



Utah Department of
Health & Human Services
Integrated Healthcare

SUMH Local Authority Area Plan

State Fiscal Year 2027

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OVERVIEW

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

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

SUICIDE PREVENTION SERVICES

Community Suicide Prevention

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

Suicide Prevention (Contract requirement 4.1)

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

☒ Yes

☐ No, not at this time.

Describe strategies and evidence based programs being implemented for:

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

Northeastern Counseling Center (NCC) implements a comprehensive, upstream suicide prevention approach aligned with the Utah Suicide Prevention State Plan, with a focus on increasing protective factors, reducing risk factors, and improving community awareness and engagement.

NCC provides evidence-based prevention programming including Mental Health First Aid (Adult and Youth), Question, Persuade, Refer (QPR), VitalCog, Strengthening Families Program, Love & Logic, Active Parenting, and Kids with Incredible Potential. These programs are designed to increase mental health literacy, strengthen family functioning, and improve early identification of individuals at risk for suicide.

NCC has trained over 2,500 community members in Mental Health First Aid and continues to expand gatekeeper trainings across schools, healthcare systems, and community organizations. Targeted outreach is conducted in partnership with school districts, TriCounty Health Department, local hospitals, UBTECH, and other community groups, ensuring engagement with rural and high-risk populations.

Lethal means safety is a core component of NCC's prevention strategy. Efforts include the distribution of gun locks and safes, safe storage education, and community outreach at events such as gun shows. NCC also promotes the 988 Suicide & Crisis Lifeline through media campaigns and by distributing prevention messaging on commonly used items (e.g., ammo boxes, gun socks, and promotional materials).

NCC works to reduce stigma and increase help-seeking behavior through partnerships with local media, businesses, and organizations, including outreach to underserved populations such as the LGBTQIA+ community through collaboration with Basin Equality Center.

Evaluation of prevention efforts includes participant surveys (e.g., MHFA evaluations), tracking of training reach and engagement, and monitoring community demand for services. NCC is continuing to enhance evaluation by incorporating pre/post assessments and aligning data collection with state-level

Community Suicide Prevention

performance measures.

Public-facing plan link:

NCC is currently developing a public-facing prevention plan, which will be available by Year 2 of the CCSP grant.

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

NCC provides comprehensive suicide intervention services aligned with the Utah Suicide Prevention State Plan, focusing on early identification, evidence-based clinical practices, and continuity of care.

All clients are screened for suicide risk using the Columbia Suicide Severity Rating Scale (C-SSRS), an evidence-based tool used to identify and stratify suicide risk. Individuals identified as at risk receive a comprehensive risk assessment and are engaged in collaborative safety planning using the Stanley & Brown Safety Planning Intervention.

NCC provides approximately 1,000 crisis interventions annually across multiple settings, including emergency departments, schools, homes, jails, and outpatient clinics. NCC works closely with local hospitals and first responders to ensure coordinated crisis response and access to appropriate levels of care.

The Mobile Crisis Outreach Team (MCOT) delivers immediate, on-site crisis intervention, including assessment, de-escalation, and safety planning, followed by next-day in-person clinical follow-up. NCC also participates in a Medicaid Performance Improvement Project focused on improving engagement following inpatient psychiatric discharge.

Caring Contacts are utilized as an evidence-based follow-up intervention for individuals at high risk, including those recently discharged from inpatient care, seen in emergency departments, or identified by clinicians as needing ongoing support.

Clients are identified for suicide-specific services through screening results, referrals from community partners, and crisis response encounters. High-risk individuals are prioritized for intensive services and follow-up care.

Program effectiveness is measured through tracking of C-SSRS risk levels, post-discharge engagement rates, follow-up compliance, and service utilization data. NCC is enhancing data systems to align with state expectations for outcome monitoring and continuous quality improvement.

Public-facing plan link:

NCC is currently developing a public-facing intervention plan, which will be available by Year 2 of the

Community Suicide Prevention

CCSP grant.

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

NCC implements coordinated suicide postvention strategies aligned with the Utah Suicide Prevention State Plan and the Utah Suicide Prevention Coalition Community Postvention Toolkit, with the goal of supporting survivors, promoting healing, and reducing risk of suicide contagion.

NCC provides immediate postvention support through its Mobile Crisis Outreach Team (MCOT), which offers crisis intervention, emotional support, safety planning, and follow-up services to individuals, families, and communities impacted by suicide. Caring Contacts are also used to maintain connection with high-risk individuals and survivors.

NCC collaborates with key community partners including TriCounty Health Department, local hospitals, school districts, law enforcement, first responders, faith-based organizations, and mortuaries to coordinate postvention response efforts. NCC supports schools in implementing their postvention protocols and provides consultation and resources as needed.

Grief support services include referrals to evidence-based and best practice support groups such as those offered by NAMI, the University of Utah, and the American Foundation for Suicide Prevention (AFSP), as well as access to clinical therapy and psychoeducation on grief, trauma, and depression.

NCC distributes postvention care packages in partnership with local agencies to provide immediate resources to families following a suicide loss. Internal protocols ensure timely notification of leadership and coordination of response efforts within the organization.

NCC is actively developing a formal, written community postvention plan that will define roles, responsibilities, communication protocols, and coordinated response strategies across agencies. This plan will be completed by Year 3 of the CCSP grant.

Evaluation of postvention efforts includes tracking service utilization, partner feedback, and monitoring community needs following a suicide. These efforts support continuous improvement and alignment with state priorities.

Public-facing plan link:

NCC is currently developing a public-facing postvention plan, which will be available by Year 2 of the CCSP grant.

Community Suicide Prevention

Suicide Prevention Training (Contract requirement 4.1.a)

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

☒ Yes

☐ No, not at this time.

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

Erica Gilbert, Suicide Prevention Coordinator, ericag@nccutah.org

Community Suicide Prevention Coordination (Contract requirement 4.1.b)

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

☒ Yes

☐ No, not at this time.

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

Northeastern Counseling Center (NCC), as the Local Mental Health Authority (LMHA), collaborates with a multidisciplinary network of partners to implement a coordinated, community-wide approach to suicide prevention, intervention, and postvention. These partnerships align with the Utah Suicide Prevention State Plan by promoting shared responsibility, cross-system collaboration, and continuity of care.

Local Health Department (LHD) – TriCounty Health Department

Prevention:

- Collaborates on community health improvement planning and suicide prevention strategies
- Supports public health campaigns and data-informed prevention efforts

Community Suicide Prevention

- Co-facilitates community trainings (e.g., QPR) and outreach initiatives

Intervention:

- Supports population-level surveillance and identification of emerging trends
- Collaborates with NCC and healthcare providers to promote early identification and referral

Postvention:

- Assists in coordination of community-wide postvention efforts
 - Supports dissemination of accurate and timely information following a suicide
 - Partners in development of a community postvention plan aligned with the Utah toolkit
-

Local Education Agencies (LEAs) – School Districts (e.g., Uintah, Duchesne, Daggett School Districts)

Prevention:

- Implements school-based prevention programming and social-emotional learning supports
- Partners with NCC to provide Youth Mental Health First Aid, QPR, and other trainings
- Identifies at-risk youth and connects them to services

Intervention:

- Conducts initial identification of students in crisis and refers to NCC or emergency services
- Activates school crisis teams and follows established protocols
- Collaborates with parents, NCC, and community providers for student support

Postvention:

- Implements school postvention plans following a suicide or traumatic loss
 - Works with NCC to provide crisis response, counseling, and resources to students and staff
 - Promotes safe messaging and reduces risk of contagion
-

Healthcare Systems (Hospitals and Medical Providers)

(Uintah Basin Medical Center, Ashley Regional Medical Center, and other providers)

Prevention:

Community Suicide Prevention

- Screens patients for mental health and suicide risk in primary and emergency care settings
- Partners with NCC to provide staff training and education

Intervention:

- Provides medical stabilization and emergency psychiatric care
- Collaborates with NCC for crisis assessment, safety planning, and referrals
- Facilitates inpatient admissions when necessary

Postvention:

- Supports continuity of care through discharge planning and referrals to NCC
 - Coordinates follow-up care for individuals at risk
-

Law Enforcement and First Responders

Prevention:

- Participates in community awareness and training efforts
- Engages in lethal means safety conversations when appropriate

Intervention:

- Often serve as first responders to individuals in crisis
- Coordinate with NCC MCOT for co-response and crisis de-escalation
- Facilitate transport to appropriate care settings when needed

Postvention:

- Provide initial response following a suicide death
 - Coordinate with NCC and LHD to connect families to postvention resources
-

TriCounty Health Department & Community Coalition Partners

Prevention:

- Participate in local suicide prevention coalition efforts
- Support implementation of evidence-based strategies and community outreach
- Help identify priority populations and gaps in services

Community Suicide Prevention

Intervention:

- Promote awareness of available crisis services and referral pathways

Postvention:

- Assist in community healing efforts and dissemination of resources
 - Support coordinated response planning
-

Community-Based Organizations and Advocacy Groups

(e.g., Basin Equality Center, NAMI, AFSP, faith-based organizations)

Prevention:

- Provide outreach and support to specific populations, including underserved groups
- Assist in stigma reduction and awareness campaigns
- Offer peer support and community education

Intervention:

- Help connect individuals to appropriate services
- Provide peer and community-based support

Postvention:

- Offer grief support groups and survivor resources
 - Assist with community healing and memorial practices that follow safe messaging guidelines
-

Mortuaries and Funeral Homes

Prevention:

- Support safe messaging practices in obituaries and public communication

Intervention:

- N/A (limited role)

Postvention:

Community Suicide Prevention

- Partner with NCC and LHD to distribute postvention care packages
- Provide families with resources and referrals following a suicide loss

Through these partnerships, NCC ensures a coordinated and comprehensive approach to suicide prevention, intervention, and postvention across the Tri-County area. Each partner plays a distinct and collaborative role in addressing suicide risk, improving access to care, supporting affected individuals and families, and strengthening community resilience. This integrated approach aligns with the Utah Suicide Prevention State Plan's emphasis on cross-sector collaboration, shared accountability, and continuity of care across the lifespan.

