



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).

We support NuHope - <https://nuhopeutah.org/>

The WHS prevention and Clinical team support the <https://liveonUtah.org/> mission

Weber Human Services partners currently implements evidence-based strategies in conjunction with OgdenCAN, NUHOPE, and WMHD including community parenting classes, suicide prevention gatekeeper trainings, stigma reduction through the Live On Utah campaign, community events, like the Suicide Prevention Faith Summit, NUHOPE's awareness walk, and supporting and promoting community events that address risk and protective factors with local CTCs, USARA and Ogden Police Department, and our local school districts.

Weber Human Services and Community Partners offer:

Guiding Good Choices

Botvins Live Skills

The Blues Program

The Body Project

Counseling on Access to Lethal Means (CALM Creating Safety Question, Persuade, Refer (QPR)

Vital Cognition Youth Mental Health First Aid (YMHFA) Mental Health First Aid (MHFA) SafeTALK

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

WHS clinicians complete the C-SSRS at every intake and regularly throughout treatment. We review the OQ and the Client Monitoring Form (CETA) during each session which also addresses

Community Suicide Prevention

suicide. We complete safety plans (Stanley Brown) when clients score a 2 or more on the C-SSRS and these are staffed with a supervisor when a client scores 3 or higher. Clients that score a 4 or more are automatically added to a Pathway to Safety Tracking bit. They will not come off of this tracking report until they score 3 or lower. While on the Pathway to Safety they have a minimum of two contacts a week, one from the primary therapist and the other from an MCOT worker. We participate in the Suicide Fatality Statewide program and support Nuhope activities.

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

The LA relies heavily on the MCOT team to provide follow up with survivors of suicide. However, with recent funding cuts, their capacity to do so has been reduced. Weber Human Services has implemented a postvention plan within the agency that is effective and efficient. Over the next year, the LA will begin to implement the plan in a wider area focusing first on the workplace through VitalCog, and training individuals in leadership positions to help create a postvention plan for their workplace.

The coalition will identify other organizations and partners over the next year that can support developing a community postvention response plan.

The WHS MCOT has become proficient in postvention. We have been called on regularly to provide grief support for those who have lost loved ones in the community. MCOT is called on by law enforcement, schools, and other community agencies to provide this type of support. MCOT has worked with Prevention to develop a Coping with Sudden Death pamphlet to give out to families on calls. WHS has established a community work group to develop a community postvention plan

Supervisors also provide postvention support to staff members who have clients pass away.

Guidelines

Response After A Death By Suicide

The following guidelines have been developed to aid surviving family members, other clients, and staff in the event of a death by suicide. Every case is unique and presents its own issues including legal parameters we must follow.

There are three groups who need assistance following a client suicide:

- The family
- Other clients (if they were acquainted with the deceased)

Community Suicide Prevention

- Staff

Surviving Family Members

There is no greater anguish or suffering than that brought on by the suicide of a loved one. Clinical experience suggests family members are suffering the greatest shock and grief during the first few hours to days after a suicide. When allowed by law, we will need to gauge their receptiveness to telephone calls or visits from providers regarding their need for support, referral or treatment.

Recommended steps:

- a. Upon learning of a client's death/suicide via family, obituary or in any way notify your Program Director and/or Clinical Director. The clinical director or designee will check the client's record to see if there are any Releases of Information for any of the client's family.
- b. If there is a Release of Information on record the Clinical Director or designee will consult with all Weber Human Services providers who have seen the client in the last 90 days. If a designee does this they will brief the Clinical Director who will make the decision on whether it is appropriate to reach out to any family members where there is a Release of Information.
- c. If the decision is made to contact any of these family members the Clinical Director or their designee shall call to express condolences and offer support. This call should be sincere and brief using simple, heartfelt language.
- d. In addition to condolences, the family members may be offered a telephonic or face-to-face appointment (free of charge) to discuss the aftermath of the suicide. The appointment may either be with the client's former treatment provider or another Weber Human Service provider, depending upon clinical judgment. This is a time to evaluate the family members need for support services, or to determine if anyone is experiencing suicidal ideation - a frequent occurrence in survivors of suicide.
- e. The family members should be offered available resources for suicide survivors including Survivors-of-Suicide Support Groups.
- f. The Clinical Director, Clinical Supervisor, Clinician, or MCOT should again call to check in with the family between three and four weeks following the suicide unless sooner contact has been requested.
- g. When there is no Release of Information in the client record for family members but family member(s) of the deceased client contact Weber Human Service about the suicide then staff this with your program director or Clinical Director.

Community Suicide Prevention

- h. In cases where there is no Release of Information and the deceased client's family does not contact Weber Human Services, we are not to make any contact with the family, attend the funeral, or send flowers.

The following considerations are strongly recommended:

- Ø Do not blame the family members for the suicide or in any way imply that they may have had an unseen hand in their family member's death.
- Ø Do not imply or state that more could have been done. In the event it appears there may have been some negligence, do not suggest a treatment failure or preventable error occurred.
- Ø Avoid becoming defensive and be prepared for anger that may be directed at you. Anger following a death by suicide is quite common, and should be understood and responded to therapeutically.
- Ø Staff should only attend the memorial/funeral upon invitation and with approval. Confidentiality resides with the deceased.
- Ø However badly any staff may feel about the client's death, it is important the family members not be exposed to the clinician's pain and grief. The family members may then feel obliged to be of help to the clinician, thereby avoiding their own necessary grief work.
- Ø Because a person has completed a suicide does not give any staff permission to divulge harmful or personal clinical details to the family members.
- Ø Since a completed suicide within a family increases suicide risk in the survivors, it is important to be proactive in our contacts with the family members, and to do everything we reasonably can to remove the curse and taboo of a completed suicide. If possible, surviving family members should be assessed for complicated grief reactions, depressive disorder and suicidal ideation.

The postvention approach continues to go well.

We often refer Clients to the following community resources:

NUHOPE – LEGACY is a non-profit support network for families and friends who have lost loved ones to suicide.

Intermountain Health Care – Bereavement support is available before and after your loved one's departure. Education materials can prepare you with helpful tools with insight into grief and how it works.

Caring Connections – A Hope and Comfort in Grief Program based in the University of Utah

Community Suicide Prevention

College of Nursing. They offer 5 different grief groups.
GriefShare – 13 week program that covers different topics each week.

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)

WHS has a couple of identified staff to address suicide prevention responsibilities. WHS has maintained a suicide prevention committee since 2014 which is currently led by John Evans. Our representative for community events regarding suicide prevention/postvention is Lori Larsen. Anna Lopez is also a representative for suicide prevention. Previously Anna has attended Safe & Effective Messaging for Suicide Prevention trainings. Anna is trained in Safeside Prevention. Lori Larsen will train in Creating Safety to provide training for our CM/FPSS, and help find additional support to ensure ongoing training. WHS engages with community partners to offer Mental Health First aid.

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.

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Recommended steps:

- a. Upon learning of a client's death/suicide via family, obituary or in any way notify your Program Director and/or Clinical Director. The clinical director or designee will check the client's record to see if there are any Releases of Information for any of the client's family.
- b. If there is a Release of Information on record the Clinical Director or designee will consult with all Weber Human Services providers who have seen the client in the last 90 days. If a designee does this they will brief the Clinical Director who will make the decision

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on whether it is appropriate to reach out to any family members where there is a Release of Information.

- c. If the decision is made to contact any of these family members the Clinical Director or their designee shall call to express condolences and offer support. This call should be sincere and brief using simple, heartfelt language.
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Ø However badly any staff may feel about the client's death, it is important the family members not be exposed to the clinician's pain and grief. The family members may then feel obliged to be of help to the clinician, thereby avoiding their own necessary grief work.

Ø Because a person has completed a suicide does not give any staff permission to divulge harmful or personal clinical details to the family members.

Ø Since a completed suicide within a family increases suicide risk in the survivors, it is important to be proactive in our contacts with the family members, and to do everything we reasonably can to remove the curse and taboo of a completed suicide. If possible, surviving family members should be assessed for complicated grief reactions, depressive disorder and suicidal ideation.

***Staff must record in the client record all interactions with family members**

Fellow Patients as Survivors

In some instances, a suicide will create "survivors" among other patients. Clearly, this death creates a risk factor for other patients who may already be suicidal. Therefore, staff should be cognizant of this fact and to take all reasonable action to forestall and prevent any "contagion" of suicidal ideation or action on the part of surviving patients as follows:

- a) Staff should try to avoid the spreading of rumors regarding the suicide. This can be done by containing the source of information about the suicide to a single authoritative person, preferably the Clinical Supervisor.
- b) Following a suicide leadership of the program should schedule a meeting of staff as soon as possible to discuss a plan for informing other clients as applicable and to debrief the incident.
- c) Clinicians whose patients know of the suicide should provide for this emotional crisis in their scheduled session, or schedule additional sessions so that this shock/grief can be expressed and dealt with in a therapeutic fashion. A current suicide risk screening/assessment via the Columbia Suicide Severity Rating Scale should be completed
- d) The family should be consulted regarding any desire on the part of other patients or staff to have a memorial, donate money/flowers/food to the family.
- e) For previously suicidal or actively suicidal clients, the following steps are indicated, a) increase the number of sessions as desirable and b) investigate suicidal ideation and any exacerbation of risk. Generally,

Community Suicide Prevention

such extra efforts and attention need to be in place for at least 60 days following the death of a patient, and should be reviewed again at six months.

f) Lastly, it is important to return to routine as quickly as possible and be reminded that the structure and usual comings and goings of staff and clients are both comforting and reassuring. Staff members may wish to use their own emotional barometers as a guideline for the interval at which time we are back to "normal routine." Clearly, a suicide by a person well known by other patients is hardly "business as usual," and we should never treat it this way.

