coordinate with local law enforcement and the Mobile Crisis Outreach Team (MCOT). This is in addition to their expanded clinical and peer support services now offered in Summit County. It is the goal of Summit County to have at least one member of each Mobile Crisis Outreach Team (MCOT) be a native and/or clinical Spanish speaker.

Receiving Center For Wasatch and Summit County:

In a continued effort to provide crisis services from a regional approach, over the next three years, Wasatch Behavioral Health and the Summit County Behavioral Health Division will be developing an operations plan for a joint Behavioral Health Local Authority Receiving Center, operating 24/7, supplementing the Mobile Crisis Outreach Team. This regional approach to the future development of a joint receiving center was placed in the 2023 update to the Summit County Mental Wellness Strategic Plan. Each year, the Utah Legislature allocates funds to expand receiving centers across the state. By working collectively, Summit and Wasatch Counties are in a strong position as additional state funding becomes available.

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.

When a youth is identified who needs a service or a clinician requests a service that cannot be provided, the Huntsman Mental Health Institute – Park City and University of Utah Health Plans collectively review the case to determine the most appropriate level of care and service(s) to provide to the client.

Daily crisis walk-in appointments are available at the Huntsman Mental Health Institute – Park City and the Intermountain Round Valley Clinic. Additionally, the Mobile Crisis Outreach Team (MCOT) can be accessed through the crisis line or 911/988. The Mobile Crisis Outreach Team (MCOT) will create a follow-up plan, depending on the needs of clients, and either coordinate with the Huntsman Mental Health Institute – Park City or handle the care of the individuals with Wasatch Behavioral Health clinicians, who operate the Mobile Crisis Outreach Team. Those receiving services are tracked using Treatment Episode Data Sets (TEDS), Youth Outcomes Questionnaire/ Outcomes Questionnaire Assessments (OQ/YOQ), and Mental Health Statistical Improvement (MHSI) surveys.

There are many ways for children and youth to access crisis intervention services. Clinicians in the schools are able to make referrals, parents can engage the crisis line/ Mobile Crisis Outreach Team (MCOT), and Huntsman Mental Health Institute – Park City can provide direct services or make appropriate referrals to services in Salt Lake as needed.

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.*

Medication management is provided by the overall Summit County Network, which includes Huntsman Mental Health Institute – Park City, Intermountain Healthcare, and clinicians overseen by University of Utah Health Plans in the Healthy U. Behavioral Network.

Huntsman Mental Health Institute – Park City:

Serving as the backbone provider for Office of Substance Use and Mental Health funded clients, Huntsman Mental Health Institute – Park City provides the majority of medication management. Huntsman Mental Health Institute – Park City is staffed by two psychiatrists and a psychiatric APRN (Advanced Practice Registered Nurse), who provides medication management. [The Healthy U. Behavioral Network, in partnership with the University of Utah College of Psychiatry, has established Summit County as a priority psychiatric rotation site for any Spanish-speaking psychiatrist, averaging three Spanish-speaking psychiatrists.](#) Work also includes access to clinicians in Salt Lake who manage psychotropic medications.

Intermountain Round Valley Clinic:

Through an ongoing donation, medication management is provided at the clinic, free of charge, for those in need or on SelectHealth insurance.

Network Clinicians:

Additional Advanced Practice Registered Nurses (APRN) and Medical Doctors (MD) provide medication management through the Network within Summit and surrounding counties, allowing for expanded access to psychotropic medication management. Four non-profits in Summit County share a psychiatric APRN (Advanced Practice Registered Nurse) specifically for providing medication management to their clients. Referrals are made to this service when appropriate, traditionally based on funding availability.

[To ensure continuity of care for psychotropic medication management within the Healthy U. Behavioral Network, providers are able to coordinate transitioning of care through case managers and the University of Utah Health Plans' care management team. Care managers work with case managers to coordinate a person's behavioral and physical healthcare, allowing for physical healthcare physicians to participate in the continued management of psychotropic medication.](#)

[When transitioning to a provider outside of the Healthy U. Behavioral Network, the case manager works with the new provider to ensure records are accessible to help justify the current psychotropic medication treatment. When the individual requires a higher level of care, the case manager, now former case manager, will reach out to the client after four weeks to ensure access to prescribed psychotropic medications remains.](#)

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.*

Medication management is provided by the overall Summit County Network, which includes Huntsman Mental Health Institute – Park City, Intermountain Healthcare, non-profits, and clinicians overseen by University of Utah Health Plans in the Healthy U. Behavioral Network.

Huntsman Mental Health Institute – Park City:

Serving as the backbone provider for Office of Substance Use and Mental Health funded clients, Huntsman Mental Health Institute – Park City provides the majority of medication management to youth through school-based programs. Huntsman Mental Health Institute – Park City is staffed by two psychiatrists and a psychiatric APRN (Advanced Practice Registered Nurse), who provides medication management. [The Healthy U. Behavioral Network, in partnership with the University of Utah College of Psychiatry, has established Summit County as a priority psychiatric rotation site for any Spanish-speaking psychiatrist, averaging three Spanish-speaking psychiatrists.](#) Work also includes access to clinicians in Salt Lake who manage psychotropic medications.

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Additional Advanced Practice Registered Nurses (APRN) and Medical Doctors (MD) provide medication management through the Healthy U. Behavioral Network within Summit and surrounding counties, allowing for expanded access to psychotropic medication management. Four non-profits in Summit County share a psychiatric APRN (Advanced Practice Registered Nurse) specifically for providing medication management to their clients. Referrals are made to this service when appropriate, traditionally based on funding availability.

[To ensure continuity of care for psychotropic medication management within the Healthy U. Behavioral Network, providers are able to coordinate transitioning of care through case managers and the University of Utah Health Plans' care management team. Care managers work with case managers to coordinate a youth's behavioral and physical healthcare, allowing for physical healthcare physicians to participate in the continued management of psychotropic medication.](#)

[When transitioning to a provider outside of the Network, the case manager works with the](#)

new provider to ensure records are accessible to help justify the current psychotropic medication treatment. When the individual requires a higher level of care, the case manager, now former case manager, will reach out to the client after four weeks to ensure access to prescribed psychotropic medications remains.

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.