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

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

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

Northeastern Counseling Center (NCC), as the Local Mental Health Authority (LMHA), maintains a comprehensive written policy and procedure for screening and responding to suicide risk in accordance with **SUMH Office Directives Governance and Oversight general provisions**. This policy includes standardized protocols for suicide screening, risk assessment, safety planning, and lethal means counseling when clinically indicated.

Staff Training on Suicide Risk Policy

All NCC clinical staff are trained on the agency's suicide risk policy at onboarding and through ongoing annual training requirements. Training ensures fidelity to evidence-based practices and consistency in implementation across all service settings.

Training components include:

- **Suicide Screening and Risk Assessment:**
Staff are trained to administer and interpret the Columbia Suicide Severity Rating Scale (C-SSRS) for universal and targeted screening. Training includes identification of warning signs, risk and protective factors, and appropriate risk stratification.
- **Safety Planning Intervention:**
Staff are trained in the evidence-based Stanley & Brown Safety Planning Intervention, including development of collaborative, individualized safety plans that identify coping strategies, support systems, and crisis resources.

Community Suicide Prevention

- **Lethal Means Counseling:**

Staff receive training on lethal means safety counseling, including how to assess access to lethal means and provide education on safe storage practices, particularly for firearms and medications, when clinically indicated.

- **Crisis Response Protocols:**

Staff are trained on procedures for responding to varying levels of suicide risk, including activation of crisis services, Mobile Crisis Outreach Team (MCOT) involvement, and coordination with emergency departments and community partners.

- **Documentation and Compliance:**

Training includes proper documentation of screening results, risk assessments, safety plans, and follow-up actions in accordance with state and agency requirements.

Ongoing Training and Quality Assurance

- Staff participate in regular refresher trainings and case reviews to reinforce best practices
- Supervisors provide ongoing clinical oversight and consultation
- NCC monitors compliance through chart reviews and quality improvement processes
- Training is aligned with state-recommended practices and evidence-based standards

This structured training approach ensures that all staff are equipped to effectively identify and respond to suicide risk, provide appropriate interventions, and ensure client safety across the continuum of care.

Northeastern Counseling Suicide Risk and Response Policy

Purpose: This policy covers basic procedures related to suicide risk screening and response. Suicide risk assessment, interventions and safety planning when clinically indicated, are core services of Northeastern Counseling Center.

Screening: Northeastern Counseling utilizes the Columbia Suicide Severity Rating Scale (C-SSRS) for screening suicide. Screenings will be completed at the following times. If there are clinical reasons why the C-SSRS was not completed, those reasons must be documented in the Center's electronic health record.

1. All clients formally evaluated by a therapist for Northeastern Counseling services are to have a C-SSRS completed at the time of evaluation. The C-SSRS is part of the electronic medical record and available on the Qualifacts/Credible system.
2. All clients receiving services are to have a C-SSRS completed annually.
3. Clients being discharged from a psychiatric hospital are scheduled for follow up with NCC are required to have a C-SSRS at the time of their initial follow up.
4. Therapists responding to MCOT deployments or seeing crisis clients at NCC or at local hospital locations are to complete a C-SSRS. This form may be completed on paper as needed when at remote locations and entered into the health record.

Community Suicide Prevention

5. Therapy progress notes contain suicide questions that are to be asked and answered at every session. When clinically indicated due to a change in status an updated C-SSRS is to be completed.

Safety Planning: Northeastern Counseling utilizes the Stanley Brown Safety Plan.

1. Safety Plans are to be completed on anyone who is a 2 or higher on the C-SSRS with the exception of an individual that is screened and as a result of that screening is admitted to a psychiatric hospital. The admitted individual will have a Safety Plan upon discharge from the unit.
2. A plan should also be completed if the clinician feels there is potential risk regardless of the C-SSRS results.
3. The Safety Plan is available in the electronic health record. The plan is also available on paper for remote locations.
4. A copy of the Safety Plan is to be provided to the client, family, friends as the situation indicates.
5. Safety planning will include counseling regarding lethal means and shall be documented in the Safety Plan.

Consultation and crisis referrals: All Northeastern Counseling employees e.g. support staff, case managers, Peer Support, nurses, therapists, prescribers et al., are to make an immediate referral to the crisis therapist or clinical supervisor when suicide risks are observed or reported. Clinicians are encouraged to consult with a clinical administrator or an available clinician if a clinical administrator is not immediately available, anytime consultation is clinically indicated.

Firearm Safety (SUMH Office Directives)

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

Please describe the LAs plan for:
Purchasing and distributing means safety devices

Community Suicide Prevention

Northeastern Counseling Center (NCC), as the Local Authority (LA), implements a comprehensive lethal means safety strategy in alignment with SUMH Office Directives and the Utah Suicide Prevention State Plan. This strategy focuses on reducing access to lethal means during times of crisis through the purchase and distribution of safety devices and targeted community education.

Purchasing and Distribution of Means Safety Devices

NCC utilizes grant and agency funding to purchase a variety of means safety devices, including:

- Firearm gun locks
- Firearm safes
- AmmNCC integrates lethal means safety education into all levels of prevention, intervention, and postvention efforts. Education is culturally responsive, stigma-reducing, and framed around safety and temporary risk reduction during times of crisis.
- Key components include:

Safe Storage Education:

- NCC provides education on safe firearm and medication storage practices, emphasizing the importance of reducing access during periods of increased suicide risk. Messaging is consistent with best practices and promotes voluntary, temporary safety measures.

Integration into Evidence-Based Programs:

- Lethal means safety is incorporated into trainings such as Mental Health First Aid (MHFA) and QPR, increasing awareness among community members and gatekeepers.

Targeted Outreach:

- NCC conducts outreach to high-risk groups, including rural residents, firearm owners, and youth-serving populations, through partnerships with schools, agricultural organizations, and community groups.

Community Partnerships and Messaging:

- NCC collaborates with local partners, including law enforcement, healthcare providers, and community organizations, to reinforce consistent messaging. Prevention messaging is disseminated through media campaigns, printed materials, and promotional items that include crisis resources such as the 988 Suicide & Crisis Lifeline.

Community Suicide Prevention

Event-Based Education:

- Staff provide in-person education at community events, offering hands-on demonstrations of safety devices and opportunities for discussion.

Clinical Integration:

- Lethal means counseling is incorporated into clinical care when indicated, including during safety planning for individuals at risk.
- Gun lock boxes
- Medication lockboxes
- Medication disposal resources (e.g., deactivation bags when available)

Distribution occurs through multiple channels to ensure broad and equitable access, particularly for high-risk and rural populations. These include:

- Community events (e.g., health fairs, gun shows, county fairs)
- Partnerships with local law enforcement agencies and first responders
- Collaboration with healthcare providers, including hospitals and clinics
- Direct distribution through NCC clinical services and Mobile Crisis Outreach Team (MCOT)
- Partnerships with local businesses such as hardware and sporting goods stores

Priority distribution is given to:

- Individuals identified as at-risk through screening or crisis services
- Households with known behavioral health concerns
- Rural and underserved populations with limited access to resources

NCC tracks distribution efforts, including quantity, location, and target population, to support accountability and evaluation.

Approach to community education

NCC integrates lethal means safety education into all levels of prevention, intervention, and postvention efforts. Education is culturally responsive, stigma-reducing, and framed around safety and temporary risk reduction during times of crisis.

Key components include:

- **Safe Storage Education:**

Community Suicide Prevention

NCC provides education on safe firearm and medication storage practices, emphasizing the importance of reducing access during periods of increased suicide risk. Messaging is consistent with best practices and promotes voluntary, temporary safety measures.

- **Integration into Evidence-Based Programs:**

Lethal means safety is incorporated into trainings such as Mental Health First Aid (MHFA) and QPR, increasing awareness among community members and gatekeepers.

- **Targeted Outreach:**

NCC conducts outreach to high-risk groups, including rural residents, firearm owners, and youth-serving populations, through partnerships with schools, agricultural organizations, and community groups.