Staff as Survivors

As mental health professionals, we are no different than others with respect to being survivors of suicide. We experience many of the same emotions as family members and friends, some of them even more acutely. For our own mental health and wellbeing, we need to be tolerant of each other's needs during these times and to be understanding, kind, and supportive.

The following guidelines are suggested:

- a) Help your colleagues and yourself. The loss of a client to suicide is never an easy subject to discuss, but avoiding an obvious clinical fact is seldom helpful. Following a suicide, staff involved may experience feelings of guilt, or fear that their professional reputation has been damaged. It is important to discuss these feelings with your supervisor or trusted colleague. It is important to support your colleagues and report any concerns you have about others following the death of one of their clients to program leadership so that we can reach out to him/her.
- b) Should staff begin to experience persistent ideation about the death, intrusive memories about the suicide, guilt, anger, numbing, avoidance or other potentially negative emotional reactions to the loss of a patient through suicide, consultation with your Clinical Supervisor is recommended. Otherwise, it is possible these post-traumatic emotional states *may impair clinical response and therapeutic judgment when working with other patient's at-risk for suicidal behaviors*. Following a client death by suicide, we have a personal and professional responsibility to work through these powerful residual emotions and come to a healthy resolution of them.
- c) Staff may receive time off for bereavement as needed. Human Resources can also assist staff members with information related to EAP options for dealing with grief.

**American Association of Suicidology has helpful resources for clinician survivors and others
www.suicidology.org

Community Suicide Prevention

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.

PROTOCOL TOPIC:

RISK ASSESSMENT

PROTOCOL DATE: 22 August 2006

REVISION DATE: 12 September 2024

Purpose

Individuals who present as an acute suicide risk or an acute risk to others are to be assessed to identify and reduce risk.

Protocol

The Columbia Suicide Severity Risk Assessment will be used and filled out on individuals that present as an acute suicide risk or an acute risk to others. This assessment form should be completed by a mental health professional. If the score is 3 or above the form should be staffed with a supervisor. A Safety Plan should also be completed in the clinical chart when indicated.

Procedures

- 1. Outpatients who present as an acute suicide risk or an acute risk to others will be evaluated using the Columbia Suicide Severity Risk Assessment.**
- 2. Hospitalized patients who present as a suicide risk or risk to others, will be assessed using hospital protocols for addressing suicide and homicide.**

Firearm Safety (SUMH Office Directives)

Community Suicide Prevention

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

The Prevention Team currently provides vouchers for medication safes and lock boxes; however, the grant funding these resources will end on July 1st. We will continue to offer gun locks and safe medication disposal resources.

Approach to community education

Community education is provided through a variety of resources and programs, including QPR, Mental Health First Aid, VitalCog, and our MCOT crisis team.

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:

N/A

Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

- ☒ Yes
☐ No, not at this time.

If yes,

Please identify LA primary contact name and email

Lori Larsen lorik@weberhs.org

Community Suicide Prevention

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

The coordinator is working with local organizations, like Weber-Morgan Health Department, NUHOPE, local Communities That Care, and OgdenCAN to help coordinate suicide prevention efforts across the area to work upstream to address risk and protective factors.

The LA submitted a suicide prevention plan draft for the next cycle that aligns with the Utah State Suicide Prevention Plan. Upon completion and ratification, the coordinator will ensure that the plan is followed to support suicide prevention efforts in the area. The LA will help guide the Suicide Prevention Coalition to revisit the services and resources they provide to the community, identify gaps, and provide initiatives to address any gaps in the area. They will also develop effective evaluation of the plan and activities to ensure effectiveness.

The LA is working to promote the state Live On Utah Campaign through community events, posters, flyers, ads, and billboards. Through promotion of Live On, we are also working to promote the Live On Playbook to increase public knowledge.

The LA has addressed access to lethal means through a voucher program to provide firearm safes to individuals in the community who take a suicide prevention course. Although the funds to do this have are being discontinued, the LA will continue to promote suicide prevention courses, education on access to lethal means, and provide supplies to reduce access to lethal means as much as possible continuing forward.

The LA along with the coalition will continue to create sustainable prevention policies, procedures, and practices to support the needs of the LA, creating professional standards around prevention, intervention and postvention. Over the next year, they will create an assessment and evaluation plan with a data workgroup to measure suicide prevention, intervention, and postvention efforts. Data measures include, but are not limited to SHARP, BRFFS, OME, MCOT and WMHD Community Health Assessment, gatekeeper training pre/post testing, and attendance rates.

Technical Assistance

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

☒ Yes

☐ No, not at this time.

Please indicate sections requested.

We need technical support as part of the grant process.

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:

N/A

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

Behavioral Health Crisis Services

☐ 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

MCOT crisis workers provide 24/7 crisis coverage to Weber and Morgan Counties. This 24/7 coverage includes a therapist and either a case manager or peer counselor that can respond to community crises. MCOT is accessed via 911/Dispatch calls or deployment from the Statewide crisis line. Crisis workers have access to an on-call psychiatric provider and clinical supervisor for consultation when necessary. Crisis workers have home secure access to client's clinical records and can view the current treatment plan, diagnosis, progress notes, and medications. WHS has a built-in notification system in the electronic chart designed to alert all assigned staff for a particular client having a current crisis. Crisis workers use the CSSRS and Stanley-Brown safety plans as tools to manage risk. After hours, MCOT responds to local hospital authorizations and coordination questions when needed to help determine an appropriate level of care and make authorization decisions if medical necessity is met. MCOT works expeditiously to make these decisions and to utilize community supports when needed. The MCOT collaboration with EDs has assisted hospital personnel to better understand what MCOT can do and to advocate to consumers to utilize MCOT services in the future.

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

WHS MCOT services also include a follow-up stabilization service to help clients and families get linked to needed resources and further stabilize from the initial crisis situation. This includes 48 hours followup and potential short-term therapy and short-term weekly case management and peer support services. The team works with the goal and focus to help the clients and families building resilience skills, and treatment connections that lessen the likelihood of further crisis events.

How the LA engages and educates first responders to MCOT services

MCOT supervisor has made efforts to visit and train all police and fire department agencies in Weber and Morgan Counties about MCOT in the past. Supervisor continues ongoing discussion and coordination with leadership about MCOT. WHS hosts at least annually a lunch meeting with

Behavioral Health Crisis Services

law enforcement leaders and training needs are discussed. MCOT provides training in biannual CIT Academy training. MCOT responding staff are also encouraged to provide education to onsite responders about MCOT services.

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.

N/A

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.

Weber Human Services contracts with the McKay Dee Hospital Access Center to serve as the crisis receiving center for Weber and Morgan counties. Individuals in the community can utilize the receiving center via the emergency department or directly, at the Receiving Center. Eligibility to the receiving center is determined by staff at McKay Dee. This center is a no refusal facility unless the individual is not medically stable.

McKay Dee will call the inpatient Liaison or MCOT when a client is being transitioned to the CTU and we will have a case manager provide the transportation.

Unless we are involuntarily sending someone to the hospital, Weber or MCOT will drive clients that we are sending to the receiving center.

Behavioral Health Crisis Services

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.*

Receiving Center staff track recidivism, length of stay, and coordinate with WHS on payment for unfunded individuals. The WHS Inpatient Coordinator meets with receiving center personnel regularly to review admissions to the receiving center and address the process for ongoing admissions and discharges from the facility. Intermountain Healthcare keeps track of all admissions, discharges, and census in the receiving center. They also keep track of unfunded clients and bill WHS for their care.

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

MCOT and SMR services are based in the same location and are managed by the same supervisor. MCOT and SMR teams respond to crisis calls involving youth and children. MCOT/SMR may be called out by dispatch or statewide crisis line to address youth and families in crisis situations. Whenever an MCOT/SMR response involves children, youth, and their families, MCOT refers to (SMR)- to follow-up with them. SMR is a team of a therapist and two Case managers that work primarily with children, youth, and their families. Teams meet formally at least monthly to ensure continuity of care.

Behavioral Health Crisis Services

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

When a family calls the state crisis line or the Safe-Fam hotline they can receive an in-person crisis and risk assessment if required. When primary SMR services are not available at time of call, MCOT responds to youth and families' crises and completes risk assessment. They then coordinate followup care with SMR for each case. An email is sent to the SMR team about the requested followup and the SMR team acknowledges email and follows up on all requested cases. A spreadsheet tracks the referral process. The supervisor discusses cases and reviews regularly. The SMR process continues as the team assesses if the family requires more than 1 or 2 follow up sessions. A UFACET screener tool can be used to measure client functioning and help determine if up to an 8-week intensive stabilization program is appropriate. Data requirements for SMR are utilized to help determine effectiveness of the team.

Technical Assistance

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.

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

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:

Weber Human Services (WHS) provides inpatient psychiatric care for Medicaid and involuntary clients through contracts with McKay-Dee Hospital (33 beds) and Ogden Regional Medical Center (12 beds). WHS employs a full-time inpatient coordinator who offers consultation and support to McKay-Dee providers delivering treatment. The inpatient coordinator focuses on collaboration, financial responsibility, and clinical expertise.

The inpatient coordinator meets daily with McKay-Dee care managers, social workers, and psychiatrists, and meets as needed with WHS staff to review high-risk clients. The coordinator also contacts other hospitals—by phone and in person—where WHS clients may be placed to assist with discharge planning. Eleven designated examiners are utilized to complete blue sheets and support involuntary treatment hearings, including those for forced medications.

Follow-up after hospitalization includes scheduling an appointment with the assigned clinician and considering appropriate levels of case management, including CTI and AOT. Daily and weekly summary emails are distributed to WHS interdisciplinary providers to support coordination of care. Inpatient hospital physicians also consult with Weber prescribers by phone, as needed.