Psychoeducational Services and Psychosocial Rehabilitation services are provided through the Summit County Clubhouse which is in its fourth year of operations.

Individuals in need of these services are additionally referred to community clinicians as needed, often being referred through the Huntsman Mental Health Institute – Park City, case management team or University of Utah Health Plans.

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

The Summit County Clubhouse is a local 501c3 which provides psychoeducational and psychosocial rehabilitation to individuals referred by local clinicians who have a history of mental health and substance abuse disorder. Upon referral, the prospective member is invited to Summit County Clubhouse for a tour and to see if the program is something they would like to be involved in. Effectiveness is measured in decreased hospital stays, decreased engagement with law enforcement, increased employment, engagement in positive social activities, and daily participation in the program.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where cristie.frey@hsc.utah.edu 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.

Summit County Behavioral Health Division provides Psychoeducational Services for children and families in the community in conjunction with HMHI-PC and the Local Education Authority through parenting classes (Guiding Good Choices & Primed For Life in English and Spanish) and School-based organizations (Hope Squads in all three high schools, and Peer Leadership Programs in each middle school.) In addition, Summit County Behavioral Health Division, along with the public and charter schools, have partnered with the Live Like Sam Foundation to implement THRIVE for the youth of Summit County. Comprising both clinical and preventative components, THRIVE delivers an evidence-based curriculum from the fields of

positive and clinical psychology that promotes well-being, happiness, and resilience in students beginning in 6th Grade. Thrive provides one-on-one cognitive behavioral therapy with a clinician and student-led peer groups. The goal is to use the YOQ consistently in the school program and have it be one data point among many that would indicate a referral is necessary for other services.

University of Utah Health Plans serves to coordinate with clinicians and case managers, prevention teams, respite clinicians, and Familial Risk Factors to help youth develop coping skills, friendships, social functioning, and parenting effectiveness. Individual, family, and group classes help children and their families obtain skills to better function within the community.

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

Effectiveness is measured by decreased hospital stays, decreased engagement with law enforcement and school authorities, [reduced demand on school-based services](#), increased social activities, and daily participation in the program.

The goal in Summit County is to ensure that there are multiple pathways for children to receive services. When a child participates in the school-based program, they are administered the Youth Outcomes Questionnaire (YOQ) to determine the need and level of psychoeducation and psychosocial rehabilitation services needed. When a child is referred from staff in the schools, they will be evaluated and reviewed during the weekly case staffing to determine the need for services and the most effective forms of treatment.

[Referrals for Spanish-speaking children are made to the afterschool program run by Latino Behavioral Health through the parents or the schools. Additional support is provided by Live Like Sam through their THRIVE cohort for Latino youth.](#)

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.

Case management services are provided through University of Utah Health Plans as a critical part of the service continuum. The purpose of case management is to assist individuals with diagnosed mental illness access to needed resources and coordinate care with clinicians to be successful in treatment with the goal of improving their overall quality of life in the least restrictive setting possible. Case management works with mental illness but also assists with psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. In most cases, case managers work in conjunction with University of Utah Health Plans care managers, who oversee the full integration of behavioral healthcare with the client's physical healthcare.

All Case Managers are reviewed for current certification and are registered for a service that monitors adverse actions or debarments with regard to the ability to bill Medicaid. If an adverse action appears on the record of a network provider, their file will be reviewed for action by University of Utah Health Plans provider relations. UUHP enrolls Behavioral Health Case Managers with the help of the OSUMH case manager registry. UUHP then runs all providers through debarment lists to monitor providers eligibility to participate in federally funded programs.

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

Eligibility for case management services is determined by clinicians at Huntsman Mental Health Institute – Park City through the use of the DLA 20 (Daily Living Activities) and Social Determinants of Health screening tools. Additionally, a complete biopsychosocial assessment is performed. Areas assessed which tend to determine overall client’s success in treatment are:

- Access to medical care
- Access to nutritious foods
- Access to clean water and functioning utilities
- Early childhood social and physical environment, including child care
- Education and health literacy
- Ethnicity and cultural orientation
- Familial and other social support
- Gender
- Housing and transportation resources
- Linguistic and other communication capabilities
- Neighborhood safety and recreational facilities
- Occupation and job security
- Other social stressors, such as exposure to violence and other adverse factors in the home environment
- Sexual identification
- Social status (degree of integration vs. isolation)
- Socioeconomic status
- Spiritual/religious values.

Clinicians make recommendations to case management services as part of all treatment plans. Effectiveness is measured in follow-up case management services by reassessing with the same screening tools and evaluating outcome improvements.

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.

Child and Youth Case management services are provided through Huntsman Mental Health Institute – Park City. Case management is an important part of the service continuum. The purpose of case management is to assist individuals with serious mental illness to access needed resources and coordinate care with other clinicians to be successful and improve their quality of life in the least restrictive setting possible. Case management works with mental illness but also assists with psychosocial problems such as family needs relating to housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, school engagement, and other activities.

The Huntsman Mental Health Institute – Park City, as part of its compliance process, checks certifications when someone is a new hire and then rechecks continuously throughout employment. Certification must be kept current by all staff to work in a capacity that requires licensure or certification.

Currently the HMHI Clinic does not have the capacity to report the data requested by OSUMH for case management and they do not have the ability to bill for case management using the claims system. These issues are both being worked on, however case management is being done at the clinic for children on a regular basis and it will continue to be done. Currently in the U Health system only registered nurses can be labeled in the EHR as “case managers,” This continues to be a difficult organizational problem to change so that the system recognizes behavioral health case managers in practice and billing.

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

Eligibility for case management services is determined by clinicians at Huntsman Mental Health Institute – Park City through the use of the DLA 20 (Daily Living Activities) and Social Determinants of Health screening tools, along with a complete biopsychosocial assessment. Areas assessed which tend to determine overall client’s success in treatment are:

- Access to medical care,
- Access to nutritious foods,
- Access to clean water and functioning utilities,
- Early childhood social and physical environment, including child care,
- Education and health literacy,
- Ethnicity and cultural orientation,
- Familial and other social support,
- Gender,
- Housing and transportation resources,
- Linguistic and other communication capabilities,
- Neighborhood safety and recreational facilities,
- Occupation and job security,
- Other social stressors, such as exposure to violence and other adverse, factors in the home environment,
- Sexual identification,
- Social status (degree of integration vs. isolation),
- Socioeconomic status,
- Spiritual/religious values.