- **Community Partnerships and Messaging:**

NCC collaborates with local partners, including law enforcement, healthcare providers, and community organizations, to reinforce consistent messaging. Prevention messaging is disseminated through media campaigns, printed materials, and promotional items that include crisis resources such as the 988 Suicide & Crisis Lifeline.

- **Event-Based Education:**

Staff provide in-person education at community events, offering hands-on demonstrations of safety devices and opportunities for discussion.

- **Clinical Integration:**

Lethal means counseling is incorporated into clinical care when indicated, including during safety planning for individuals at risk.

Garrett Lee Smith Grant (GLS)

Does the LA have a GLS Grant?

☐ Yes

☒ No, not at this time.

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

Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

☒ Yes

☐ No, not at this time.

If yes,

Community Suicide Prevention

Please identify LA primary contact name and email

Erica Gilbert, ericag@nccutah.org

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

Northeastern Counseling Center (NCC), as the Local Authority (LA), will implement the Comprehensive Community Suicide Prevention (CCSP) Grant through a coordinated, data-driven, and evidence-based approach aligned with the Utah Suicide Prevention State Plan. Implementation will focus on strengthening prevention, enhancing intervention services, and formalizing postvention planning across the Tri-County region.

Prevention Implementation

NCC will expand and enhance upstream prevention efforts by increasing the delivery of evidence-based programs, including Mental Health First Aid (Adult and Youth), Question, Persuade, Refer (QPR), and Strengthening Families. Trainings will be prioritized for high-risk and underserved populations, including rural communities, youth, and individuals with limited access to behavioral health services.

Lethal means safety initiatives will be expanded through the purchase and distribution of gun locks, safes, and medication lockboxes, paired with targeted education on safe storage practices. NCC will continue to promote the 988 Suicide & Crisis Lifeline through coordinated messaging campaigns and community outreach.

Partnerships with schools, healthcare providers, local businesses, and community organizations will be strengthened to increase reach and ensure consistent messaging across systems.

Intervention Implementation

NCC will enhance suicide intervention services by strengthening screening, assessment, and follow-up protocols. Universal screening using the Columbia Suicide Severity Rating Scale (C-SSRS) will continue across service settings, ensuring early identification of individuals at risk.

The Mobile Crisis Outreach Team (MCOT) will be expanded to improve response times and increase access to crisis services throughout the region. NCC will also strengthen care transition processes, including rapid follow-up after inpatient discharge and increased use of Caring Contacts to maintain engagement with high-risk individuals.

Coordination with hospitals, law enforcement, and first responders will be enhanced to support a

Community Suicide Prevention

seamless continuum of care.

Postvention Implementation

NCC will formalize and expand postvention efforts by developing a written organizational postvention plan and a comprehensive community-wide postvention response plan in alignment with the Utah Community Postvention Toolkit.

This will include clearly defined roles and responsibilities, communication protocols, and coordinated response strategies with key partners such as TriCounty Health Department, school districts, healthcare systems, and first responders.

NCC will continue to provide immediate support through the Mobile Crisis Outreach Team (MCOT), offer grief support resources, and promote safe messaging practices to reduce the risk of suicide contagion.

Data Collection and Evaluation

NCC will implement enhanced data collection and evaluation processes to measure program effectiveness and inform continuous quality improvement. This includes:

- Tracking participation in prevention programs and trainings
- Monitoring suicide risk levels using C-SSRS data
- Measuring engagement and follow-up rates after crisis and inpatient services
- Tracking distribution of lethal means safety devices

NCC will align evaluation efforts with state reporting requirements and develop internal systems, including data dashboards, to monitor outcomes and guide decision-making.

Sustainability and Continuous Improvement

NCC will ensure sustainability of CCSP efforts by:

- Embedding evidence-based practices into standard operations
- Strengthening community partnerships and shared ownership of prevention efforts
- Pursuing ongoing funding opportunities and grant support
- Providing continuous staff training and quality improvement processes

Document link (if applicable):

A comprehensive written plan will be finalized and made publicly available by Year 2 of the CCSP grant.

Community Suicide Prevention

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Technical Assistance

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

☐ Yes

☒ No, not at this time.

Please indicate sections requested.

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CRISIS SERVICES

Behavioral Health Crisis Services

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

Crisis Line Coordination, MCOT and Receiving Centers Services shall provide services in accordance with UCA 523-18 and 523-21. The LA shall refer to the [SAMHSA National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) as guidance for development, implementation, and quality improvement efforts.

24 Hour Crisis Care and Services (Mandated Service)

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

	Youth	Adult
Directly	☒	☒
Contracted	☐	☐

Link to or list of contracted providers:

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Behavioral Health Crisis Services

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

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

- ☐ Yes
☒ No, not at this time.

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

- ☒ Yes
☐ No, not at this time.

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

- ☒ Yes
☐ No, not at this time.

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

- ☒ Yes
☐ No, not at this time.

Please detail the following for the LA:

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

Northeastern Counseling Center (NCC) operates two MCOT teams. One team is located out of Vernal serving Uintah and Daggett Counties and another team out of Roosevelt serving western Uintah and Duchesne County. Each team consists of a therapist and a crisis worker that is either employed as a Certified Case Manager and or Peer Support Specialist. During business days the scheduled MCOT therapist works 8:00 a.m. to 5:00 p.m. as the MCOT therapist out of the NCC clinic location. After hours the therapist is on call from 5:00 p.m. until 8:00 a.m. the next business day. The case manager/peer support scheduled for MCOT work a day shift. This is followed by a MCOT (case manager/Peer Support) working a swing shift at the clinical location Monday through Friday. Case managers/peer support are on call for weekends and holidays. All team members have crisis certification. MCOT deployments are made from 0700 to 2300 hours 365 days a year. The therapist is available for consultation 24/7 365 days a year. MCOT requests may come from law enforcement, health care providers, clients and families, etc., or directly through Northeastern Counseling or through 988.

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

Northeastern Counseling Center seeks to follow up in person or by phone with those served by MCOT

Behavioral Health Crisis Services

community deployments or crisis services provided at one of Northeastern Counseling's clinical locations. Whenever possible NCC encourages service involvement at NCC or with another behavioral health provider to improve the individual's access to treatment and other resources to improve the individual's functioning. Following deployment the same day or days after the deployment NCC will attempt to engage the client. This may occur by phone but preferably by the client being scheduled for a clinic service. Many MCOT follow up efforts that are outside the initial 24 hour deployment period are reported as clinical services e.g. 90839, 90791, 99213, etc., and may not show in the MCOT follow up data as they are separate and distinct services from MCOT.

How the LA engages and educates first responders to MCOT services

Northeastern Counseling meets with law enforcement and is part of the local Health Care Coalition which includes ambulance services, Health Care Providers, Hospitals, etc., and the Criminal Justice Counsel that includes all law enforcement entities.

MCOT Exemption Request (Contract 7.2.b.7)

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

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

☒ Yes

☐ No, not at this time.

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

MCOT deployments are made from 0700 to 2300 hours 365 days a year. The therapist is available for consultation 24/7 365 days a year and provides crisis services in person at 2 Emergency Rooms when needed regardless of the time. NCC feels that this allows for increased sustainability of the service over time.

Receiving Centers (Contract 7.2.c)

Does the LA have a Receiving Center?

☐ Yes

☒ No, not at this time.

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

Behavioral Health Crisis Services

NCC has a completed Receiving Center building located on the Vernal, UT campus. The building was completed in CY2025. Operational funding has not yet been awarded to open the Vernal Receiving Center.

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

When awarded operational funding NCC will adhere to data requirements issued by the OSUMH. In addition, NCC will work with the criminal justice system on diversion efforts including data collection and follow up.

Youth Crisis Programming (Office Directives, Crisis Services)

Does the LA have a Youth MCOT program/team?

- ☒ Yes
☐ No, not at this time.

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

- ☐ Yes
☒ No, not at this time.

Does the LA have a SMR program/team?

- ☐ Yes
☒ No, not at this time.

How are the following implemented:

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

NCC does not have the SMR program. MCOT serves both adults, youth and children including encouraging service involvement for stabilization following a crisis.

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

N/A

Technical Assistance

Behavioral Health Crisis Services

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

☐ Yes

☒ No, not at this time.

Please indicate sections requested

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MENTAL HEALTH TREATMENT SERVICES

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

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

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

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

Inpatient Care and Services

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

Service Delivery Framework:

Northeastern Counseling has two inpatient contracts with Aspen Grove and Huntsman Mental Health Institute. An additional 6 to 7 inpatient providers are utilized throughout the year for adult acute inpatient care under single case agreements for Medicaid managed care clients. Youth are served by any hospital in the state that provides youth inpatient care. NCC funds inpatient care for adults, youth and children under the Utah Medicaid PMHP program.

Outcomes Framework:

Inpatient services may be provided due to suicide risk, psychosis, danger to others and other medically necessary reasons. Outcomes including discharge are determined by a reduction in the symptoms and risks necessitating admission. NCC requires that each individual discharged from an inpatient unit is offered a face to face service with a clinician within 3 days of discharge. This HEDIS follow up data is collected and submitted to Utah Medicaid annually.