WHS continues to emphasize prevention to minimize inpatient treatment and provide efficient, coordinated, client-centered care. When appropriate, WHS prioritizes use of the Crisis Transition Unit as an alternative to inpatient care. WHS also utilizes McKay-Dee's 23-hour Access Center as a short-term hospital diversion option.

WHS also anticipates serving fewer clients through the inpatient budget due to expanded MCOT services, the receiving center, and other supports designed to reduce inpatient hospitalizations.

Outcomes Framework:

The Critical Time Intervention TCM program has continued following high utilizers of the hospital

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

by providing intensive case management. MCOT workers focus to help with possible diversions and reductions of inpatient stays. Clients who are being discharged from the inpatient unit, who do not have a current residence, may be discharged to the Lantern House. A WHS clinician is able to monitor daily and assist with behavioral health needs. WHS holds a high acuity staffing meeting with prescribers, supervisors, the inpatient coordinator, case management supervisor and other treatment team members to discuss how best to support clients transitioning between various levels of care. Case managers work to track clients that are new to Weber when they are released from the hospital. Their responsibility is following up with these clients and to assist in getting them engaged in services within 7 to 30 days. If the client has not participated in an intake after two phone outreaches a case manager will complete a physical outreach. If an existing client does not show up to their scheduled appointment upon release from the hospital, the therapist will complete a phone outreach during that scheduled time. If the phone outreach is not successful, they will make another attempt within 7 business days. If at that time we still have not made contact with the client, we will have a case manager complete a physical outreach. We have supervisors on the adult mental health team that monitor this process.

YOUTH-

WHS has a case manager who follows up on each individual transitioning from the inpatient unit to outpatient care. While on the inpatient unit, youth are staffed at a weekly coordination of care meeting where a prescriber, case managers, psychologists, supervisors, and SMR attend. They are again staffed post discharge 2-3 weeks to ensure attendance with follow up care. Phone and/or face to face contacts are made by the case manager to caregivers to ensure attendance at follow-up appointments. The CM is assigned to these clients at least 6-8 weeks post-inpatient to address barriers to attending treatment, access additional resources, and monitor compliance with follow-up care. Upon discharge, WHS will update the level of care needed for the client.

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

Directly	☐	☒
Contracted Provider	☒	☐

Service Delivery Framework:

WHS operates a co-ed residential facility, the Crisis Transition Unit (CTU), serving up to sixteen Seriously and Persistently Mentally Ill (SMI) clients (typically eight males and seven females), with one designated crisis bed available for transitional placements or hospital diversion. The residential facility is staffed 24 hours a day, and clients are provided comprehensive services including case management, individual and group therapy, individual skills development, psychosocial rehabilitation, and medication management.

Clients are frequently placed in the CTU as a diversion from hospital admission or as a step-down option following hospital discharge. The CTU offers a full range of clinical services seven days a week, including access to a psychiatrist, nursing support, individual and family therapists, aides, and case management. WHS also has the capacity to provide a 23-hour bed program for clients in crisis who need short-term support to stabilize and refocus.

CTU staffing ensures clinical coverage seven days per week, including support from MCOT. Clients meet with their primary clinician three times per week and with a prescriber at least weekly.

YOUTH-

Weber Human Services has access to residential treatment for severely emotionally disturbed youth between the ages of 6 and 18 through area service providers. The residential program/s offer a treatment alternative designed to provide more intensive supervision and/or treatment for an extended length of time (average length of stay is 6 to 9 months). We can access services to treat male or female youth with a history of emotional and/or behavioral problems which have not responded to less intensive treatment options. We can also access services to treat male or female youth with a history of emotional and/or behavioral problems who are transitioning from a more restrictive setting (i.e. inpatient/Utah State Hospital). Weber Human Services contracts with Licensed Child Placement Providers for access to Community-based Residential Treatment Settings (i.e. Utah Youth Village, Chrysalis, and Rise). Weber Human Services recently contracted with Wasatch Behavioral to access their youth residential program for youth ages 12-17. Such placements provide twenty-four hour supervision and treatment in a setting that permits exercise of critical skills yet the support required to be more successful in the community. WHS also

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

partners with the Archway Youth Receiving Center. Archway is a 5 bed program that serves as a respite and/or inpatient diversion opportunity for youth needing a safe, supportive environment for a brief time. WHS youth inpatient coordinator has been trained in the CALOCUS and one youth team Supervisor in the next few months will be trained in the CALOCUS. Moving forward The CALOCUS will be part of the decision making in determining level of care.

WHS has experienced difficulty in contracting with a residential facility. WHS recently initiated a contract with Wasatch Behavioral Health for Youth residential services to provide an option if that level of care is needed.

Outcomes Framework:

WHS tracks length of stay, the OQ/YOQ, and transition from residential facilities.

WHS has a monthly meeting in which residential data is reviewed for all three of our residential facilities. Our mental health facility is typically underutilized and we have explored ways of increasing average census. We have worked with MCOT to make placements when medically necessary and educate staff members regularly on the benefit of residential placement. CTI and AOT teams are utilized to help clients with successful transitions back into the community.

Outpatient Care and Services

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

Service Delivery Framework:

ADULT-

Weber Human Services (WHS) provides mental health services to Medicaid, Medicare, civilly committed clients, and a limited number of unfunded residents of Weber and Morgan Counties. WHS offers a full continuum of adult outpatient mental health services, including mental health evaluations, individual therapy, group therapy, substance use disorder services for individuals with co-occurring disorders, and targeted case management. These services are designed to reduce the impact of mental illness and improve quality of life for individuals served in Weber and

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

Morgan Counties.

The Adult Outpatient Team currently provides several evidence-based practices, including Motivational Interviewing, Psychoeducational Multifamily Group Therapy (MFG), Critical Time Intervention (CTI), Illness Management and Recovery (IMR), Dialectical Behavioral Therapy (DBT) and Common Elements Treatment Approach (CETA). CETA is a modular approach typically completed in 8–12 sessions and is effective for depression, anxiety, substance use, and PTSD. This approach allows clinicians to address multiple needs in a more efficient and integrated manner.

The Adult Mental Health Team continues to provide 24-hour access intakes to ensure services are available when clients express need. WHS also provides outpatient care for participants in the 2nd District Mental Health Court. Two therapists, one case manager, and one prescriber are assigned to support this population.

Skilled Nursing Facilities (SNF):

WHS has a therapist that goes to the major skilled nursing facilities in Weber County (9 total). Visits occur on a weekly schedule in each facility. There is 1 therapist and 2 case managers who help with the mental health needs in the different facilities. We also have a prescriber assigned to help with the medication needs of the clients in the SNF. Weber has a liaison that helps to coordinate SNF referrals and checks to see if they have Weber County Medicaid. If not, she helps SNFs get the paperwork completed and sent to DWS so we can serve the client. The SNFs staff reach out to the assigned therapist if there are concerns with client's behaviors between visits. The number of individuals served in nursing homes has remained steady over the past year. There have been over 100 clients served for several years now.

Assertive Outpatient Treatment (AOT):

WHS provides enhanced services to civilly committed clients through the AOT program. The team includes a supervisor, clinician, three case managers, and a peer support specialist. This team delivers intensive services to clients at risk of re-hospitalization or incarceration, particularly those who are unfunded, and assists them in obtaining Medicaid or other funding when possible.

Projects for Assistance in Transition from Homelessness (PATH):

The PATH program provides one-time rental and deposit assistance for individuals at imminent risk of homelessness in Weber County, along with case management to support long-term housing stability. PATH funds support one full-time case manager who provides direct services to formerly homeless individuals. WHS staff participate in multiple community committees addressing homelessness, including the Weber County Homeless Coordinating Council, the local Coordinated Entry Committee, and the Weber County Reentry Coalition.

WHS also provides individual and group therapy, along with case management, for individuals

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experiencing homelessness. Case management services include assistance with benefits, housing options, medication management, transportation, food resources, and shopping. The Weber Housing Authority has provided five set-aside vouchers for AOT clients in need of housing, as well as 30 vouchers for individuals experiencing chronic homelessness that WHS clients may apply for.

WHS anticipates a slight reduction in the overall number of clients served in outpatient services in the next fiscal year due to Medicaid unwinding and related eligibility changes.

YOUTH-

Outpatient services are offered to children between the ages of 0 and 18* and their families. The outpatient mental health team is divided into two teams and three areas of expertise; the Children's Mental Health Team with those members skilled in treating an infant population (0-5) and children (6-11); and, the Adolescent Mental Health Team with those members skilled in treating youth (12-18*). This allows for a more specialized and skilled level of care while building team support and enhanced collaboration. *Under some circumstances, the youth team will continue to provide services to a youth beyond age 18. The Principles of the Hope and Recovery model have been adopted and implemented (i.e. assessment process, direct service delivery, documentation, training and monitoring of services). We practice person-centered planning, produce strength-based assessments, and have implemented wellness initiatives (i.e. smoking cessation, metabolic wellness, etc.) The Youth Outpatient Mental Health Team prides itself on adopting and practicing evidence-based practices such as Motivational Interviewing (MI), Aggression Replacement Therapy (ART), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) 1,2,3 Magic (a parenting approach), and MATCH (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) across the youth team. Five clinicians have also been trained on the Family Check Up Model, which is specific to the 2-5 age population. All youth team clinicians encourage parent/guardian involvement in the treatment process. For the latency age group, parent/guardian involvement occurs in almost every session. Weber Human Services utilizes tangible incentives and praise to encourage active participation by clients and guardians. Case Managers and FPSS can be assigned to address any treatment barriers with families.

Ongoing research in the fields of mental health and substance use intervention has resulted in identification of models of services that have been shown to significantly improve symptom reduction and functional improvement outcomes for those receiving the service. A committee

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representing the various teams in the agency is meeting regularly to increase the number of evidence-based practices being delivered to our clients at WHS. Motivational Interviewing education has been provided to all clinicians on the youth team and skills are practiced and monitored in twice monthly group supervision and with individual supervisors. We have monthly group supervision for all EBP models. Audio recordings and "direct line of sight" supervision are used to ensure adherence to the models.