Clinicians make recommendations to case management services as part of all treatment plans. Effectiveness is measured in follow-up case management services by reassessing with the same screening tools and finding improved outcomes.

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.

University of Utah Health Plans, through Healthy U. Behavioral, has a community partnership with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified residents of Summit County. Huntsman Mental Health Institute – Park City case managers, Family Peer Support Specialists, and clinicians assist clients in applying and working toward low-income and independent housing as appropriate. All placements are done through coordination with case managers and Mountainlands Community Housing Trust. Evaluations are done on an ad hoc basis, to prioritize the clinical need for placement in each program. Program has not been used for several years, as such, should a resident be in need of this service, funding will be redirected as needed.

Housing is a growing concern and priority in Summit County. As such, it has been identified within the 2023 Summit County Mental Wellness Strategic Plan. Over the next four years, a coordinated effort will be taking place to address the breadth of housing issues. Specific to the Area Plan, the following Strategic Plan objectives have been identified.

- Working with community partners, conduct a needs assessment focused on housing for individuals living with a mental health or substance use diagnosis.
- Develop a community-based housing plan focused on providing sustainable housing for individuals living with a mental health and/or substance use diagnosis.
- Expand housing opportunities for Drug Court participants transitioning from treatment to independence.

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)

Appropriateness for referral for housing services (if available through community resources) is determined by clinicians at Huntsman Mental Health Institute – Park City through the DLA 20 (Daily Living Activities) and Social Determinants of Health screening tools. Additionally, a complete biopsychosocial assessment may be performed. Outcomes are determined by the case manager and the client's ability to reintegrate after supportive housing. Referrals made to Mountainlands and are based on a lottery system.

It should be noted that due to the extreme cost of housing in Summit County, and the majority of low-income housing being reserved for ski resort employees on a seasonal basis, the Park City Community Foundation determined in their FY22 study of housing that the minimum income for a one-bedroom apartment, allowing for only 1/3rd of a person's income to go towards a mortgage, a minimum income of \$200,000. *As of March 2023, the medium price of a single-family home in the Park City area was \$1,920,000 and the medium price for a condo was \$1,250,000*

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.

Summit County is continuing to search for a youth respite provider. An active Request For Proposals was released in February 2023, with no qualified applicants. We will continue to work with the Office of Substance Use and Mental Health to find a qualified respite provider.

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

Case management services performed at Huntsman Mental Health Institute – Park City will make referrals to respite as needed. Case managers will utilize the DLA-20 and Social determinant of Health Evaluations to determine need for respite as well as the SPMI/SED assessments conducted at the time of intake. When we are able to provide respite care, follow up assessments using screenings tools to assess activities of daily living will be ongoing to determine continued need for the services. Respite will be part of the patient's treatment recommendations and treatment plan which means it will be tied to short term and long term goals with action steps to meet them.

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.

Certified Peer Support Specialists (PSSs) provide peer support services through a broad range of support services such as Social Security, Dept. of Workforce Services, housing, and job search. All Peer Support Specialists are certified by the Office of Substance Use and Mental Health. When Certified, Peer Support Specialists work closely with case managers, clinicians, and clients have the best chance for a sustained recovery. Psychosocial Rehabilitation Services can also be provided by Certified Peer Support Specialists to aid clients in building new skills or enhancing former skills. Peer Support Specialists offer services in-house, in the jail, and throughout the community. Peer Support Specialists work closely with the courts, including Drug Court, for additional support with high-risk, high-need clients.

Huntsman Mental Health Institute – Park City provides the majority of peer support services

for behavioral health with a full-time Peer Support Specialist who also serves as a peer support.

University of Utah Health Plans employs a Family Peer Support Specialist (FPSS) [who works primarily with Spanish Speaking clients](#). The University of Utah Health Plans Family Resource Facilitator helps families struggling with mental health issues and helps families navigate systems that can be difficult for Latino families, including coordination of behavioral and physical healthcare.

A community fund has been established to support individuals, especially graduates of the Summit County Drug Court program, as they undergo their Peer Support Specialist training and certification. It is the intent of the program to encourage the development of more local Certified Peer Support Specialists to serve in Summit County.

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

Clients are identified for Certified Peer Support Specialists services after initial biopsychosocial screening and assessment as part of their treatment plan at the Huntsman Mental Health Institute – Park City. Clients may also be referred to Peer Support Specialists through Healthy U. Behavioral Network clinicians if a client is not being seen through Huntsman Mental Health Institute – Park City clinic.

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.

Children and Youth Peer Support Services are provided by a Family Peer Support Specialist (FPSS). The Family Peer Support Specialist is contracted through University of Utah Health Plans and acts as an advocate for families and their children. The Family Peer Support Specialist is trained in wraparound and executes plans to fidelity. These services are available to the community and do not require that they be opened as a University of Utah Health Plans client. The Family Resource Facilitator participates as necessary in the staffing meetings and coordination of care with University of Utah Health Plans and Huntsman Mental Health Institute – Park City. In addition, Healthy U. Behavioral Network clinicians work with wraparound programs like Systems of Care and Families First

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

Clients are identified for Certified Peer Support Specialists services after initial biopsychosocial screening and assessment as part of their treatment plan at the Huntsman Mental Health Institute – Park City.

Clients may also be referred to Peer Support Specialists through clinicians in the Healthy U. Behavioral Network if a client is not being seen through the Huntsman Mental Health Institute – Park City clinic. Clients are also able to be referred to Peer Support Specialists through the school-based services which are provided by Huntsman Mental Health Institute – Park City.

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.

University of Utah Health Plans provides an array of consultation and education services. Huntsman Mental Health Institute – Park City staff and Summit County Network clinicians are asked to present at various community events, including community-wide issues conferences, school groups, health fairs, and other settings. Staff provide information on how to access services and information on how to access services, and information on prevention of behavioral health problems. The Summit County Behavioral Health Division has regular spots on both Park City TV and KPCW in which network clinicians are highlighted in accordance with the behavioral health topic being discussed.