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

Residential Care and Services

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

	Youth	Adult
Directly	☐	☐
Contracted Provider	☒	☒

Service Delivery Framework:

Northeastern Counseling has seen an increase in residential requests for adults in SFY2025 and SFY2026. Many programs are now available across the state especially in urban areas for individuals funded by Utah Medicaid. Northeastern Counseling's network providers can be seen at nccutah.org. In addition, services are provided under single case agreements with non network providers for both adults and youth as necessary to meet the individual needs. NCC strives to involve families of both adults and youth being served in this high level of care as families and clients agree. It is imperative that families are involved in youth residential care so that the youth may return to a home setting including any support or treatment needs the family may have. NCC operates 28 apartments with support services but these services are not licensed as residential but may be used instead of residential when clinically appropriate for adults. Positive family involvement is highly encouraged to add additional support to keep adult clients in a community setting (NCC or other community apartment) and to plan for discharge out of residential when clinically appropriate to a less restrictive community setting. Residential services are for SMI and SED individuals. Northeastern Counseling uses 2 to 5 different mental health residential programs each year. There are a dearth of youth residential programs in the State of Utah that will work with Medicaid members. In addition, room and board fees can be a barrier to accessing this high level of care. When residential is medically necessary and less restrictive levels of care are no longer adequate NCC will work with existing programs in the state that may be willing to accept Medicaid funds provided the youth is appropriate for admission. CALOCUS-CASII principles are used to help determine medical necessity.

Outcomes Framework:

Northeastern Counseling utilizes OQ and YOQ scores for outcome measures. Other instruments are also used depending on the individual and include but are not limited to C-SSRS DLA-20, etc. Clinical record review is completed while the individual is receiving residential services to determine symptom reduction.

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

Outpatient Care and Services

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

Service Delivery Framework:

The Center will continue to provide Assessment, Individual, Family and Group Therapy services out of the Roosevelt and Vernal clinics. The Center provides appointments as needed in Manila at the health clinic, or by telehealth. The Center provides a therapist to the Vernal FQHC 8 hours a week. The NCC Duchesne City clinic provides outpatient services part time. Most outpatient services will be provided directly by NCC employed providers. Out-of-network providers locally or in other areas of the state for those enrolled in the Medicaid PMHP may be requested by contacting the clinical director or may be initiated by NCC as needed. NCC has outpatient network agreements with Cardinal Counseling and A&H Counseling in Vernal. Medicaid Pre-Paid Mental Health Plan (PMHP) members may directly contact these practices for therapy. Clinical services are available for individuals across the lifespan and encourage family engagement. Family engagement is strongly encouraged for youth and welcomed for adults that authorize family involvement to provide support.

Outcomes Framework:

All individuals receiving mental health services are asked to participate in the OQ/YOQ program. In addition to being a tool for each specific individual the OQ/YOQ data is aggregated by OSUMH.

24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above. In addition to MCOT services, crisis services are provided at Northeastern Counseling clinical locations and by telehealth as needed. Two therapists are on call for crisis services 24/7 365 days a year.

Psychotropic Medication Management

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

☒ Yes

☐ No, not at this time.

Psychosocial Rehabilitation (*vocational training, skills development*)

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

Service Delivery Framework:

Northeastern Counseling provides Psychosocial Rehabilitation services (PRS) to both adults and youth

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

at Northeastern Counseling clinical locations, in homes, and other community locations such as stores, banks, etc., as necessary to meet the individual's needs. Services may include individual and group services. Services are provided by employed service providers of Northeastern Counseling. Most PRS group services are for individuals with higher needs. Adults living with a serious mental illness may be referred to day treatment. Therapists may refer NCC clients to children's groups after visiting with parents as is medically necessary. Therapists are approached by clinical administration for appropriate PRS referrals. Medicaid is the only payer of the PRS service. Efforts are made to identify enough youth within age categories and with similar needs and risks to form groups across various age ranges at each clinical location. During the year referrals are also sought by administrative reminders to therapists. Private Network providers may also refer to groups. NCC may provide transportation to some group services to increase the likelihood of participation for both adult and youth services. Parents of youth are encouraged to participate in their children's treatment as much as possible. Services are provided by employed providers.

Outcomes Framework:

Northeastern Counseling utilizes the DLA-20 to determine Psychosocial Rehabilitation Needs and progress. OQ/YOQ data may also be used with the DLA-20 data to evaluate overall functioning.

Case Management

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

Service Delivery Framework:

Northeastern Counseling provides case management services to both adults and youth at Northeastern Counseling clinical locations, homes, and other community locations such as stores, banks, etc., as necessary to meet the individual's needs. Services are provided by employed service providers of Northeastern Counseling.

Outcomes Framework:

Northeastern Counseling utilizes the DLA-20 to determine Targeted Case Management needs and progress in meeting those needs as related to housing, medical daily support, eligible benefits, etc.

Services to Incarcerated Individuals

See Combined Mental Health and Substance Use section below

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

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

See Combined Mental Health and Substance Use section below

Community Supports

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

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

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

Northeastern Counseling provides respite care for youth directly by using employed case managers. Family Peer Support is also provided directly by Northeastern Counseling. Community referrals to the Family Support Center or other community supports are made as indicated. Northeastern Counseling operates 28 apartment units. Many of these tenants require housing support directly from Northeastern Counseling staff to remain in a community setting and maintain housing. Housing support includes services to individuals that may be living in their own home or in low income housing in the community. For some individuals this includes providing Social Security Protective Payee services to support the individual's needs.

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

The OQ and YOQ data is used for all individuals receiving services. In addition, the primary goal is that individuals can be served in the least restrictive environment possible. Additional outcomes include inpatient, residential and USH placement data. The DLA-20 is used for adults and families requiring community support.

Consultation and Education Services

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

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

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

Northeastern Counseling provides consultation and education services directly through employees. Adult and Youth Mental Health First Aid is provided by NCC. These classes are provided free of charge to the community. Training includes classes provided to the Ute Tribe, school districts, clergy, nursing students and so forth.

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

The Center will continue to be involved in local events and committees. NCC participates in community nights, parades, panels, training, parent seminars in the schools, etc. NCC is involved at various levels including but not limited to DV Coalitions, the two local Children Justice Centers, Criminal Justice Coordinating Counsels, the local health department Health Coalition, county aging, Utah Aging MDT, care centers, early intervention Uintah county, etc. Other activities in which Northeastern Counseling Center has, or may participate in, include, but are not limited to: radio appearances, written articles for the local newspapers, tribal committees, lecturing at the Utah State University, supporting school grants, nursing programs, presentations to community or religious groups on depression, suicide prevention, etc.

Technical Assistance

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

☐ Yes

☒ No, not at this time.

Please indicate sections requested

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MENTAL HEALTH OFFICE DIRECTIVES

Mental Health Office Directives

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

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

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

Mental Health Office Directives Clinical Care

Assertive Community Treatment (ACT)

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

☐ Yes, with a DACTS/TMACT score greater than 4.0

☐ Yes, with a DACTS/TMACT score between 3.0 and 4.0.

Mental Health Office Directives

☒ No, not at this time

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

NCC does provide ACT-like services that do not meet the fidelity model. High risk individuals are provided with case management, psychosocial rehabilitation, personal services, social security payee services, medication services including home deliveries as necessary, nursing services including physical health access and monitoring, housing supports, food and shopping access, transportation, etc. These High-Need individuals require intense services to remain in a community setting.

High-Need Client Care Plan

Does the LA have an agency plan, as defined in the SUMH Office Directives, to address appropriate service provision for individuals with complex behavioral health conditions who require frequent engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community?

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

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

Northeastern Counseling Complex Behavioral Needs Policy

The following applies to adults that may be committed or ordered to Assisted Outpatient Treatment with Northeastern Counseling Center (NCC) and are living in a community setting or preparing for discharge to a community setting. This policy may also include individuals that have high needs but are not under court order.

- 1) When NCC is made aware of a committed individual the clinical site supervisor or an assigned staff member will immediately reach out to the client. In cases where no contact information is available efforts will be made to locate the individual that may include but are not limited to the court following.
 - a) Obtaining inpatient records and any court records that may be available, including a face sheet that may have contact information.
 - b) Searching the NCC 834 Medicaid database and or PRISM if there is a Medicaid number available, DOB, etc., for a last known address.
 - c) Visiting the last known address, calling the last available phone number if available in the NCC

Mental Health Office Directives

electronic health record.

d) Contacting known family if available.

2) In cases where a client cannot be located or there is a possibility that the committed individual never returned to the local area or left the local area, the clinical director is to be notified.

3) Committed individuals and high risk SMI individuals will be offered a full array of clinical and support services including mediation services, suicide assessment and safety planning, therapy services, PRS (skills), TCM, Personal Services, health care access, SUD services, housing support, inpatient and residential, etc., based on medical necessity principles.