Outcomes Framework:

At each session clinicians are expected to review completed YOQ/OQ to help determine progress, continued needs and if adjustments need to be made to the treatment plan. Clinicians request clients have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and a decrease of symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed.

24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above

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:

Adult -

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Psychosocial rehabilitation services are provided Monday through Friday through the Services to Enhance Personal Skills (STEPS) Program. We offer a daily group that runs from 9:00 AM to 12:00 PM, with a focus on Recovery Model principles. The groups focus on returning clients to their maximum functioning through improving skills to assist with wellness concerns, personal development, independent living, communication, anger management, problem solving, and basic daily living activities. We also provide individual skills development to clients in their place of residence or in the community. Each morning from 8 AM-9 AM, STEPS provides a drop-in center which is a venue for clients to engage in leisure, social activities, and a place to practice their skills and develop new ones. Clients are also provided lunch Monday through Friday in the drop-in center. The STEPS team also works with PAAG to help clients access affordable housing. We have 3 full-time workers and a part-time worker. Each is trained as TCM's and 3 are PSS workers. The staff are able to work one-on-one with clients on social and interpersonal skills. Some STEPS clients, who have increased their daily functioning, have been trained to assume responsibilities in the day-to-day operations of the drop-in center. In addition to the groups, and the work we are doing in the drop-in center, we provide ISD/PS/PSS/TCM services in the client's place of residence to further assist them to develop and implement the maintenance skills taught in the group. We have a part-time worker who is a Peer Support Specialist/case manager and works afternoons 12:00 PM to 4:00 PM weekdays. He also does aftercare for the Illness Management and Recovery (IMR) group as well as offer support as needed with clients in group homes.

Youth-

The youth team has 2 fulltime Family Peer Support Specialists and 1 full-time Case Manager who provide individual and group skills development services on a weekly basis. SDS can be provided at the WHS building, via telehealth, in schools or daycares and at the youth's home with the parent present. The primary focus of these groups utilizes Skillstreaming Lessons and other daily living skill needs.

Outcomes Framework:

Potential clients are identified by their therapist and referred to the STEPS program or Youth Skill Services. The clients are assessed using the DLA to determine eligibility and specific services to be offered. Progress is measured by the Outcomes Questionnaire (OQ/YOQ) and DLA which are reviewed regularly. There are specific objectives that are connected with the program that are

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reviewed with the client on a regular basis.

Case Management

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

Service Delivery Framework:

Weber Human Services recognizes that case management is an extremely important service which promotes service delivery efficiency and treatment effectiveness. It continues to be an area of focus and a priority for allocation of available resources. Case managers coordinate and connect with patient and family/formal supports, assess and develop service plans, link patient/s to available services, monitor service provision and advocate for patient rights. They also assess life domains to gather information about client needs. Weber Human Services offers Targeted Case Management (TCM) and Case Management (CM) services to adult mental health clients. These services are designed to build independent living skills and to assist clients in gaining access to needed medical, social, educational and other services to promote independence and a healthier lifestyle in the most appropriate and least restrictive environment.

WHS has also adopted and implemented an evidence-based practice in the case management field. Critical Time Intervention (CTI) is a limited time case management model proven to help adults diagnosed with severe persistent mental illnesses (SPMI) during times of transition in their lives by strengthening their network of support within the community. Case Managers and Family Peer Supports attend a weekly supervision meeting to review client needs, staff needs, and processes when providing these services.

The certification process for our case manager/s is meeting and completing certification requirements (i.e. years of experience and Pass Grade of written exam), review and authorization from the Office. Additional training opportunities are offered based on population needs. Certification is monitored and updated as required by our Managed Care Supervisor.

Youth-

The Youth team's 2 FPSS are also certified Case Managers. One is assigned to work with the Early Psychosis clients. We have one SSW who provides Case management service to the team.

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Outcomes Framework:

When therapists refer a client for case management, they utilize the DLA 20 to help identify specific areas of need. The case managers also complete a needs assessment. The OQ/YOQ can also be positively impacted as a result of the social/environmental needs provided by case managers. Case managers also monitor successes through housing placement, connection with community providers, and clients gaining independence.

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)).

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.

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

WHS has staff working closely with clients and landlords in housing placements in various privately held rental units, such as Weber Housing Authority, Ogden Housing Authority, St. Benedicts Manor, Kier Properties, and McGregor apartments. A WHS liaison works exclusively with PAAG which has over 130 beds in the community that WHS has been able to access. WHS provides services including instruction, monitoring, medication management, and leisure activities. WHS has a Transitional Living Community model utilizing Residential, Group Home and independent living in a continuum that includes providing services for clients to move on that continuum. The group homes each have a case manager who monitors clients on a daily basis and conducts daily groups there. WHS provides in-home Case Management. Skill development services, when delivered in the client's home, are designed to help facilitate the learning of daily living skills and maintain independent living. WHS provides on-site support at the men's and

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women's group homes.

Case managers also link clients to needed community resources such as Catholic Community Services, Roads to Independence, Cottages of Hope, Salvation Army, the HEAT program, New Eyes for the Needy, and numerous medical facilities for physical and mental health.

Weber Human Services respite care and family support gives families of children with at-risk behaviors a break from their demands. Respite gives families a chance to re-energize while knowing that their children are safe. Short term in-home as well as out-of-home services are available. Family Peer Supports and Weber State BSW Students provide a weekly respite group and individual respite services. Out-of-home services by a respite worker provide social, recreational, and educational activities for the child. Archway Youth Service Center: Weber Human Services is a collaborative partner with the Archway Youth Service Center in providing a safe, therapeutic environment for our youth ages 10 and up. They continue to provide needed Respite for our youth and families in need.

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.

Weber Human Services (WHS) initiates consumer and family education at the time of the initial assessment. At this stage, consumers are provided with information regarding the nature of their condition and the range of available interventions, which may include individual and group therapy, medication management, and other supportive services.

Ongoing education related to mental health and substance use is delivered through multiple structured programs, including the Illness Management and Recovery (IMR) program, psychoeducational workshops during the first three engagement sessions, and continued group therapy within the psychoeducational multifamily group setting. These services are designed to support both consumers and their families in understanding and managing behavioral health conditions.

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Consumers are encouraged to sign appropriate disclosures to facilitate coordination of care with family members. With consumer consent, the Adult Mental Health Team actively promotes family involvement by inviting family members to participate in individual therapy sessions, medication management appointments, and interdisciplinary staffing meetings, when clinically appropriate.

WHS extends its clinical expertise into the broader community by advocating for individuals with mental illness through collaboration with various programs and initiatives, including homeless services and Crisis Intervention Team (CIT) training. WHS staff have provided educational training on mental health topics to organizations such as the Department of Workforce Services, the Utah Schools for the Deaf and the Blind, Weber State University, Weber County case management groups, and local faith-based organizations. WHS also works closely with Vocational Rehabilitation to ensure that clients have access to education and employment. WHS does not have as many clinicians in the schools due to funding being directed to the school districts, however, we continue to work closely with both school districts on complex cases who may need more intensive services outside of the school. WHS has also worked closely with the Ogden City School District and Quality Youth Services on the development and implementation of a day treatment classroom.

In addition, WHS conducts outreach efforts in collaboration with local police and fire departments, offering behavioral health follow-up for selected 911 calls where appropriate. WHS also supports consumer education by providing access to informational materials and computer resources in the lobby-based resource center, enabling individuals to research mental health-related topics.

The Mental Health Team further contributes to community engagement by participating as presenters and hosting informational booths at community events. Clinicians are also available to support communities during critical incidents, particularly in response to traumatic events such as suicides, providing guidance and support during periods of collective distress.

Technical Assistance

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

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

N/A

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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.
- ☒ 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.

N/A

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

Mental Health Office Directives

☐ No, not at this time

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

PROTOCOL TOPIC: Adult Clients with Complex Behavioral Health Conditions

PROTOCOL DATE: 9 September 2024

REVISION DATE: 1 December 2025

Purpose

The purpose of this protocol is to ensure that individuals with complex behavioral health needs receive timely, appropriate, and effective services that support stabilization, recovery, and successful community living.

Protocol

Client treatment services shall be matched to the appropriate level of care based on comprehensive assessment, clinical judgment, and ongoing evaluation of individual needs.

Procedures

1. Initial Assessment

Upon entry into services, each client will receive a thorough biopsychosocial assessment to determine clinical needs, functional impairments, risk factors, and appropriate levels of support.

2. Service Matching

Based on assessment results, clients may be referred to one or more of the following services as clinically indicated:

- a. **Therapeutic Services:** Individual therapy and/or group therapy based on diagnosis, goals, and treatment needs.
- b. **Psychological Testing:** Referrals for psychological testing should be based on the client's assessed needs and made only when testing is clinically appropriate.
- c. **Medical Services:** Psychiatric services and coordination with primary care providers as appropriate.
- d. **Case Management Services:**
 - i. Assisted Outpatient Treatment (AOT) – intensive services
 - ii. Critical Time Intervention (CTI) – intensive, time-limited services
 - iii. Managed Care Case Management – ongoing coordination and support
- e. **Peer Support Services:** Engagement with trained Peer Support Workers to promote recovery and community integration.

Mental Health Office Directives

- f. **Skills Development / Day Treatment:** Structured services to build daily living, coping, and social skills.

- 3. **Ongoing Review and Transition Planning**

Client progress and service needs will be reviewed regularly. When a client completes or graduates from therapy services, a clinical review will be conducted to determine the need for continued psychiatric care, medication management, and/or case management services to support ongoing stability and recovery in the community.