Additionally, the Summit County Mental Wellness Alliance, CONNECT Summit County, Live Like Sam Foundation, Park City Community Foundation, the Summit County Health Department, Park City Municipal Corporation, partner non-profits, University of Utah Health Plans, school districts, and Summit County share Facebook and Twitter posts related to behavioral healthcare programs and services. Social media posts are developed in both English and Spanish.

Information and education on services provided are conducted by the non-profit CONNECT via their navigation services and provider database. <https://summit.ut.networkofcare.org/mh/>

Twice a year, the Latino Behavioral Health Committee hosts a Latino Behavioral Health Fair for all services within Summit County provided in Spanish. The event includes panel discussions and Question Persuade Reefer (QPR) trainings.

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.

University of Utah Health Plans provides consultation and education services in various ways. Huntsman Mental Health Institute – Park City staff and Healthy U. Behavioral Network

clinicians are asked to present at community events, including community-wide issues conferences, school groups, health fairs, and other settings. Staff provide information on how to access services and information on preventing behavioral health problems. The Summit County Behavioral Health Division has regular spots on both Park City TV and KPCW, in which various network clinicians are highlighted per the discussed behavioral health topic. University of Utah Health Plans has been utilizing written media, in addition to KPCW and Park City TV, to provide information to children and youth. Additional focus has been on “swag” for school districts provided by the Behavioral Health Division, such as book bags, water bottles, and t-shirts with information about SafeUT, QPR, and school-based services. University of Utah Health Plans and local school districts have worked to increase awareness about school-based services through trainings for faculty and general information sent to parents.

University of Utah Health Plans participates in the Children’s Justice Center’s monthly meetings and consults on the activities of Children’s Justice Center cases.

Additionally, the Summit County Mental Wellness Alliance, CONNECT Summit County, the Summit County Health Department, Park City Municipal, partner non-profits, Healthy U. Behavioral, school districts, and Summit County share Facebook and Twitter posts on behavioral healthcare programs and services. Social media posts are developed in both English and Spanish. Additional information and education on services provided is conducted by the non-profit CONNECT via their navigation services and provider database.
<https://summit.ut.networkofcare.org/mh/>

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.

The Huntsman Mental Health Institute-Park City provides weekly consultation with a psychiatrist, evaluations, appointments with a social worker, groups, Peer Support Services, and active case management to manage mental illness during incarceration with the goal of lowering the risk of recidivism and provide for successful reintegration into the community. [Beginning in FY24, the Summit County Behavioral Health Division will be conducting Prime For Life classes in the Summit County Jail.](#)

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

Clients are assessed while incarcerated by request of Summit County Jail staff, courts, and representing attorneys. Clinical staff from Huntsman Mental Health Institute – Park City or the Mobile Crisis Outreach Team (MCOT) see individuals in the Summit County Jail either in person or via tele-health to perform assessments, develop treatment recommendations, and report to the courts and referral sources accordingly. Clients may be released to inpatient and

outpatient treatment through a court order and referral.

The Mobile Crisis Outreach Team (MCOT), provides these same types of services in the jail and utilizes a similar assessment process and possible transfer to treatment services. Effectiveness is measured by adherence to and completion of recommended treatment reported by the Huntsman Mental Health Institute – Park City team and communicated to the courts. In addition, effectiveness is measured by follow-up therapy when released from incarceration. Huntsman Mental Health Institute – Park City facilitates that transition in advance of a release date. Huntsman Mental Health Institute – Park City employs a therapist dedicated to group and individual therapy in the Summit County Jail, 6-10 hours per week.

Over the next three years, the newly formed Criminal Justice Coordinating Committee (CJCC) will be working on an early diversion program for individuals with a behavioral health diagnosis to direct them to care while keeping them out of the Summit County Jail. A similar program, called 24/7, is in place for individuals with a substance use charge.

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

Individuals transitioning from care while incarcerated are transferred into treatment programs, either through Huntsman Mental Health Institute – Park City’s outpatient services or referred to inpatient care. Clients are engaged throughout the assessment, treatment planning, goal setting, and the use of supports such as Peer Support Specialists, case management services, and community non-profits. The services are initiated by either the Mobile Crisis Outreach Team (Wasatch Behavioral Health) or the Huntsman Mental Health Institute – Park City. When appropriate, the Summit County Probation Deputies coordinate with the Huntsman Mental Health Institute – Park City team to ensure a successful transition.

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.

University of Utah Health Plans utilizes outplacement funds to provide services to individuals transitioning from the Utah State Hospital back into the community. Outplacement funds, along with community non-profit scholarships, are utilized for services, supplies, and needed support not covered by Medicaid to facilitate a successful community placement. Examples of fund utilization include coverage of housing costs, non-covered treatment costs, or other community resources needed for success in the transition to a lower level of care.

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.

University of Utah Health Plans utilizes County outplacement funds to provide services to individuals transitioning from the Utah State Hospital back into the community. These funds are utilized to purchase services, supplies, and additional support for youth not covered by Medicaid to transition slower than adults to a less restrictive home or school setting and help the family during this reintegration process.

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.

University of Utah Health Plans provides services to individuals residing in Summit County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding scale. Services include psychiatric evaluation, medication management, individual and group therapy, case management, and skills services.

For residents dealing with concerns related to immigration, Jewish Family Services, Christian Center of Park City, Holy Cross Ministries, and Latino Behavioral Health provide services in Spanish for uninsured or underinsured residents as part of the overall Summit County Network.

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

When individuals apply for free or reduced-cost services, they are encouraged by the intake team to apply for Medicaid if there is reason to believe that they will be successful in their application. Intake coordinators ask *"is there a reason to believe you would not be eligible for Medicaid,"* in place of a referral. This has been found to be more effective for enrolling Spanish-speaking clients. We do not track the number of individuals referred to Take Care Utah or who are advised to enroll in private insurance plans other than those that are participating in drug court. The referrals are simply made through the clinic as the resident is seeking services.

The primary barrier faced in Summit County is a reluctance of Spanish-speaking individuals to apply for Medicaid out of fear of receiving services outside of the non-profit system. There is a belief that once enrolled in Medicaid, services at non-profits such as the People's Health Clinic and the Christian Center of Park City will be closed to them. This includes services such as the food pantry and housing assistance, despite this not being the case.

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.