4) The clinical site supervisor will set a minimum contact schedule with treatment staff and the client. This schedule may vary from daily contact and services to monthly depending on the client's mental status, functioning, risks and needs. Services provided, contacts and contact attempts will be recorded in the electronic health record. The assigned case manager will be responsible for initiating client contacts and scheduling needed services.

5) Committed individuals will be scheduled for a primary care visit and necessary follow-up care. If the committed individual refused medical care this will be documented in the record. If the client is at immediate health risk the clinical supervisor and nurse will be notified to determine if other interventions are needed.

6) The case manager assigned to the case will ensure that the individual has basic needs met. If there are no housing options or housing has been lost the clinical site supervisor and clinical director are to be consulted. Traditional services including but not limited to; Medicaid or other health care coverage access, protective payee services, employment services, applying for other entitlements, etc., are to be provided and offered according to the completed case manager assessment.

7) The case manager, therapist, prescriber and nursing and clinical administration will staff need and increased risk and needs that may arise. The staffing may occur at morning team meetings or at any time a crisis, significant change or need arises.

8) Low client motivation and insight: Generally, clients will agree to involvement in NCC services under an order. In cases where the client refuses basic services such as medication, case management and treatment services the clinical director and clinical site supervisor are to be notified for consultation.

9) All clients are to be treated with respect. Motivation techniques and person-centered planning are to be utilized whenever possible to ensure that appropriate treatment and basic needs are met. When a client refuses and or is unable to cooperate or engage with the treatment plan, clinical

Mental Health Office Directives

administration is to be notified, and the client's current situation reviewed.

10) Forced Medication: Forcing a client to take medications against their will even when deemed necessary for their wellbeing by a forced medication committee cannot be enforced in a community outpatient setting without the client's physical cooperation. If clinical staff reach an impasse with the client, clinical administration is to be consulted.

11) Case managers and treatment staff are to report to clinical administration and MCOT any risks observed or reported that present potential danger to self or others including substance use, access to firearms or other weapons, suicidal ideation, threats to others, increased psychosis or other behavioral changes, and so forth. As necessary MCOT and law enforcement (when necessary) will be notified for immediate assistance.

12) Criminogenic Risk and Needs are to be assessed and considered in the individual's treatment plan as indicated. NCC staff are to immediately seek consultation regarding safety issues related to the individual and others including staff members.

Behaviorally Complex Youth:

1) Children and youth experiencing complex behavioral health issues are to be offered a full array of outpatient services when medically necessary.

Services may include but are not limited to the following:

- a) Therapy at increased frequency. This may include therapy with an outside network provider that can meet the child's and family's needs.
- b) Medication services
- c) Case management
- d) Respite
- e) Family Peer Support
- f) Psychosocial Rehabilitation services
- g) Family Therapy as clinically indicated
- h) MCOT services

Mental Health Office Directives

- i) Suicide assessment and Safety Planning as indicated
 - j) Referrals to other community services including family parenting classes, coordinated shelter services with JJYS, coordination with the child's school, etc.
- 2) The clinical director and clinical site supervisor should be consulted on complex youth and families that are at risk of inpatient or residential care or home or school disruptions.
- 3) The goal for the family and youth is to keep the youth in the least restrictive environment possible.
- 4) In all cases including psychiatric inpatient care, residential services, outpatient services, etc., the legal parent/guardian must provide permission for the youth to receive services and medication. This includes youth that may be under commitment or are under a temporary emergency (Pink and Blue Sheets).
- 5) NCC will cooperate with state partners informally and formally under court order when applicable with appropriate information releases in place.
- 6) Generally, youth and families agree to some level of involvement in NCC or other community services. In cases where the youth and or family do not engage or are unable to engage in core services at needed levels such as medication, case management and treatment services clinical administration is consulted.
- 7) Consultation is to be sought when the clinician, youth or parents/care givers request the youth receive out-of-home services.
- 8) All youth and families are to be treated with respect. Motivation techniques and person/family-centered planning are to be utilized whenever possible to ensure that appropriate treatment and family needs are met.
- 9) The assigned case manager or Family Peer Support specialist will reach out to families monthly. Families do have the right to refuse services or choose not to engage. If a family chooses to not engage this will be documented in the record.
- 10) When applicable NCC will work with other community stakeholders as the family agrees, including DCFS, CJC, JJYS, Juvenile Court, Wrap Around, IST, etc.

Utah State Hospital (USH) Coordination

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

Mental Health Office Directives

Adult

Robert Hall LCSW

Youth

Robert Hall LCSW

Technical Assistance

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

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

Mental Health Office Directives - Quality and Access Improvement

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

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

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

If yes, are services provided to fidelity?

- ☐ Yes
☒ No, not at this time

Service Delivery Framework:

NCC will not use the EBI code. NCC does provide services periodically to individuals experiencing their first episode of psychosis. Clinical administration has received some training in FEP and consults with prescribers and the team as need arises. The low volume of services does not allow for specialized teams and fidelity. Referrals to programs or specialized prescribers are made as necessary. NCC has the ability to refer individuals to a child psychiatrist for individuals that require this specialized service. NCC treatment and case management staff will provide support services.

Mental Health Office Directives

Outcomes Framework:

OQ/YOQ and S-OQ, DLA-20 and being able to remain in a community setting.

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

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

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

Service Delivery Framework:

Outcomes Framework:

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

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

Brylie Rogers brylier@nccutah.org Case Manager Coordinator

Infant and Early Childhood Mental Health (IECMH)

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

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

As applicable,

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

NCC has assigned a therapist to receive basic training in IECMH. There is currently low demand for services in this population which makes specialization challenging. The goal of NCC is to have a therapist that attends Children's Center online training and other training as resources allow. The therapist will also be available for consultation with The Children's Center on specific NCC cases that

Mental Health Office Directives

may require that level of expertise. Northeastern Counseling Center makes referrals to 0-3 early intervention programs that exist in the local area. NCC will also accept referrals from these programs, pediatricians and others.

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

NCC therapists utilize the Children Behavioral check list system. This can be used on children as young as 1.5 years. Therapists are trained in TF-CBT.

Behavioral Health Home (Service Code: BHH)

Does the LA provide behavioral health home services ?

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

Service Delivery Framework:.

Outcomes Framework:

Intellectual and Developmental Disabilities (IDD)

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

Rochelle Danley CMHC (Therapist) rochelled@nccutah.org

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

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

As applicable,

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

Mental Health Office Directives

The rural nature of NCC does not allow for teams of specialists in IDD. Many therapists at NCC have received training in house and at various conferences over the years in IDD. In SFY2027 a new NCC representative has been assigned to the OSUMH program and training opportunities. The therapist will be available for consultation.

Mental Health Early Intervention (Service Code: EIM)

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

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

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

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

Service Delivery Framework:

Northeastern Counseling provides therapy services at the following schools.
Daggett County School District: Manila Schools K-12
Duchesne County School District: Union High School, Roosevelt Jr. High.
NCC follows the required policies and procedures of each district related to parental permission, notifications regarding treatment and parental involvement as defined by the state. Referrals are received directly from schools and parental permission obtained. Following a clinical assessment appropriate therapy services are provided in the school setting by NCC employed therapists. Parents/guardians are encouraged to be involved and participate in their child's treatment whether at schools or at NCC locations.

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

Robert Hall LCSW roberth@nccutah.org

Older Adults

Mental Health Office Directives

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

- ☐ Yes
☒ No, not at this time

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

Northeastern Counseling serves individuals across the life span. NCC serves 200 plus adults over 65 years of age annually. This includes outpatient services, MCOT services, inpatient admission through local medical hospitals and Skilled Nursing residents that require these services. Skilled nursing residents may request services or services may be requested by families, or facility staff or their physician. NCC is a community partner with county aging agencies which includes prevention activities related to suicide awareness. NCC is the local PASRR evaluator. This evaluation is required for individuals seeking skilled nursing admission who have a behavioral health history. NCC is part of the State Aging MDT meetings for our area. When client needs require NCC will work with the individual, family, primary care providers and the SNF to explore admission, assisted living care, in-home medical services, and so forth.

Perinatal Mental Health

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

Tricia Bennett LCSW

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

- ☒ Yes
☐ No, not at this time

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

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

Robert Hall LCSW roberth@nccutah.org

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

Unfunded clients

Mental Health Office Directives

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

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

The Center remains committed to the philosophy of being a community mental health center that serves individuals with insurance, Medicaid, Medicare and those without adequate funding as there are limited options for these individuals. The number of residents that are served by NCC annually is among the highest in the state when compared to the population size. The Center will serve adults and youth regardless of funding source as far as resources allow. NCC will assist individuals in applying for Medicaid, Medicare or other insurance options that the client or family may be eligible for.

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

NCC uses a sliding fee schedule to assess the individual's financial obligation for services provided. The fee schedule uses family income and the number of dependents to determine the fee. For families receiving services under the fee schedule there is a maximum family fee to make services more affordable. The lowest amount is \$5.00 per service (any service). There is no limit to service time except as related to Medical Necessity. NCC does anticipate that with new Medicaid requirements related to expansion Medicaid and TAM that there will be an increase in uncovered individuals seeking services. NCC will offer assistance in applying for and maintaining their eligibility.