PROTOCOL TOPIC:

Youth Clients with Complex Behavioral Health Conditions

PROTOCOL DATE: 8 June 2026
REVISION DATE:

Purpose

The purpose of this protocol is to ensure that individuals with complex behavioral health needs receive timely, appropriate, and effective services that support stabilization, recovery, and successful community living.

Protocol

Client treatment services shall be matched to the appropriate level of care based on comprehensive assessment, clinical judgment, and ongoing evaluation of individual needs.

Procedures

- 1. **Initial Assessment**

Upon entry into services, each client will receive a thorough biopsychosocial assessment to determine clinical needs, functional impairments, risk factors, and appropriate levels of support.

Mental Health Office Directives

2. Service Matching

Based on assessment results, clients may be referred to one or more of the following services as clinically indicated:

- a. **Therapeutic Services:** Individual therapy and/or group therapy based on diagnosis, goals, and treatment needs.
- b. **Psychological Testing:** Referrals for psychological testing should be based on the client's assessed needs and made only when testing is clinically appropriate.
- c. **Medical Services:** Psychiatric services and coordination with primary care providers as appropriate.
- d. **Case Management Services:**
 - i. Assisted Outpatient Treatment -Case management referrals are based on client need to connect to resources and support in the community.
- e. **Peer Support Services:** Engagement with trained Peer Support Workers to promote recovery and community integration.
- f. **Skills Development / Day Treatment (DBH contracted provider):** Structured services to build daily living, coping, and social skills.

Ongoing Review and Transition Planning

Client progress and service needs will be reviewed regularly. When a client completes or graduates from therapy services, a clinical review will be conducted to determine the need for continued psychiatric care, medication management, and/or case management services to support ongoing stability and recovery in the community.

Utah State Hospital (USH) Coordination

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

Adult

Melissa Proctor - melissap@weberhs.org

Mental Health Office Directives

Youth

Stacey Roche-Staceyr@weberhs.org

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

N/A

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:

Clients referred to Early Psychosis receive an initial evaluation, additional testing (SIPS, SCID and/or psychological testing), a referral for medication management services, case management, and supported employment services. Group and individual therapy is also provided by a clinician. The Psycho-Educational and Multi-Family Group is the primary modality. The team outreaches to the county school districts, hospitals, and community resource centers to coordinate services. These services are provided by in-house providers.

Mental Health Office Directives

Community education on the FEP program, referral process, and available services are throughout the year by the clinician and case manager.

Community outreach and education is done quarterly to local school districts, DCFS, DJJS, & Juvenile Court. Hospitals, schools, and local community resource centers refer age-appropriate clients to WHS for screening. Multiple screening tools are used to identify prodromal symptoms and make appropriate referrals. YOQs and OQs are administered at regular treatment intervals.

Outcomes Framework:

At each session clinicians are expected to review completed OQ/YOQs to help determine progress, continued needs and if any adjustments need to be made to the treatment plan. Clinicians request clients to have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and decrease symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed. The PREP clinician is also tracking access to CM services, attendance to Multifamily Group and community presentations.

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:

Clients receive the same services as those in First Episode Psychosis if they have medical necessity for the services. CHR-P is a step care model based on client's need/want of services such as case management, group participation (when available), medication (if needed). Whereas, FEP clients are provided all of these services upfront and then tapered off over the two years in treatment as they learn to advocate for themselves and learn to cope with the mental illness they have been experiencing. Therapist and/or Therapist's Supervisor assigned to FEP and CHRP will be attending upcoming National Clinical High Risk for psychosis learning community: Implementing and sustaining Programs for Youth, Adults and Families to learn more about the differences in assessment and/or service delivery.

Mental Health Office Directives

Outcomes Framework:

At each session clinicians are expected to review completed OQ/YOQs to help determine progress, continued needs and if any adjustments need to be made to the treatment plan. Clinicians request clients to have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and decrease symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed. The PREP clinician is also tracking access to CM services, attendance to Multifamily Group and community presentations.

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:

Stacy Scadden, CMHC
stacys@weberhs.org
Youth Team Clinician

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

Weber Human Services contracts with The Children's Center of Utah to provide comprehensive psychological testing for youth younger than 9 years of age.

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

Clinicians caring for the 0-5 population have been trained in Family Check Up which has over 30 years of research that focuses on interactions between the brain, social context, and behavior and

Mental Health Office Directives

evidenced-based solutions to mental health and behavioral problems. Two clinicians and two supervisors have attended DC 0-5 Training. Clinicians and Supervisors have had additional training in utilizing TF-CBT with this very young population. The Family Peer Support/Case Manager assigned to this population has participated in webinar trainings and in-person conferences provided by The Children's Center Utah.

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:

WHS utilizes behavioral health home funding to coordinate services for clients who have both behavioral and physical health needs. WHS has one case manager embedded in our primary care clinic and the equivalent of two additional case managers on our outpatient case management team. The case manager who is embedded in our primary care clinic is constantly taking referrals from our medical providers to find specialty services, complete lab work, secure medical devices and supplies, and arrange transportation to medical appointments. The case managers on our outpatient team are also linking clients to medical providers, transportation, and needed medical supplies in the community. This is a vital service for those individuals who have a severe behavioral health disorder and also need help navigating their physical health needs.

Outcomes Framework:

Lab work completed, attendance at medical appointments, BMI, Blood Pressure, A1C, medication adherence. We meet regularly with one of our largest ACOs (Select Health) and review progress with several health related metrics. This is very helpful in determining areas for improvement and follow-up. The medical team supervisor has assigned medical assistants to follow up with clients on some of these areas. We also have a monthly medical team discussion to look at encounters and efficiency of individual team members.

Intellectual and Developmental Disabilities (IDD)

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

Shauna Williams, LCSW
shaunaj@weberhs.org
801-625-3813

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

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

The WHS mental health assessment identifies areas of functioning and related delays/deficits. We also have access to additional screening instruments that assist in identifying client's specific needs on all levels. Programming has been modified to better meet the needs of those with intellectual/developmental disorders. Those clients identified with Autism will be linked with an ABA provider in our community. If there is a co-occurring MH disorder with the Autism diagnosis, additional services will be authorized as appropriate. Weber Human Services continues to provide the NUAP program.

Shauna Williams is the agency representative for the IDD/MH population. She attends a quarterly meeting with the Office concerning clients with intellectual and developmental disabilities.

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.

Shauna Williams, Estelle Ardizzone, and Becky Willard have all been trained to provide IDD services at WHS.

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

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

Service Delivery Framework:

Weber Human Services will maintain two clinicians being co-located at Northern IHC Pediatric Clinic-McKay Dee and Midtown Community Health Center-Children's Clinic. These clinicians regularly interact with the pediatricians in these offices to support integrated care. These clients are offered therapy services commonly utilizing MATCH and TF-CBT and have access to approximately 16-20 sessions based on need. Weber Human Services has current MOUs with Ogden School District and Weber School District which has allowed an ease of referring clients to treatment. Most treatment is provided at the WHS office although telehealth is an option as well. For a few clients with parental and school permission a therapist may see the client at their local school. WHS contracts with Quality Youth Services to provide therapeutic services for Ogden School District students in the OSD Bridges day treatment program. YOQs are regularly completed for those involved in these services.

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

Anna Lopez LCSW Youth Team Supervisor annah@weberhs.org

Older Adults

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.

Older adults are able to receive therapy and medication management services at WHS on an outpatient basis. They can also receive services if they are in a skilled nursing facility (SNF) and assisted living facility (ALF) from the WHS therapist who goes to the SNF in the Weber County area. The WHS prescribers also serve those in the SNF and ALFs as well. WHS also has an internal aging department that offers a variety of services and supports to older adults and they can be referred

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to this department in addition to the clinical services already mentioned.

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.

Sandi Nicotera, CMHC
sandin@weberhs.org
801-625-3739

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:

Scott Birt Peer Support Services
sbirt@weberhs.org

Anna Lopez, LCSW Youth Team Supervisor
Annah@weberhs.org
801-625-3703

***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

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

Weber Human Services (WHS) provides direct services to individuals who are unfunded or

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underfunded in our community. Priority is given to those under civil commitment, individuals with Medicare only, and those who have recently lost Medicaid. These clients may continue to receive individual therapy, group therapy, and medication management services as clinically indicated.

WHS offers walk-in clinical crisis evaluations and screenings for all community members to determine appropriate internal or external referrals for treatment. WHS also responds to requests from police and fire personnel for follow-up outreach and referrals, regardless of insurance status. Due to limited funding, referrals for ongoing treatment are often made to external providers. However, internal referrals may be authorized for unfunded clients when clinically necessary, with services approved based on identified need. After-hours crisis services are available 24 hours a day to any individual within the catchment area.

Funding for unfunded clients has decreased, resulting in a corresponding reduction in the number of individuals served. This is due to both reduced funding and an increase in clients projected to qualify for Medicaid. To address gaps in care, WHS has developed partnerships and alternative resources. WHS collaborates with Family Counseling Services to fund up to four therapy sessions for individuals without Medicaid. Family Counseling Services may also use grant funding to support additional sessions if needed. Our team will also assist our clients in applying for Medicaid during this process.

WHS now provides screenings for all unfunded or underfunded individuals in the community. Following screening, clients are connected to community resources, and when appropriate, the WHS Foundation provides vouchers for limited treatment through community providers. Weber Human Services also plans to establish an endowment fund through the foundation to support ongoing services for individuals who are unfunded and lack other community resources.

WHS also serves a limited number of unfunded clients involved in Mental Health Court using JRI funding to support treatment services until Medicaid can be established. A case manager on the Mental Health Court team assists clients with the Medicaid application process. Additionally, WHS has partnered with the Seager Clinic in Ogden, Utah, to provide up to 12 therapy sessions for unfunded individuals in transition up to age 26. These clients also receive medication management and case management services through the Seager Clinic.