University of Utah Health Plans provides services to individuals residing in Summit County who are uninsured or underinsured. We require a parent's or guardian's verification of income and then fees are set according to a sliding scale. Services include psychiatric evaluation, medication management, individual and group therapy, case management, and skills services.

Children and Youth who are unable to have services paid from non-state sources qualify for state unfunded service dollars and are eligible for the school-based program run through the Huntsman Mental Health Institute – Park City in every public and charter school in Summit County. Individual and group therapy is offered through school-based programs.

For families dealing with concerns related to immigration, Jewish Family Services, Christian Center of Park City, Holy Cross Ministries, and Latino Behavioral Health provide services in Spanish for uninsured or underinsured residents in need of care as part of the overall Summit County Network.

In several cases, the new scholarship program offered by CONNECT Summit County has served a critical role in the continuation of care for youth. The Summit County Behavioral Health Division would like to thank CONNECT for developing this critical resource within our community.

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

When individuals or families apply for free or reduced-cost services they are encouraged by the Healthy U. Behavioral intake team to apply for Medicaid if there is reason to believe that they will be successful in their application. Help is provided in both English and Spanish to navigate the enrollment process.

Vail Epic Care program provides behavioral health services for employees as well as people living with employees, including non-family members.

CONNECT Summit County, along with the Summit County Behavioral Health Division, the Katz Amsterdam Foundation, the Park City Community Foundation, and local donors have established a scholarship fund designed to individuals and families in maintaining their behavioral health treatment when the cost of covering ongoing treatment is no longer financially feasible. Additionally, the majority of non-profit behavioral healthcare providers in Summit County offer some form of scholarship program to cover the costs of treatment.

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.

All First Episode Psychosis Services are provided by the Huntsman Mental Health Institute – Park City in coordination with Huntsman Mental Health Institute – Salt Lake. First-episode psychosis clients are reviewed in staffing meetings and treatment is tailored to reducing the trajectory and acuity over the course of the client’s lifetime as well as preparing the client for managing their condition to reduce the impact on their life.

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

During the intake process, clients are screened and tracked during the first onset of psychotic symptoms as young as thirteen years old. Clients are monitored for the first onset of psychosis so services can be determined prior to onset. Initial screenings are administered using the PRIME screening tool developed at the Yale Medical School. PRIME is specialized in identifying early signs of psychosis allowing for a, if indicated, trained clinicians to administer the Structured Interview for Psychosis-Risk Syndromes (SIPS) by a SIPS trained clinician.

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

Summit County does not receive first-episode psychosis funding from the Office of Substance Use and Mental Health. In the event that it is needed, clients are referred for first-episode psychosis treatment to Huntsman Mental Health Institute – Salt Lake City and care will be coordinated with Huntsman Mental Health Institute – Park City. These services are paid out of the mental health block grant if Medicaid does not cover the client.

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).

Assigned Case managers help with employment placement services. It should be noted that given the highly seasonal jobs environment in Summit County, it is common for individuals to be without work for upwards of two months during “shoulder seasons” (October, November, April, May) when the resorts, galleries, restaurants, and outfitters are often closed.

Clients, upon recommendation, have access to year-round employment due to support from Home Depot, Park City Municipal, Summit County, Red Banjo Pizza, and Squatters Roadhouse.

The Summit County High Valley Transit District will provide training to any individual with a mental health or substance use diagnosis, with the offer of employment upon completion. This program is currently being offered to members of the Summit County Clubhouse (SCC) and to participants of the Drug Court Program, with future expansion planned.

The programming model of the SCC is to help individuals over the age of 18 who meet the membership requirement to learn the skills for employment and hold down that employment. Currently, there have not been any TAY requests for employment placement in the past three years. Should a request come in, this would be a component of case management.

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

Case Managers at Huntsman Mental Health Institute – Park City following the screening process reported in Form A (case management screening/assessment tools) above, and work with the Department of Workforce Services as well as our community partner, the Summit County Clubhouse, to support employment services for clients.

Collaborative employment efforts involving other community partners.

University of Utah Health Plans works in collaboration with Vocational Rehabilitation and the Department of Workforce Services to access supports and services for clients that desire gainful employment but have barriers due to mental health or substance use issues. The Summit County Behavioral Health Division works with local resorts and ancillary businesses to establish relationships for referred employment. Summit County CONNECT, Jewish Family Service, the Summit County Clubhouse, and the Christian Center of Park City additionally provide access to employment opportunities through case management.

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

Employment throughout the University of Utah Health Plans system cannot track lived experience due to employment law and HR regulations. However, some community partners such as CONNECT Summit County and Summit County Clubhouse do hire partly based on lived experience criteria. Currently, there are **four** individuals working in Peer Support Specialists roles who have lived experience as part of their work requirements.

Evidence-Based Supported Employment.

Summit County Clubhouse provides evidence-based supported employment, however they do not accept OSUMH funding and do not report client data to Summit County or to OSUMH. The HMHI clinic does refer clients to the Summit County Clubhouse.

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).

Serving as the guiding document for behavioral health services in Summit County, including the Healthy U. Behavioral Network, non-profits, Local Education Authorities, and private clinicians, the Summit County Mental Wellness Strategic Plan established Goal V as ensuring “*equity of mental health & substance use programs and services for Latino and underserved community members.*” As a means to achieve this Goal, the following objectives have been assigned to this goal:

1. Address barriers facing Latino community members in accessing and receiving linguistically competent mental health & substance use programs and services.
2. Enhance online means and resources to connect Latinos and other underserved residents with services and programs within the community.
3. Working with key stakeholders, address barriers to licensure within the state of Utah for non-native English speakers.
4. Established a high school to licensure program for native Spanish-speaking residents in Summit County to cover the costs of education (including bachelors) and licensure, along with providing internships and job placement within Summit County.
5. Increase opportunities for Latino youth to engage in programs focused on mental, physical, and emotional health.
6. Provide Latino Families who may be or have a member in their household identifying as LGBTQ+ have access to information or supportive resources specific to the Latino LGBTQ+ communities.
7. Establish a Healthy Minds program through Latino Behavioral Health in Summit County.
8. Establish a Spanish-language Telehealth service network with clinicians outside of Utah to expand service access to increase the number of sessions in Spanish from clinicians in other states with reciprocity.
9. Ensure the Latino community’s voice is represented on all committees and programs outlined within this Strategic Plan.