3) Service continuum accessible to unfunded clients.

The Center provides outpatient services at current service locations to adults and youth that have inadequate or no funding and would otherwise discontinue or not have access to mental health services. Unfunded services may include therapy, limited case management, crisis services (including MCOT), medication services, Peer Support, and PRS for SED and SMI. NCC refers individuals with no funding to the local FQHC to access reduced pharmacy pricing to access physical and behavioral health medications.

Technical Assistance

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

☐ Yes

☒ No, not at this time.

Mental Health Office Directives

Please indicate sections requested.

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SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use - Adults

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

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

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

Early Intervention

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

☒ Directly

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

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

NCC directly provides Prime for Life, PRI services to adults and youth. This includes DUI and PRI teen classes. Instructors are certified. NCC receives referrals from the criminal justice system and school districts. Clinicians may also refer individuals after assessment. As needed clinical referrals to other ASAM levels are made.

Outcomes Framework:

Outcomes are built directly into the PRI evidence based practice with pre and post tests.

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

Will the LA provide Ambulatory Care and Withdrawal Management

Substance Use - Adults

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

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

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

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

NCC will fund Detox services covered under the Pre Paid Medicaid plan when medically necessary. Other ASAM levels of higher care including Medical Detox in a hospital setting may be covered under the Medicaid physical health plan. A local hospital in the NCC catchment area provides medical detox service. NCC works with the program by providing referrals to the program and providing services upon discharge from the medical detox program. NCC refers local individuals to needed services that may not exist in the local area. Providers of these services may also request authorization for Medicaid Members who directly contact programs. NCC has two residential providers in the network, Odyssey House and Liberty Addictions. NCC will also utilize single case agreements with other licensed programs as necessary for lower levels of detox. NCC has a completed Receiving Center building. When operational funds are awarded NCC will provide adult social detox services in the Receiving Center.

Service Delivery Framework:

Depending on the substance(s) involved NCC will refer to Detox services as medically necessary. This may include a high level of care such as Medical Detoxification at a local hospital or at another hospital that provides the service. In other situations MAT may be provided at NCC or other lower levels of detoxification may be arranged with a residential provider or another provider that offers the service. These decisions are based on ASAM criteria and medical necessity.

Outcomes Framework:

The key outcome for detoxification services is the safe withdrawal from the substance(s) followed by efforts to engage the individual in further treatment and engagement.

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

Substance Use - Adults

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

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

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

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

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

Northeastern Counseling utilizes several residential provider programs each year to meet service needs. NCC funds and refers to SUD residential programs across the state. In addition dual diagnosis programs that also serve mental health and SUD needs are utilized. Residential care covered by Northeastern Counseling has seen significant growth starting in SFY2024 and is expected to continue into SFY2027. The NCC budget has been adjusted accordingly.

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

NCC has two residential network providers, Odyssey House and Liberty Addictions. NCC will also utilize single case agreements with other licensed programs as necessary. It is not uncommon for NCC to utilize 4-6 SUD residential programs a year to meet treatment needs. SUD residential care may also include referring to and covering women's and children's residential at Odyssey House or another provider of the service under a single case agreement when clinically indicated.

Outcomes Framework:

TEDS data. Reduction in ASAM level. NCC strives to engage members that have utilized residential services in follow-up outpatient care and support.

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

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

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

Service Delivery Framework:.

Northeastern Counseling has typically utilized outpatient services that range from 1 to 8 hours a week

Substance Use - Adults

depending on individual need. In SFY2027 NCC is adding a minimum of one to three additional hours of treatment and psychoeducation to form a formal IOP program for individuals needing that level of care. NCC offers a variety of therapy groups for SUD, psychoeducation groups, and individual services including trauma treatment. The IOP program is for High Risk High Need individuals.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests and use, employment, etc. The SURE may also be used in some cases on an individual level.

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

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

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

Service Delivery Framework:

Northeastern Counseling provides outpatient SUD services that range from 1 to 8 hours a week. NCC offers a variety of therapy groups for SUD, psychoeducation groups, and individual services. Mental health needs such as trauma treatment are available. NCC assesses for criminogenic needs and provides Moral Reconation Therapy and other cognitive behavioral therapy to reduce risk factors.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests and use, employment, etc. reduced ASAM needs. The SURE may also be used in some cases on an individual level.

Treatment for Opioid Use Disorder (OTP-Methadone)

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

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

NCC has engaged in discussions with a group operating clinics on the Wasatch Front. NCC would support and refer to a Methadone program locally. The group is considering financial options and determining if the program would be feasible in the local rural area. Methadone can be accessed at OTP programs out the area by traveling 1.5 to 2.5 hours. The closest program is in Price, UT with Four Corners Behavioral Health with several options on the Wasatch front such as Discovery House,

Substance Use - Adults

etc., to access methadone. This is a Fee for Service Medicaid service that does not require a contract.

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

☐ Directly

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

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

This is not a contract service as it is funded by Fee for Service Medicaid. NCC will work with OTP programs to cover single case agreement requests for NCC Medicaid clients, for non medication services (e.g. Therapy, etc.) that are medically necessary as part of methadone treatment.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests and use, employment, etc. The SURE may also be used in some cases on an individual level.

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

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

☒ Directly

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

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

MAT January 2026

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

Individuals may receive this service when clinically indicated at NCC. Additional treatment and psychosocial interventions may be recommended following assessment. However, an individual refusing treatment and psychosocial interventions may still access MAT when clinically indicated.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests, use, employment, etc. The SURE may also be used in some cases on an individual level.

Substance Use - Adults

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

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

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

Service Delivery Framework:

NCC provides a variety of clinical services on an outpatient basis for women including but not limited to assessment, therapy (including trauma treatment), case management, psychosocial rehabilitation, mediation services, coordination of health care needs and health disparity needs. NCC is able to provide services to children of parents. Referrals may also be made to other community resources that offer parenting education, the Family Support Center, early intervention 0-3, etc. NCC works with residential providers that accept parents and children in their programs.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests, use, and employment. Reduced ASAM level and DLA-20. The SURE may also be used in some cases on an individual level. Successful reunification of children to the parent and the youth and the child being able to remain in the parents care.

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

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

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

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

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

Substance Use - Adults

- ☒ Sufficient case management and transportation services (clients and children).

Service Delivery Framework:

NCC provides a variety of clinical services on an outpatient basis for women including but not limited to assessment, therapy, case management, psychosocial rehabilitation, medication services, coordination of health care needs and health disparity needs. NCC is able to provide services to women and children. NCC is able to provide services to pregnant women immediately including accessing medical, crisis assessment, emergency case management, detox, medication services, transportation to needed services, medical care, etc., and detox and residential care as clinically indicated. Referrals may also be made to other community resources that offer parenting education, the Family Support Center, early intervention 0-3, Tri-county health and other prenatal care resources. NCC works with residential providers that accept pregnant women and children in their programs. Odyssey House (contracted provider) or another provider such as House of Hope (under a single case agreement) are used for this residential service when clinically indicated.

Outcomes Framework:

Criminogenetic risk factors on an individual level, TEDS data including reduced arrests, use, and employment. Reduced ASAM level and DLA-20. The SURE may also be used in some cases on an individual level. Successful reunification of children to the parent and the youth and the child being able to remain in the parents care.

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

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

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

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

[Odyssey House of Utah, House of Hope](#)

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

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

Substance Use - Adults

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

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

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

Service Delivery Framework:

NCC does not receive CFT funding. NCC does refer, arrange and cover Medicaid members in residential care for parents and children when clinically indicated. Odyssey House (contracted provider) or another provider such as House of Hope (under a single case agreement) are used for this service when clinically indicated.

Outcomes Framework:

Family stability, reunification, TEDS data.

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

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

NCC provides a variety of clinical services on an outpatient basis for individuals that inject drugs. These individuals are prioritized for admission in accordance with federal requirements (within 14 days from request of admission or 120 days after the request is made if there is no program capacity and interim services are provided until treatment becomes available). Individuals are screened by a self report form and asked to identify whether they inject substances. They are then offered services including immediate crisis services as needed. Services include but are not limited to assessment, therapy, case management, detox referral, psychosocial rehabilitation, mediation services including MAT, coordination of health care needs and health disparity needs as clinically indicated.

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

Substance Use - Adults

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

☒ Screening and testing.

Who is responsible for providing screening and testing for TB

NCC refers individuals requiring TB testing to the local health department or another health provider chosen by the individual.

☒ Education services.

Who is responsible for providing education for TB

NCC nurses can provide education regarding TB and other communicable diseases. The local health department may also provide this service.

☒ Counseling services.

Who is responsible for providing counseling in respect to TB

NCC nurses can provide education regarding TB and other communicable diseases. The local health department may also provide this service.

☒ Referral for medical evaluation and treatment.

Technical Assistance - Adult SUD

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

☐ Yes

☒ No, not at this time.

Please name sections requested and provide description of requested TA.