Weber Human Services also consistently monitors the list of clients who lose Medicaid coverage and assists them in reestablishing benefits whenever possible. For clients who are likely to regain Medicaid, WHS may offer a limited number of therapy sessions to allow them to continue treatment without disruption while coverage is being restored. In some cases, a sliding fee scale may also be offered as a means of supporting clients in completing treatment.

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

Weber Human Services has a lengthy protocol our customer care team utilizes for individuals who are unfunded and are seeking services. This protocol assists staff in determining the sliding fee schedule and provision of services. WHS also consistently monitors the list of clients who lose Medicaid coverage and assists them in re-establishing benefits whenever possible. For clients who are likely to regain Medicaid, WHS may offer a limited number of therapy sessions to allow them to continue treatment without disruption while coverage is being restored. In some cases, a sliding fee scale may also be offered as a means of supporting clients in completing treatment.

3) Service continuum accessible to unfunded clients.

Weber Human Services provides a full array of services to civilly committed and mental health court clients who are unfunded. WHS also consistently monitors the list of clients who lose Medicaid coverage and assists them in reestablishing benefits whenever possible. For clients who are likely to regain Medicaid, WHS may offer a limited number of therapy sessions to allow them to continue treatment without disruption while coverage is being restored. In some cases, a sliding fee scale may also be offered as a means of supporting clients in completing treatment.

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.

Please indicate sections requested.

N/A

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.

Individuals are screened and evaluated by a Weber Human Services licensed clinician. Tools and forms used include a clinical written assessment, WHS screening form, ASAM criteria, DSM, and urinalysis testing. Upon completion of the screening and assessment, if it is determined the individual would best be served with an educational series, the individual is referred to a private provider in the area. If it is determined that the individual would benefit from a treatment intervention, treatment is offered based upon the ASAM recommended level of care.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

Substance Use - Adults

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

- ☒ 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?

N/A

Service Delivery Framework:

Clients are screened and evaluated by a Weber Human Services licensed clinician. If a person is screened and needs detox services but will not become a client at Weber Human Services, the crisis worker coordinates with case management services, peer support, support systems identified by the person, and hospitals for referral and admission. As part of discharge planning from the hospital, the hospital care coordinator may contact Weber Human Services as the treatment provider chosen by the individual for follow-up care. If a person is a current client with Weber Human Services and is needing detox services, the treatment episode remains open and ongoing. The primary clinician or case manager will coordinate with hospital staff regarding discharge from hospital and transition back into residential or outpatient services. When MAT is prescribed during detox, a referral will be made to the WHS medical team. Withdrawal management outside of a hospital setting can be provided through Weber Human Services with the Medical Clinic. Weber Human Services also provides a social detox to males through the social detox bed available through the Stepping Stones facility in coordination with the Weber Human Services medical clinic.

Substance Use - Adults

Clients needing medical detox services are referred to local medical units such as McKay Dee Hospital, LDS Hospital, and Ogden Regional ACT when deemed appropriate. Services are paid through private insurance and Medicaid. SSOR funds may also be accessed when appropriate.

Outcomes Framework:

Symptom management through medical staff review of labs and medication management.

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 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?

N/A

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

Tranquility Home is a 16 bed facility for women and children (up to 16 adult women for a total of 20 individuals with children). Clients receive treatment services directly through Weber Human Services. Structure is provided within the residential services to prevent relapse, promote monitoring of relapse prevention, and supportive services. Residential is staffed 24 hours per

Substance Use - Adults

day. Women have the opportunity to have their children, ages 0-10, with them while in residential services. The clients are responsible to care for their children's needs. Case managers and peer support specialists are available to assist clients in accessing treatment and resources for the women and for their children. Child care is provided off site while women are engaged in treatment groups and individual sessions. WHS has contracted with private providers to provide daycare. Day care slots are available as needed. Treatment services, including parenting and daily living skills, are offered for clients and their children through the Women's Services Program. Children's developmental needs are screened and assessed through the Youth Team at Weber Human Services. In the effort to strengthen families and to prevent parent-child separation Tranquility Home has partnered with DCFS consistent with the Family First Prevention Services Act (FFPSA). Tranquility Home is able to accept children in State custody keeping them safely with their mother to avoid trauma resulting from separation. Mothers continue to have access to mental health, substance use, and parenting treatment. Children are also able to access services through the Youth Team. Access to children's services and parent support for women in Tranquility Home have the ability to increase due to closer coordination with WHS Youth Services based on need and is assessed on a consistent basis. Clinicians who specialize in providing services to children ages 0-3 and parents will be available throughout residential placement as well as continuing care upon discharge from residential treatment.

Stepping Stones is a 24 bed residential facility for men. Men are able to access clinical treatment services, case management services, and peer support services while also supporting employment and stable housing goals. Recovery residence resources are also accessed as housing units become available.

Contracted Providers:
Odyssey House

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

Substance Use - Adults

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:

Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by clinical assessment, DSM, ASAM criteria, and DLA scale. Clients are admitted into this level of care to establish and maintain recovery as well as increased risks for relapse. Treatment is individualized, recovery focused, and based upon risk and needs of the client. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence-based practices include the following: Motivational Interviewing, transdiagnostic treatment - Common Elements of Treatment Approach (CETA), Skills for Success, Contingency Management, Matrix Model, and Moral Reconciliation Therapy (MRT). Individuals with co-occurring disorders will have access to Psychoeducational Multifamily Group Therapy, Illness Management and Recovery, and DBT. There is access to Peer to Peer groups and Peer Support Services including Smart Recovery peer lead groups. Twelve Step and other community support groups, including services with USARA, are encouraged. We continue to focus on including family and other support systems in treatment as identified by the client. Family therapy including couples counseling with a licensed Marriage and Family Therapist (MFT) continues to be available. The Matrix program provides a component specific to family members and support systems that provides education about addiction and supportive services for the client and family. The Matrix Family Group is available during daytime and evening hours. Peer Support Specialists are part of the treatment team and provide peer to peer groups and individual support. Each client is screened for peer support and case management services. Treatment includes 9+ hours per week with an average length of stay of 12 weeks with ongoing relapse prevention support and transition to a lower level of care. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. WHS tried to accommodate clients' needs by providing evening appointments, developmental skills, and family activities. The treatment approach increases stability through structure while maintaining a client's independence of their own residence and employment. Collaboration with community partners/referral sources increases the overall effectiveness of our programs. Case management assists with linking clients to community

Substance Use - Adults

resources and ancillary supports such as housing, employment, child care, medical, and education. ASAM II.5: Women's Day Treatment Program is available for women not residing at Tranquility Home, but qualify for a higher level of intervention and is further described in Section 13, Women's Services.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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:

Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by clinical assessment, DSM, ASAM criteria, and DLA scale. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on the outcomes of EBP. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence-based practices include the following: Motivational Interviewing, a transdiagnostic treatment - Common Elements of Treatment Approach, Skills for Success, Contingency Management, Matrix Model, and Moral Reconation Therapy (MRT). Individuals with co-occurring disorders will have access to Psychoeducational Multifamily Group Therapy, Illness Management and Recovery, and DBT. There is access to Peer to Peer groups and Peer Support Services including Smart Recovery peer lead groups. Twelve Step and other community support groups, including services with USARA, are encouraged. Treatment includes 1-8 hours per week with an average length of stay of 12-24 weeks with ongoing relapse prevention support. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. Services are provided beyond regular business

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hours. WHS tried to accommodate clients' needs by providing evening appointments, developmental skills, and family activities. WHS provides a multidisciplinary treatment team approach. WHS continues to focus on including family and other support systems in treatment as identified by the client. The Matrix program provides a component specific to family members and support systems that provides education about addiction and supportive services for the client and family. The Matrix Family Group is available during daytime and evening hours. Peer Support Specialists are part of the treatment team and provide peer to peer groups and individual support. Each client is screened for peer support and case management services. Collaboration with community partners/referral sources increases the overall effectiveness of our programs. WHS makes referrals to and/or collaborates with many organizations and various resources, including USARA, Vocational Rehabilitation, DWS, Ogden and Weber Housing Authorities, Health Department, UA monitoring, Ogden City Schools (GED), Weber State University, AP&P, DCFS, city/county court systems, psychiatric/medical, community treatment providers, and transportation. Case management assists with linking clients to community resources and ancillary supports such as transportation, housing, employment, child care, medical, and education.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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?

N/A

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

Substance Use - Adults

- ☐ 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.*

Clients are screened and referred to local agencies that provide Methadone based upon MAT screening, funding, and client engagement. WHS has contracts with BAART in Ogden, Clinical Consultants in Ogden, and Discovery House in Layton. The contracted agencies provide medication and counseling services. A WHS case manager/peer is assigned to provide outreach, coordination of care, and link referrals to the contracted agencies. A voucher system is used for allocating funds. Peer Support Services provides outreach, peer to peer groups, and individual peer support for clients receiving MAT. The voucher system provides funding to clients at the above-mentioned contracted agencies for individuals who are non-funded or Medicaid ineligible. Services include medication management, counseling, and appointments with prescribers.

A case manager who is also a peer support specialist is assigned to not only link clients to MAT services, but also linking to other services. The case manager completes the requirements of the SUPRT to stay in compliance with the grant requirements. The case manager works closely with the contracting agencies to ensure they are following through with the services authorized.

Outcomes Framework:

Data from the SUPRT is used to monitor follow-up rates and meet the expectation of the SSOR funding.

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?

PROTOCOL TOPIC: MED MANAGEMENT/MAT ONLY CRITERIA

Substance Use - Adults

PROTOCOL DATE **9 December 2023**
REVISION DATE: **20 November 2025**

Purpose

The purpose of this criteria is to allow clients to continue on their behavioral health medications while no longer needing therapy or case management services.