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.

Currently Healthy U. Behavioral receives lists of individuals who are termed from Medicaid due to the "unwinding." When Healthy U. behavioral receives these lists they share them with the Huntsman Mental Health Institute – Park City so that any active clients can be identified. If there are any active clients who are scheduled to be terminated from Medicaid the case management team at the clinic will work with the client to reinstate their Medicaid policy or to move them onto grant funding for continued necessary services. Both Summit County Network and the Healthy U. Network have the capacity to absorb additional unfunded clients through Huntsman Mental Health Institute – Park City. Should the number of people removed from Medicaid-funded behavioral healthcare into either the Summit County Network or the Healthy U. Network exceeds capacity or funding, a policy for triage will need to be established and implemented.

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

There are no nursing facilities in Summit County.

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

University of Utah Health Plans providers utilize a hybrid model for care. Patients are offered telehealth and in person services and clinical staff will see patients in their preferred method. The Huntsman Mental Health Institute has specific policies for telehealth platforms and confidentiality and oversight for quality that providers adhere to. Policies have been added to the Area Plan folder.

It should be noted, we are seeing a trend in private clinicians transitioning the model of care away from in person and to telehealth for all services. This is being done primarily to reduce operational costs, and more specifically rental of office space. Over the past year the average lease for an office has increased 20% year of year.

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

In partnership with the Summit and Wasatch County Early Intervention program (Utah Department of Health's funded Early Intervention, not to be confused with the Utah Office of Substance Use and Mental Health funded Early Intervention program, both of which are referred to as EI.) are run out of the Summit County Health Department, Early Intervention clients have both telehealth and in-home access to a contracted psychologist and Licensed Clinical Social Worker. This program is funded jointly by the Summit County Health Department and the Katz-Amsterdam Foundation, and where possible, Medicaid is billed. In cases where Medicaid is unable to be billed for these services, community

donations support a scholarship fund to continue these services until such time as State funding is approved by the legislature. Early Intervention includes pre-natal mental health services to support maternal mental health. For program participants located within Wasatch County, Wasatch Behavioral Health serves as the agency of referral.

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 services generally start in the school-based program. Students are identified for services early in their academic career and as they near graduation clinicians work to put in place an ongoing behavioral healthcare plan, especially those that will not be living with family or those that may not have access to mental healthcare. School-based clinicians are able to arrange for ongoing care that has been funded through the block grant or through CONNECT Summit County's scholarship program. Additionally, school-based clinicians help students arrange counseling at the colleges they attend post high school.

Other Quality and Access Improvement [Projects](#) (not included above)

[Healthy U. Behavioral](#) is working on a Performance Improvement Plan (PIP) around services following inpatient stays measured by outpatient services performed within 7 and 30 days after discharge.

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.

University of Utah Health Plans is an Accountable Care Organization (ACO) providing both behavioral health and physical health Medicaid clients with an integrated Medicaid plan. University of Utah Health Plans also has a good relationship with the other three Accountable Care Organizations (ACO) providing physical health Medicaid. We are working on the integrated pilot program along the Wasatch Front, and taking those lessons learned to improve in Summit County.

University of Utah Health Plans and the Summit County Division of Behavioral Health, which is a part of the Summit County Health Department, have a strong working relationship. Through weekly meetings with the Director of Behavioral Health and participation in the Summit County Mental Wellness Alliance committees, Healthy U. Behavioral is a well-regarded partner for the Summit County community.

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

University of Utah Health Plans oversees both Mental Health and Substance Use Disorder treatments within the Healthy U. Behavioral Network. It also includes care managers who work with individuals on coordinating physical and behavioral health services to integrate care and prevent redundancy or holes in care. University of Utah Health Plans has the advantage of being an Accountable Care Organization (ACO), so we have a large nursing care management team that excels in behavioral and physical care management. The HMHI clinic has a SDOH assessment built into EPIC for screening upon intake.

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 Huntsman Mental Health Institute – Park City clinic offers engagement in programs like Fit to Recover (recovery-based wellness), trauma-informed yoga through PC Yoga Collective and Tall Mountain Wellness, care management services through the University of Utah Health network, and case management and Psycho-Social Support services used to consistently assess client needs over the course of their engagement in treatment.

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

University of Utah Health Plans provides both behavioral and physical healthcare as the Accountable Care Organization (ACO) arm of the University of Utah. As an arm of the University of Utah, opportunities for continued education are offered by the College of Psychiatry and other colleges and departments from Healthy U. in the University of Utah system.

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%.

University of Utah Health Plans Clinicians do not allow the use of tobacco products within 25 feet of the facilities, and individuals who wish to stop using tobacco products are referred to the National Jewish Health Quitline for one-on-one coaching, support services, and nicotine replacement therapy. We coordinate prevention work with the Summit County Health Department.

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.

University of Utah Health Plans provides mental health services for children and coordinates with the waiver services, and for adults, we provide mental health services and refer to the Summit County Clubhouse for additional support services.

Nelson Clayton will be the IDD/HM 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 ljacolburn@utah.gov a list of your FY24 school locations.

Huntsman Mental Health Institute – Park City staffs the school-based mental health program in Summit County, and in cooperation with the University of Utah School of Psychology, has clinicians and psychology student interns placed in all 19 schools in Summit County. Each school has, at minimum, one clinician. Some schools with higher needs and volume will have additional clinicians each week. The schools initiate student referrals and contact families. Once family support is engaged, the school will alert the Huntsman Mental Health Institute – Park City school-based clinician and begin an intake process with students and families. Students see clinicians based on need. The school-based program also has access to referrals for psychological consultations conducted by psychiatrists from Huntsman Mental Health Institute – Park City and Salt Lake City. These are referred by the clinician seeing the child for school-based therapy when further inquiry and assessment are indicated. When clinical staff identify the need for families to be involved in the therapeutic process, clinicians will refer families to Huntsman Mental Health Institute – Park City where opportunities for funding are available and there is increased availability for services.

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.