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Substance Use - Youth

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

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

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

Substance Use - Youth

Early Intervention

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

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

Service Delivery Framework:

NCC staff provide PRI Prime for Life classes for youth. NCC may receive referrals from clinicians, school districts, families, or other government agencies.

Outcomes Framework:

Outcome measures are built directly into the Prime for Life classes.

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

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

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

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

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

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

With Odyssey House announcing the closing of their adolescent residential program in 2026 due to low utilization, there is a dearth of residential options for youth with serious SUD treatment needs. The public treatment system in the state of Utah is exploring current residential programs that may be able to serve this population when the need arises. Single case agreements for the Pre-Paid Mental Health Plan (PMHP Medicaid) youth needing this level of care will be utilized if a provider of the service can be located and are agreeable. Mental health programs that are able and willing to treat and admit serious substance use disorders may be the only option for this level of care in our state.

Service Delivery Framework:

Until 2026 NCC was contracted and referred and funded treatment at Odyssey House for PMHP youth.

Substance Use - Youth

Outcomes Framework:

TEDS data including reduced legal involvement and use, education engagement. ASAM level reduction.

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

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

☐ Directly

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

Service Delivery Framework:

Referrals and demand for substance use disorder (SUD) treatment for youth is low across the state. NCC anticipates serving less than 20 SUD youth a year. It is rare to have a youth in treatment that requires a higher level of care such as IOP or residential. There are insufficient numbers of youth needing this level of service to offer consistent programming. The most common referral NCC receives is for early intervention services. When a youth is assessed as needing IOP, virtual options with a private provider offering this service from a more populated area may be arranged or referred to.

Outcomes Framework:

TEDS data including reduced legal involvement and use, education engagement. ASAM level.

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

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

☒ Directly

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

Service Delivery Framework:

Referrals for any kind of SUD treatment for youth is low across the state. On average less than 20 youth of varying ages and risk levels will receive SUD services a year at NCC. Group services are not feasible with the low utilization of youth SUD services. Outpatient treatment is provided by individual therapy. Additional services may be offered including case management, psychosocial rehabilitation, etc., along with individual therapy and medication services when clinically indicated. Mental health services including trauma treatment are also available.

Outcomes Framework:

Substance Use - Youth

TEDS data including reduced legal involvement and use, education engagement. ASAM level.

Access and Quality of Youth Treatment Services

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

NCC has relationships with community agencies including school districts that may refer youth for SUD services. Still, the number of youth seeking or being referred for SUD treatment services is low. NCC will invest increased resources into adolescent SUD treatment and program development provided demand for services increases. This will include additional provider training and program implementation and monitoring of outcomes.

Technical Support - Youth SUD

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

- ☒ Yes
☐ No, not at this time.

Please name sections requested and provide description of requested TA

State wide coordination in developing or finding a SUD Residential Care option for youth.

Substance Use - Quality Improvement

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

Drug Testing (Directives)

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

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

Testing for criminal justice clients is provided by the criminal justice system. For example, Uintah County has a testing center that provides criminal justice testing for pre-trial, court probation, AP&P and Drug Court. NCC follows the Drug Court Manual testing policy as services are provided by that

Substance Use - Quality Improvement

program through the county attorney's office. NCC receives results when releases have been signed.

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

NCC updated its testing policy in 2026, which follows the testing center's policy. NCC funds testing for the Drug Court population. Results are provided to NCC.

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

NCC has a copy of the Uintah County testing center policy to ensure that it follows SAMHSA guidelines. If NCC provides funding for urine analysis to the testing center in SFY2027, NCC will require by contract that the policy be altered or practices changed to reflect the SAMSHA guidelines that will be reviewed by NCC and followed prior to providing funds. NCC will offer trauma informed training and support.

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

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

NCC trains staff at full staff meetings on Naloxone administration and identification of overdoses. This training is provided by NCC medical staff.

Does the LA maintain naloxone in each facility?

Yes. NCC has Narcan Spray at each location in the event of an overdose or possible overdose that requires intervention.

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

NCC keeps stock of Narcan Spray that is provided to individuals in treatment or family/friends. NCC nursing staff will train the individual on delivering the medication and common signs of an opioid overdose. NCC prescribers may also write prescriptions for Naloxone Kits that can be accessed at local pharmacies.

Policy Review (Directives)

Substance Use - Quality Improvement

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

Northeastern Counseling Center has a variety of policies for a variety of requirements. These requirements and regulating sources vary and include but are not limited to the following:

- 1) Clinical or practice policies developed by NCC. These policies and procedures may be required by the SUMH as part of the Directives or are developed by NCC to assist in providing and guiding services. These policies are generally developed by clinical administration and approved by the administrative team. Example: Policy on suicide assessment and interventions.
- 2) Medicaid PMHP policy and procedure. These policies are required under the PMHP contract and under the Code of Federal Regulations (CFR) for the managed care Medicaid program (commonly referred to as the Pre-Paid Mental Health Program) that NCC oversees. These policies are reviewed by the External Quality Review Organization under the contract with DHHS. The External Quality Review Organization (EQRO) requests changes or updates to reviewed policies. Example: Medicaid Network and Credentialing Policy, Quality Improvement Program, Adverse Benefit and Appeals, Grievance, etc.
- 3) Governance and agency oversight policies. These policies may be related to administrative processes, employees, licensing, purchasing, SUMH, etc. These policies are developed by administration and approved by administration or the NCC governing board. Employee leave, purchasing policy and Fire Arms policy are examples of policies reviewed and approved by the NCC board.

How often are policies reviewed and updated?

This will vary depending on the type and purpose of the policy. The general answer is every three years unless immediate change is required.

Technical Assistance- Quality Improvement

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

- ☐ Yes
- ☒ No, not at this time.

Please name sections requested and provide description of requested TA

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COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS

Mental Health and Substance Use Services

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

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

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

Integrated Care Programming (Contract 2.4, 5 & Directives)

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

☒ Directly

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

Northeastern Counseling does not provide primary care services in its clinics. However, NCC strives to facilitate the health care needs of individuals and families receiving services from NCC. This includes partnering with local medical providers including the FQHC and local hospitals by making referrals, sharing information and when necessary accompanying high risk SMI individuals to local medical appointments. NCC prescribers may also provide basic physical health prescribing and referrals.

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

Adult

NCC assesses wellness and health care issues as part of the assessment process which is ongoing. NCC case managers and nurses and prescribers provide education, referral and where necessary direct assistance for individuals unable to access services on their own. The majority of NCC clients do not require assistance to access health care, dental, etc. However, individuals living with a serious mental illness, serious emotional disorder or serious SUD may require NCC nursing and case management support for physical health care, dental access and coordination. This includes mitigating health disparity needs. NCC utilizes a health disparity screening in addition to the DLA-20. NCC works with Tri-County Health for communicable testing and the FQHC for dental services. For high risk individuals e.g. SMI individuals with diabetes, cardiovascular needs, etc., services include taking individuals to medical appointments, labs, imaging and NCC nurses managing both behavioral health and physical health medications. NCC staff are trained annually by a medical staff member on common health care issues that require health care referrals.

Adaptations for YOUTH programming

NCC assesses wellness and health care issues as part of the assessment process which is ongoing. NCC case managers and nurses and prescribers provide education, referral and where necessary direct assistance for individuals unable to access services on their own. Individuals living with a serious emotional disorder or serious SUD may require NCC nursing and case management support for physical health care and health disparity needs. NCC utilizes a health disparity screening in addition to the DLA-20. NCC works with Tri-County Health for communicable testing immunization and the FQHC for youth dental services. NCC staff are trained annually by a medical staff member on common health care issues that require health care referrals.

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

Adult:

NCC utilizes the DLA-20 and a short health disparity screening. Efforts by case managers and nurses on health care access, records and physical health care coordination are documented in the individual's electronic medical record. The overwhelming majority of adults receiving services at NCC are able to access and coordinate their own needs including health disparity needs and health care access and coordination. However, a smaller portion of NCC clients require a high level of integration to meet their behavioral, health and disparity needs. NCC provides necessary services to this high need population. DLA-20 including reducing health disparity needs are used to determine needs. In addition, NCC strives to gain participation from clients in receiving at least an annual primary care visit.

Adaptations for YOUTH programming

NCC utilizes the DLA-20 and a short health disparity screening. Efforts by case managers and nurses on health care access, records and physical health care coordination are documented in the individual's electronic medical record. The overwhelming majority of youth and families receiving services at NCC are able to access and coordinate their own needs including health disparity needs and health care access and coordination. However, a smaller portion of NCC clients require a higher level of integration to meet their behavioral, health and disparity needs. This requires parent/guardian support and willingness to engage in integration services. NCC provides necessary services to this high need population. DLA-20 including reducing health disparity needs are used to determine needs. In addition, NCC strives to gain participation from clients in receiving at least an annual pediatrician visit and referral to TriCounty Health for their services as needed.

Evidence-Based Practice Tracking

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

 FY27 LA EBP Matrix

Telehealth (Contract 2.5)

Does the LA provide Telehealth services?