Criteria

A client may be transitioned to Med-Only or MAT-Only services if **ANY** of the following conditions are met:

Completion of Clinical Treatment

- o The client has completed therapeutic treatment services and will continue medication management or MAT only.
- o No additional services (case management, peer support, etc.) are included.

OR

Lack of Engagement

- o The client has not engaged in therapy/treatment for at least 60 days.
- o The WHS treatment team has made a minimum of three (3) documented attempts to re-engage the client.

AND

Safety Criteria

- o There are no reports or indications of harm to self or others.

Protocol

Before a transfer to Med-Only or MAT-Only services is initiated, the following must be clearly documented in the client chart according to organizational standards:

- All decisions related to the transfer
- All attempts to engage or re-engage the client
- Completion of treatment (if applicable)
- ASAM updates
- IRP changes
- Any task list item attached to the chart
- Provider communications

Procedures

If your client meets the above criteria, please complete the following;

- o Complete task list items

Substance Use - Adults

- o Discontinue IRP and create a med only IRP if client is receiving psychiatric meds only. If there is a co-occurring substance use diagnosis, mark Phase Out Client SUD Treatment on ASAM form.
- o If Client is receiving MAT only, make Transfer to MAT only on ASAM form.
- o Process Transfer Form as Med Only or MAT only. Request on transfer form to remove any case manager or peer support specialist listed on the chart.

PROTOCOL TOPIC: MEDICATION-ASSISTED TREATMENT

PROTOCOL DATE 9 December 2023

REVISION DATE: 20 November 2025

Purpose

The purpose of this policy is to establish clinical guidelines for the use of Medication-Assisted Treatment (MAT) in the treatment of substance use disorders (SUDs). Medication-Assisted Treatment (MAT) services are designed to support individuals on their journey to recovery from opioid use disorder.

Criteria

Our program combines FDA-approved medications with counseling and behavioral therapies to provide a comprehensive, evidence-based approach to treatment. The evidence-based model used for individual sessions is CETA. CETA is a tailored approach to fit an individual's substance use and mental health needs including addressing trauma.

Stacee Goff is the clinician on the MAT Clinic Team.

Molly DeVera is the certified peer support specialist who will provide outreach to clients who have been transferred from Stacee.

Protocol

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Weber Human Services supports the use of MAT as outlined by the National Association of State Alcohol and Drug Abuse Disorders.

Medications available to treat substance use disorders:

Treatment of Alcohol Dependence:

- Naltrexone – oral and extended release

Substance Use - Adults

- Disulfuram – Antabuse
- Acamprosate - Campral

Treatment of Opioid Dependence:

- Methadone
- Extended-Release Naltrexone – Vivitrol
- Buprenorphine – Suboxone, Subutex, Sublocade, Brixadi

Procedures

New Clients (Beginning November 6, 2025):

- Client chart is opened through Customer Care.
- Stacey is assigned as the primary therapist.
- One-hour appointment is scheduled with Stacey to complete the clinical assessment and begin CETA.
- On-going appointments are scheduled for one hour.
- Stacey will provide CETA as the treatment intervention for individual appointments. If the client is needing more intensive services, Stacey can refer the client to Matrix, MRT, or Skills Group. Stacey will remain as the primary therapist.

Clients not engaging in clinical services:

- Stacey will attempt outreach appointments with clients who are in MAT clinic and not showing to individual appointments. Zoom sessions can be offered.
- If a client has not engaged in treatment with Stacey within 60 days, Stacey will staff the case with Craig for transfer to Kelli Burton as MAT only.
- Molly will also be assigned as CM/Peer Support to the client to continue to offer peer support and outreach services.
- If client desires to reengage in services, a transfer will be made from Kelli to Stacey.

Current clients who have been MAT only:

- Stacey is available to meet with current clients and attempt to engage them in CETA.
- The provider or nurse can introduce the client to Stacey and/or have Customer Care make an appointment with Stacey.
- A transfer will be made from Kelli to Stacey.
- Scheduled appointments will be one hour.

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- Attempts from Stacee to engage the client in clinical treatment may include a brief introduction, rapid MI, and continued outreach.
- Introductions and outreach attempts may be less than 30 minutes and not include CETA.
- If client does not engage in treatment after three attempts by Stacee, Stacee will staff with provider who made the referral for consultation and next steps.

Weber Human Services can provide medications listed above excluding Methadone. Methadone can be accessed through a referral to BAART. Weber Human Services SSOR/MAT case manager also coordinates with outside MAT providers. See link below for provider list.

Medication-Assisted Treatment (MAT) – Provider List (outside of WHS)

http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=UT

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.

Clients are screened and referred to local contracted MAT agencies and in-house providers based upon MAT screening, funding sources, and client engagement. WHS provides the following types of MAT medications: Naltrexone, Vivitrol, Suboxone, Subutex, Sublocade, and Brixadi. WHS provides Monday - Friday access to MAT with 4 certified MAT providers by a walk-in clinic. WHS has an agreement to provide referrals to Midtown Community Health Center to screen and provide MAT, specifically Naltrexone and Vivitrol. WHS has also contracted with BAART, Discovery House, and Clinical Consultants to provide MAT services including medication and counseling. With additional funding from the opioid settlement, Weber Human Services plans to contract with USARA to provide recovery coaches in the hospitals in Weber County as part of the BRIDGES program offered by USARA. Weber Human Services is also dedicating a clinician to the WHS MAT clinic to improve client engagement in clinical services pending release of county funding. WHS has also been helping with funding to help provide MAT in the Weber County Correctional Facility.

Outcomes Framework:

Data is collected and reported in NOM's and state reporting services. Data is collected in both the assessment and 30 day follow up questions. A baseline data point is established at time of

Substance Use - Adults

assessment. Comparison data points are established throughout the treatment episode comparing the amount of clients with an appropriate diagnosis for MAT and whether the client was screened and referred for services.

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:

Services for women and children include residential treatment (Tranquility Home), day treatment (Women & Children's Day Treatment), intensive outpatient treatment, and outpatient treatment. Clients have an opportunity to learn basic life skills, healthy sexuality, parenting, relapse prevention, and recovery support for clients to transition from levels of care to maintenance and support. Clients are assigned individual therapists, case managers, and peer support specialists. Clients and their children are involved in groups, family therapy, and individual therapy to address the needs of the parent and children. Case managers and peer support assist with coordination with other agencies especially in the areas of medical care, employment, education, and child care. Gender-specific SUD treatment services include using curriculum authored by Stephanie S. Covington, Ph.D. for trauma groups, relapse prevention groups, and a recovery group. Trauma-informed treatment includes Seeking Safety and CETA. Other evidence-based models include MRT, Skills Group, Matrix, and Nurturing Parenting. Relapse prevention and recovery focus upon family and women's issues, housing, and employment issues. Clients in residential areas are referred to in-house Supported Employment Specialists (IPS).

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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

Substance Use - Adults

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

Service Delivery Framework:

In Tranquility Home, supervised family activities are available for parents and children on a weekly basis. Children's treatment services address the impact of substance use on children, including abuse/neglect and education regarding FASD. Children's services and parenting are available throughout all levels of treatment and care. Day care is available offsite for children ages 0-school-age. Efforts to increase opportunities for parent and child activities to promote bonding and attachment are continuing, including accessing services through the Youth Team. Evening and weekend activities have expanded to include visits with children for mothers who do not have their children in their care while at Tranquility Home. The children are able to participate with their parents in family strength-based activities. Tranquility Home has partnered with Utah State Extension Services who provide monthly classes for clients to learn healthy meal planning for families. Collaborative efforts with DCFS include clinicians attending Family Team Meetings with clients and DCFS for both outpatient and residential programs. Clinicians, case managers, and peer support specialists work closely with DCFS caseworkers to assist clients in being successful in treatment and achieving goals with their DCFS service plan. Weber County also has a Family Recovery Court where WHS clinicians, DCFS caseworkers, community partners, judges, attorneys, and court personnel are part of a collaborative team with an overall goal of promoting stability and reunification of parents and children. WHS has contracted with DCFS to provide services for

Substance Use - Adults

foster children as part of the Family First Prevention Services Act. Children in foster care can be placed in Tranquility Home with their mother and be provided care and services while in placement with their parents. Weber County also has a Family Support Court where the parents have custody of the children while they work on their treatment program to maintain custody of their children. This program works with DCFS, GAL, attorneys, Voc Rehab, and DWS. Women who are pregnant that come to WHS for treatment have full access to the WHS medical clinic, they can get referrals to maternal care, and have access to case managers to connect them to appropriate resources to support them while pregnant as well as post-partum. WHS has a few clinicians who are trained in perinatal mental health. WHS teams closely with Empowered, a program in the community that helps support expecting mothers by being able to access mental health resources, having support attend appointments, and being able to access resources. Empowered will also help support these expecting mothers and children post-partum as well. Weber Human Services has a case manager that is certified as a Doula as well and works closely with the expecting mothers and Empowered.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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.