Mental Health Early Intervention (MHEI) requests should be sent to Kristin McHugh and Cristie Frey at [Huntsman Mental Health Institute – Park City kristin.mchugh@hsc.utah.edu](mailto:kristin.mchugh@hsc.utah.edu)
Cristie.Frey@hsc.utah.edu

The school therapists collect Youth Outcomes Questionnaire (YOQ) surveys for each client monthly and do so through the Outcomes Questionnaire system so they should be visible to the Office of Substance Use and Mental Health personnel. Similarly the youth services collect Mental Health Early Intervention (MHEI) required data points at intake and during each session, via smart sheet and the EPIC Electronic Health Records System (EHR), and that data is turned into the Office of Substance Use and Mental Health through University of Utah Health Plans.

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.**

In addition to office treatment, services are able to be provided in the family’s home or in a

community setting. University of Utah Health Plans also participates in the Multidisciplinary Task Force and collaborates with [Division of Child and Family Services and Children's Justice Center](#), [Division of Services for People with Disabilities \(DSPD\)](#), and other social services.

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—Wasatch runs the Mobile Crisis Outreach Team \(MCOT\), and as a Healthy U. Behavioral Provider, they are able to access Medicaid in Summit County.](#)

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:

Suicide prevention programs are run through the Summit County Behavioral Health Division's Prevention Team with the Latino Behavioral Health Committee, CONNECT, and the Summit County Mental Wellness Alliance.

[The Summit County Council approved an update to the Summit County Mental Wellness Strategic Plan. In this, a new suicide prevention plan will be developed during FY24 for implementation in the community through the Summit County Mental Wellness Alliance.](#)

[For FY23-26, Summit County was awarded \\$120,000 from the Office of Substance Use and Mental Health for the purchase and distribution of gun safes as part of an effort of the Utah Legislature to address the rate of suicides when a firearm is present within the home. Safes are being provided as part of QPR Trainings and with the future help of the Summit County Sheriff's Office and the Park City Police Department](#)

Suicide Prevention Programs:

- o **Question Persuade Refer (QPR):**

Summit County Behavioral Health Division has partnered with community members and non-profit groups to provide ongoing suicide prevention trainings. We continue to offer Question Persuade Refer (QPR) trainings both in-person and virtually in both English and Spanish.

o **Working Minds:**

Summit County Behavioral Health Division has two staff trained in Working Minds Suicide Prevention.

o **THRIVE:**

THRIVE is a life skills and prevention program that utilizes evidence-based practices from positive and clinical psychology that help youth cultivate mental, emotional, and physical well-being. The program provides participants with the necessary preventative skills to thrive as individuals while preparing them to feel resilient, strong, hopeful, and with a sense of self-awareness that will help them succeed in life. The THRIVE program works with small groups of students in cohorts of 10-15 students. Students learn, practice, and apply evidence-based well-being skills. Program outcomes include:

- Helping youth be proactive in boosting their overall well-being.
- Decrease symptoms of depression, anxiety, and suicidality.
- Increase self-awareness, problem-solving, coping and relationship skills.
- Develop a sense of belonging and connectedness.
- Increase levels of overall joy.

Priorities:

- In conjunction with other Katz Amsterdam Communities (a coalition of 17 ski resort communities which conduct the same assessments focused on behavioral health indicators to provide a better comparison to peer communities.), conduct and publish a needs assessment during FY25 to improve our understanding of the data relating to suicide, identify any trends and understand what interventions and suicide prevention programs have been proven effective within the environment unique to ski resort communities.
- Continue to deliver training in the suite of programs which address mental health, wellbeing, and suicide awareness and prevention with community partners such as CONNECT, Local Education Authorities, University of Utah Health Plans, Holy Cross Ministries, the Latino Affairs Committee, etc. Examples include QPR (Question Persuade Reefer in English & Spanish), Mental Health First Aid, SafeUT, U of U Health Suicide training for clinicians, film screenings, and STORM suicide prevention program.
- Promote a broader awareness around the importance of listening and talking both in relation to mental wellbeing and suicide prevention by using social media to support campaigns such as Mental Health Awareness Monty

(CONNECT) and Suicide Prevention Week (Local Education Authorities) which attract a local press and social media presence.

- Ensure all programs and materials are alliable in both English and Spanish. Continue the targeted and culturally based approach in connecting and educating the Spanish speaking community.
- [In conjunction with the Live Like Sam Foundation \(THRIVE\)](#), expand HOPE Squads from high schools to junior and middle schools.

Intervention:

All Huntsman Mental Health Institute clinicians have been trained in U of U Health Suicide recognition and utilize the Stanly Brown Safety Plan as needed. When determined to be needed, a safety plan is developed that supports and guides individuals when they are experiencing thoughts of suicide to avoid a state of intense suicidal crisis. The Stanley Brown Safety Plan is viewed as one of the standards for safety plans. The Summit County Behavioral Health Division is notified in most cases of suicide attempts seen by the Park City Hospital, the Mobile Crisis Outreach Team (Wasatch Behavioral Health), Healthy U. Behavioral Network clinicians, and local non-profits. This information is shared with Healthy U. Behavioral which assigns a network Clinicians, generally Huntsman Mental Health Institute – Park City, for follow-up.

With the addition of a Mobile Crisis Outreach Team, Summit County still prefers to dispatch members of the Summit County Sheriff’s Office Probation Department to respond to all suicide related calls to 911. (This is due to the plain clothes and unmarked vehicle used.) All Summit County Sheriff’s Department members are trained in Crisis Intervention Teams (CIT), Question Persuade Refer (QPR), and are provided additional behavioral education opportunities yearly. Individuals transported to the Summit County Jail due to reasons on immediate physical harm are placed in a specific suicide watch cell and seen by the Huntsman Mental Health Institute – Park City on-call staff.

Postvention:

Follow-ups with adults released from the Park City Hospital are conducted within 24 hours and released by a Network Provider, generally Huntsman Mental Health Institute – Park City. For children and youth, this is conducted by the corresponding school-based provider. If a safety plan has not been established due to being seen in the Emergency Department, staff will work with the individual to establish a Stanley Brown Safety Plan. (A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis. The Stanley Brown Safety Plan is viewed as one of the standards for safety plans.)

School Counseling in the event of a Death by Suicide:

The Summit County School-based program has plans in place to shift clinical resources, including calling in Summit County Network clinicians, towards a school

in the event of an emergency, including a death by suicide. This protocol has been used once in the past five years.