- ☒ Yes, directly - LA agency staff provide therapeutic services to clients directly
- ☒ Yes, via contracted provider is utilizing telehealth services
- ☐ Not not at this time, but we would be interested
- ☐ No

What Telehealth platform does the LA utilize for telehealth services?

NCC provides employed provider telehealth services through Microsoft Teams. This is a very small portion of NCC services as most services are provided in person. On occasion, outside providers may provide telehealth services to Medicaid PMHP Members that NCC funds. These licensed providers utilize their own system.

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

All clinic services that can be provided through telehealth effectively, legally, etc., are available. The most common services provided by telehealth are assessment, therapy and medication services.

Translation Services

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

- ☐ Yes
- ☒ No, not at this time

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

- ☒ Yes
- ☐ No, not at this time

Smoking Cessation (Directives)

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

- ☒ Yes
- ☐ No, not at this time

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

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

NCC nurses may also provide direct referral and education for nicotine cessation.

Does the LA maintain a nicotine free environment?

- ☒ Yes
☐ No, not at this time

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

NCC is currently partnering with DHHS on a grant that provides NRT and cessation services to interested individuals. NCC's campus including housing are nicotine free except for NRT. Enforcing a nicotine free environment and housing is a constant process and challenge for some individuals served.

Community Assessment

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

NCC reviews data annually on what services are in highest demand among service populations. Overall population demographics i.e. census data are considered but may not relate to actual service demand for behavioral health services. NCC reviews the Student Health and Risk Prevention (SHARP) data with schools and other community partners that may lead to changes or adaptations in services for youth or families. Input from community partners including hospitals, criminal justice, DHHS agencies, PAC, individuals in services and other partners that are willing to provide input is welcome. Encounter and service data generated by NCC is reviewed to observe areas of increased service demand by age, SUD or MH or areas of specialization that can be met with available resources. NCC historically and currently serves a high percentage of the overall population in the three county area compared to most other areas of the state as identified on the state report cards. NCC serves insured, unfunded and underfunded clients with outpatient clinic services. NCC assesses Medicaid network needs and access data required by contract with Medicaid. The current highest demand services are individual therapy and medication services. Demand for adult residential care has increased. NCC has expanded its Medicaid network for both individual therapy and adult residential due to need. This assessment is constant and can change with resource changes or service demands.

Collaboration and partnerships

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

NCC is engaged in many community projects and meetings with community partners. One of the resources that has been discussed by NCC, law enforcement, hospitals, criminal justice, and others is the possibility of opening a Receiving Center in Vernal, UT. The state provided funding to complete the building in CY2025. NCC is seeking operational funding from the state to be able to open the Receiving Center. This is the primary goal over the next three years. The receiving center will require extensive community involvement on an ongoing basis. NCC continues to provide a part time therapist

to the local FQHC and works with the FQHC and other health providers regarding client health needs. NCC works with all three school districts in the local area on projects, needs, and provides services in two districts. NCC has a very active Prevention Advisory Coalition(s) that includes community agencies such as DCFS, JJYS, Medical Detox (Ashley Regional Hospital), DV and victim services, Ute Tribe agency, School Districts, TriCounty Health (local health department), law enforcement, health care and others. NCC is currently involved in a project supported by Uintah Basin Health Care, Ashley Regional Medical Center and Tri-County Health (local health department). The project is focusing on improving mental health access to treatment resources called “Mental Connections.” Other projects and community events are ongoing perpetually.

Mental Health and Substance Use - Justice Services

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

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

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

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

For Justice Involved Individuals, please describe:

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

Outcomes Framework:

NCC utilizes the LS-RNR full version for the criminogenic screening tool. This has been useful in several ways including providing a common reference when discussing Drug Court, AP&P, county probation and pre-trial service clients. In May 2026, NCC learned that the Department of Corrections is moving away from the LS-RNR to a new tool. NCC will continue to use the LS-RNR in the near future until more information is available. NCC utilizes Moral Reconation Therapy and CBT to address criminogenic areas identified by the tool in treatment.

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

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

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

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

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

NCC hopes to receive additional referrals for UDC in SFY27. RSS will be funded or provided directly by NCC. This may include sober living with non profit providers in the community or other services that are eligible to be covered by the UDC funding.

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

NCC will use available funding as stated in the paragraph above. Sober living or other RSS services or funding will be provided based on the individual's need, available funding and DOC referrals and approval.

Drug Courts (ADC) (Directives)

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

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

NCC provides treatment for the Uintah County Adult Drug Court. This includes funding treatment for participants who are no longer eligible for Medicaid coverage and those that are underfunded by payers that do not cover all services provided.

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

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

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

A LS-RNR and clinical evaluation are required to be admitted into the Drug Court program which is designed to serve High Risk High Need individuals. NCC directly provides MAT to Drug Court participants as clinically indicated. MAT is supported by the entire Drug Court team without restrictions when clinically indicated by the prescriber.

Outcomes Framework:

TEDS data including employment, arrests, treatment completion, substance use (past versus current), the county attorney's office manages the Uintah County Drug Court program and has some ability to look at recidivism of participants.

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

The Uintah County Attorney office's- Drug Court Manual was last updated in 2021.

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

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

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

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

Service Delivery Framework:

Generally, High-Risk Habitual Offenders will be served in the same way that other community members are served in a clinical or community setting when serious risks to staff and other clients are manageable. NCC will work with DOC on individuals being paroled back to a community setting or individuals on AP&P in the local community as related to their treatment needs.

Outcomes Framework:

TEDS data including employment, arrests, treatment completion, substance use (past versus current), LS-RNR scores.

Guilty with a Mental Health Condition (GMC)

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

- ☒ Yes
☐ No, not at this time

Technical Assistance - Justice Services

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

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

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RECOVERY SUPPORTS

Mental Health and Substance Use Recovery Supports

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

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

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

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

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

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

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

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

RSS

Mental Health and Substance Use Recovery Supports

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

Recovery support services provided or funded by NCC must be approved by a member of clinical administration including final authorization of any funds used for client support. Client support may include transportation assistance, rent, etc. The RSS case manager may receive a referral (for example from DOC) and meet with the client for screening of needs. The RSS case manager must then meet with a member of clinical administration regarding the expenditures of any funds for client support. The most common use of these funds is for individuals living in one of the local sober living programs that have no other means of support.

Outcomes Framework:

When applicable TEDS data, arrests, SURE, OQ/YOQ, remaining in a community setting, and employment.

Peer Support Services (PSS)

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

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

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

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

Service Delivery Framework:

NCC continues to provide Peer Support and is perpetually looking at ways to increase appropriate service utilization for both adults and Family Peer Support. At the end of SFY26 NCC implemented a change to increase Peer Support for individuals in SUD services.

Outcomes Framework:

Outcomes for Peer Support include being able to remain in a community setting, when appropriate TEDS data, OQ/YOQ data, SURE on an individual basis.

Mental Health and Substance Use Recovery Supports

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

☒ Yes

☐ No, not at this time

Homeless Services Supports

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

Name	Catherine Jurado LCSW
Email	Catherinej@ncccutah.org
Job role/title	Prevention Coordinator

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

Will the LA provide Sober Living Services

☐ Directly

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

NCC does not receive SLF funding.

Service Delivery Framework:

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Outcomes Framework:

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Supported Employment Services including Individual Placement Support (IPS)

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

☐ Directly

☒ No, not at this time

☐ Contracted provider (provide link or list contractor(s) below)

NCC no longer has a trained IPS provider. NCC does provide limited employment services but not to

Mental Health and Substance Use Recovery Supports

fidelity.

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

NCC does refer individuals that it serves to Vocational Rehabilitation Services when indicated. NCC provides clinical services to individuals referred to by Vocational Rehabilitation. NCC assists individuals that are living with a serious mental illness in finding employment and coaching them on how to maintain employment when indicated.

Outcomes Framework:

Obtaining employment and maintaining employment. OQ and DLA-20 improvement.

Technical Assistance - Recovery Support

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

☐ Yes

☒ No, not at this time.

Please name sections requested and provide description of requested TA

SERVICE SATISFACTION AND OUTCOME DATA

Service Satisfaction and Outcome Data

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

Consumer Satisfaction

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

The surveys are given as a point-in-time convenience survey from January 1st through May 1st of each year. Surveys are accessed via the OQ Analyst System. These are administered on electronic devices as individuals receive clinical services. These continue to be measured until the standard is met or exceed

Service Satisfaction and Outcome Data

10% of unduplicated adults and 10% of unduplicated children for whom substance use or mental health service data are submitted to OSUMH.

Mental Health Outcome Questionnaire

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

☒ Yes

☐ No, not at this time

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

The purpose of the OQ/YOQ/SOQ are explained both as a requirement from OSUMH for aggregate outcomes and as an evidenced based intervention on an individual level. Technical training on accessing data results including the clinical report. Interpretation of the data, redflags, etc. Training on feedback to individuals being served in therapy.

Recovery Support Screenings and Tools

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

DLA-20, SURE, OQ, YOQ, SOQ (starting in SFY2027), health disparity screening.

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

Technical assistance

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

☐ Yes

☒ No, not at this time.

Please indicate sections requested