Community based postvention follows the programs as outlined in the “After A Suicide...” response plan established by the Scottish Association for Mental Health, which is included within the Area Plan folder.

QPR trainings are offered once a month in English and every other month in Spanish. Currently, we are not providing Working Minds as we are down staff.

For THRIVE, they are going through the process of being recognized in Utah as an EBP. The success of the program is measured through a clinical assessment conducted as part of the program by Webewell. As of the last report to the County Council on THRIVE, the following was reported of youth participating in the program:

- 31% Reduction in Depression
- 30% Reduction in Anxiety
- 18% Reduction in Negative Emotions
- 22% Increase in Life Satisfaction
- 14% Increase in Positive Emotional Being
- School-Based Clinicians reported that THRIVE participants no longer needed in-school services.

The Katz Community Assessment was developed by PRC (<https://prccustomresearch.com/>), based on the one we created in Summit County and reviewed by all community partners. During its last administration, we had over 2,400 residents respond, with a scientific sampling representing all proportion demographics.

For the social media campaign, we are partnering with both local non-profits and Vail Epic Promis to develop messaging relevant to our population. We are currently waiting on this year's round of funding from Katz Amsterdam Foundation. Previously, we implemented the "Its OK to Not be OK" campaign with the other Katz communities.

The postvention plans we included are what we use in Summit County to guide our responses when needed. This has been a success as it has allowed for agreements between different community partners, such as the LEAs, to pool resources and response teams and to deploy them as needed. (This was demonstrated two years ago in South Summit when we bolstered clinicians in that area to meet the added need for services after a community loss.) Additionally, our partnership with the NHS Schotland for Choose Life has provided additional resources and support.

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)**

Chantal Guadarrama, Behavioral Health Division

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.

For postvention responses deemed at a high level, Summit County has a postvention response plan in place. The plan is modeled off of and consulted on, by the National Health Service – Scotland and incorporates public, private, and non-profit roles. Additionally, the Summit County Behavioral Health Division maintains an emergency response corps. to respond to community emergencies, similar to the Emergency Medical Corps. run through the Emergency Service Coordinator.

For lower-level postvention, Huntsman Mental Health Institute – Park City oversees efforts to ensure other contracted clinicians have plans in place. Huntsman Mental Health Institute – Park City provides screening assessment to all patients with the Columbia-Suicide Severity Rating Scale (C-SSRS). Treatment is provided based on screening and assessment with all patients completing a Stanley Brown safety plan. In addition, clinicians are trained in CALM (Counseling on Legal Means), allowing clinicians to ask further crucial screening questions to identify risks and increase safety in reducing access to means of harm. Patients are hospitalized when a higher level of care is indicated, and Huntsman Mental Health Institute – Park City will track patients while inpatient and follow through with treatment upon release. Resources from the community are provided to support safety. All Huntsman Mental Health Institute– Park City patients are provided crisis resources noted in each progress note when they are seen at the clinic.

Effectiveness is measured by reduced hospitalizations and treatment outcomes, continued assessment, and screening to evaluate progress, and reduced reports of suicidal ideation. Efforts are made to increase support and access to treatment for each high-acuity patient through case management services and monitoring, medication management, and clinical staff who provide individualized treatment plans per patient.

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.

NA

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.

NA

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?

Services include Prime For Life (offered online via Huntsman Mental Health Institute – Park City), Supportive Outpatient (SOP), Intensive Outpatient Program (IOP), Drug Court, Medication Assisted Treatment (MAT), Urine Analysis testing, Peer Support, individual therapy, and case management. Criminal risk factors are monitored for reduction through treatment planning, successful completion of recommended programs and negative Urine Analysis results.

Describe how clients are identified as justice involved clients

Individuals are traditionally identified through their justice involvement, but may also be identified by their attorneys or clinicians who are aware of pending judicial involvement. Additional referrals may be received from the jail or "known flyers" with a behavioral health history of involvement with local law enforcement.

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

Negative Urine Analysis (Drug Test) results are an immediate indicator of the effectiveness of justice involved treatment services. Successful completion of the treatment recommendations is also a way to measure the effectiveness of Justice Treatment Services. Huntsman Mental Health Institute – Park City serves primarily substance use related justice involved clients. Huntsman Mental Health Institute – Park City also serves Domestic Violence (DV) related cases for which effectiveness is measured by the completion of Moral Reconciliation Therapy (MRT) and associated treatment recommendations.

Identify training and/or technical assistance needs.

We would like more clinicians in the Healthy U. Behavioral Network trained in domestic violence and Moral Reconciliation Therapy (MRT).

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

Summit County is working on increased use of the Level of Service/Risk Need Responsivity (LS RNR), a tool that assesses the client's criminogenic risk.

Currently, the Criminal Justice Coordinating Committee is developing a strategic plan focused on improving services to justice-involved clients. It is anticipated that the plan will be completed by the Fall of 2023.

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.

Huntsman Mental Health Institute – Park City provides individual therapy, assessment and crisis treatment services in the jail weekly. Huntsman Mental Health Institute – Park City coordinates with probation and AP&P, justice and district court judges, to track compliance with treatment recommendations and Urine Analysis (Drug Test) testing results weekly.

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.

Due to the low volume of youth engaged with the above agencies, direct contract is made with Huntsman Mental Health Institute – Park City. Through expanded usage of school-based services, early identification and intervention within schools is able to take place.

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.

Chris Crowley, Summit County Health Department Emergency Services Manager, currently services in the capacity and has previously coordinated with the Utah Department of Health prior to the merger and continues to do so.

All Summit County Health Department Staff are required to receive annual FEMA training in the following areas:

- FEMA IS-100: Introduction to Incident Command Systems
- FEMA IS-230.e: Fundamentals of Emergency Management
- FEMA IS-317: CERT and Incident Command Systems
- FEMA IS-700: Introduction to the National Incident Management System

Additional annual FEMA training provided to the Summit County Behavioral Health Division:

- FEMA IS-36.a: Preparedness for Child Care Providers
- FEMA IS-244.b: 288.a: Voluntary Organizations in Emergency Management
- FEMA IS-2905: Coordinating Health and Social Services Recovery

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)**
 - This can be found in the 2023 Summit County Mental Wellness Strategic Plan.