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

Substance Use - Adults

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

- ☒ 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:

In Tranquility Home, supervised family activities are available for parents and children on a weekly basis. Children's treatment services address the impact of substance use on children, including abuse/neglect and education regarding FASD. Children's services and parenting are available throughout all levels of treatment and care. Day care is available offsite for children ages 0-school-age. Efforts to increase opportunities for parent and child activities to promote bonding and attachment are continuing, including accessing services through the Youth Team. Evening and weekend activities have expanded to include visits with children for mothers who do not have their children in their care while at Tranquility Home. The children are able to participate with their parents in family strength-based activities. Tranquility Home has partnered with Utah State Extension Services who provide monthly classes for clients to learn healthy meal planning for families. Collaborative efforts with DCFS include clinicians attending Family Team Meetings with clients and DCFS for both outpatient and residential programs. Clinicians, case managers, and peer support specialists work closely with DCFS caseworkers to assist clients in being successful in treatment and achieving goals with their DCFS service plan. Weber County also has a Family Recovery Court where WHS clinicians, DCFS caseworkers, community partners, judges, attorneys, and court personnel are part of a collaborative team with an overall goal of promoting stability and reunification of parents and children. WHS has contracted with DCFS to provide services for foster children as part of the Family First Prevention Services Act. Children in foster care can be placed in Tranquility Home with their mother and be provided care and services while in

Substance Use - Adults

placement with their parents. Weber County also has a Family Support Court where the parents have custody of the children while they work on their treatment program to maintain custody of their children. This program works with DCFS, GAL, attorneys, Voc Rehab, and DWS. Those who come into residential with their children have access to weekly parenting with the youth case manager and will provide additional support if needed. The children may get an assessment and treatment from a clinician on the youth team so they have their own individual treatment, along with their parents being involved with their treatment and receiving support and help with their children. They have access to help with transportation as well as the medical clinic for medical purposes as well as additional testing with the psychologist if needed.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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)?

When someone comes to receive services through Weber Human Services, customer care gathers initial information and they are screened from the first point of contact to identify if they are part of the priority population, which includes those who inject substances. The agency prioritizes them for an intake slot so they can start treatment as soon as possible. WHS is able to get the priority population into an assessment and into ongoing services quickly.

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

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

☒ Screening and testing.

Substance Use - Adults

Who is responsible for providing screening and testing for TB

Clients can gain access to Weber Human Services medical clinic to be medically evaluated and to check for TB. Prior to any client entering into a residential program, clients are required to be medically cleared and are given a TB test.

- ☒ Education services.

Who is responsible for providing education for TB

The outcome of any positive test would result in the medical provider providing notice to the client and to the counselors guidance in regards to treatment.

- ☒ Counseling services.

Who is responsible for providing counseling in respect to TB

Upon medical opinion and direction, can further provide counseling in support of the medical plan.

- ☒ 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.

N/A

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.

Substance Use - Youth

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 Interventions directly or through a contracted provider?

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

Service Delivery Framework:

WHS provides screening services to individuals and families who are self-referred or referred by other organizations such as schools and juvenile court. WHS provides brief intervention services for early intervention clients.

Outcomes Framework:

At each session clinicians are expected to review completed YOQs to help determine progress, continued needs and if adjustments need to be made to the treatment plan. Clinicians request that clients have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and a decrease of symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed.

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.

Substance Use - Youth

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

N/A

Service Delivery Framework:

Weber Human Services has historically had an agreement in place with Odyssey House for contracted residential services. WHS has recently learned OH has closed its youth residential and is currently looking to access an agreement with another appropriate higher level treatment provider.

Outcomes Framework:

ASAM and YOQs are utilized to determine outcomes.

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:

The WHS youth substance abuse outpatient program provides individual, group, and family counseling services to adolescents self-referred, referred by the juvenile court, and by the local school districts. Clients are screened and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). WHS has clinicians trained and certified to deliver empirically supported interventions derived from evidence-based models shown to reduce substance use and improve client functioning. These include: Aggression Replacement Training, Moral Reconciliation Therapy, Motivational Interviewing and ACRA Adolescent Community Reinforcement Approach. The services are developmentally appropriate; family focused, and have a strong emphasis on engagement. Services can be provided in the homes of the youth. With most sessions being in office or over telehealth. Staff are trained to identify and develop treatment plans that identify risk factors that sustain drug and alcohol use behavior.

Therapists are also knowledgeable in diagnosing and responding to co-occurring mental health disorders. Supplementing the family interventions with quality CBT group interventions, psychiatric care, including medication management, is routine practice. The frequency of contact is matched to the presenting needs of the youth. It should also be noted that youth are required to participate in random drug testing as part of the counseling service. ASAM treatment levels

Substance Use - Youth

available for youth include ASAM outpatient and intensive outpatient services. If youth are screened and don't require treatment services, they are typically referred to Prevention Services. For instance, if a teenager was screened and did not indicate needs necessary for treatment, we may refer them to the Parent Teen Alternative program.

Outcomes Framework:

Along with ASAM, at each session clinicians are expected to review completed YOQs to help determine progress, continued needs and if adjustments need to be made to the treatment plan. Clinicians request that clients have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and a decrease of symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed.

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:

The WHS youth substance abuse outpatient program provides individual, group, and family counseling services to adolescents self-referred, referred by the juvenile court, and by the local school districts. Clients are screened and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). WHS has clinicians trained and certified to deliver empirically supported interventions derived from evidence-based models shown to reduce substance use and improve client functioning. These include: Aggression Replacement Training, Moral Reconation Therapy, Motivational Interviewing and ACRA Adolescent Community Reinforcement Approach. The services are developmentally appropriate; family focused, and have a strong emphasis on engagement. Services can be provided in the homes of the youth. With most sessions being in office or over telehealth. Staff are trained to identify and develop treatment plans that identify risk factors that sustain drug and alcohol use behavior.

Therapists are also knowledgeable in diagnosing and responding to co-occurring mental health disorders. Supplementing the family interventions with quality CBT group interventions, psychiatric care, including medication management, is routine practice. The frequency of contact is matched to the presenting needs of the youth. It should also be noted that youth are required to participate in random drug testing as part of the counseling service. ASAM treatment levels

Substance Use - Youth

available for youth include ASAM outpatient and intensive outpatient services. If youth are screened and don't require treatment services, they are typically referred to Prevention Services. For instance, if a teenager was screened and did not indicate needs necessary for treatment, we may refer them to the Parent Teen Alternative program.

Outcomes Framework:

Along with ASAM at each session clinicians are expected to review completed YOQs to help determine progress, continued needs and if adjustments need to be made to the treatment plan. Clinicians request that clients have two scheduled appointments and in most cases clients are encouraged to have weekly appointments to help achieve improvement in their functioning and a decrease of symptoms. Tracking of these expectations are done via clinician reports and discussed in monthly supervision and as needed.

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?

WHS continues to partner and collaborate with area providers including but not limited to DCFS, DJJS, ICC and JC. We engage in program discussions and client coordination on a weekly basis. All members are currently working to adopt and adapt to state and program changes while balancing the needs of our clients. WHS entered into a new contract with DHS/DJJS to provide treatment to youth in the DSI program. This includes individual, family, and group (ART) therapy. Referrals for medication assessment can also be provided.

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

N/A

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)

We are currently contracting UAs through Beechtree Diagnostics. They are currently collecting the samples and transporting the samples to their lab for testing and providing results. The agency will take opportunities to continue to evaluate opportunities to decide whether we stay with this contractor. As we look at costs along with quality of services to help us make the decision whether we can maintain the contract or find another option to meet the agencies and client's needs.

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

The last update was on January 5, 2024.

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

The last update was on January 5, 2024.

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?

Staff who work with those who struggle with substance use are educated on signs and symptoms of an overdose. Narcan is in each facility (main WHS building and each of the residential programs). Staff have been trained to use Narcan via a training video and those in the residential facilities get trained each year on how to administer the medication.

Does the LA maintain naloxone in each facility?

Yes, Narcan is in the main WHS building as well as each of the residential facilities.

Substance Use - Quality Improvement

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?

Clients can get access to Narcan through the WHS pharmacy for free. WHS also has a vending machine that provides free Narcan to anyone who wants it. Those who discharge from the residential facilities are provided Narcan and education on how to use it when they leave residential.

Policy Review (Directives)

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

WHS has administrative rules, clinical protocols, and policies/procedures. All are available to staff online. Every employee is required to complete a review of critical policies/procedures/rules on an annual basis. The training includes education related to the specific rule and an exam to ensure general understanding. Development and review of agency policies takes place at the Director's level. When staff have concerns regarding specific agency policies, the concerns/improvements are addressed with the Directors. If changes are proposed, the new or amended policy is reviewed and approved by the Board of Directors.

How often are policies reviewed and updated?

Critical policies and procedures are reviewed by each employee on an annual basis. They can be updated at any time.

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

N/A

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)

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

WHS continues to have an in-house integrated health clinic to serve the physical health needs of all WHS clients. We currently offer a full-service laboratory, pharmacy and physical/mental health treatment in our main facility at WHS. Two full time Medical Doctors, APRNs, several medical assistants, and customer care staff work in the integrated clinic. WHS also has monthly meetings with two ACOs to coordinate care for the members.

Each new client at WHS goes through an assessment process which includes an assessment of their physical, mental health, and substance use treatment needs. Each existing client has an annual review of these needs. If physical health needs are identified, in addition to the behavioral

health concerns, the primary service coordinator can refer to our care coordination team and/or our integrated Wellness Clinic.

Case managers are assigned to ensure that clients are able to access wellness programs and medical support.

We currently have a staff member who is working on education related to maternal mental health. With our co-located medical clinic, we routinely have education related to health and wellness provided to staff from medical personnel. Our providers consult with staff members on a daily basis regarding medical issues. We also have a prescriber and nurse assigned to our adult residential unit who make daily rounds.

Adaptations for YOUTH programming

Youth clients and family members also have access to our primary clinic as described above. We have two providers who specialize in Youth Medication Management.

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

Adult:

The integrated clinic utilizes measures such as blood pressure, BMI, A1C, and other lab work to assess short and long term outcomes.

Adaptations for YOUTH programming

The integrated clinic utilizes measures such as blood pressure, BMI, A1C, and other lab work to assess short and long term outcomes. WHS is involved in the State Primary Care Grant and has several measures related to physical health and wellness.

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?

Zoom

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

The organization provides a comprehensive range of behavioral health services via telehealth, including mental health and substance use evaluations, individual and group therapy for both mental health and substance use disorders, and medication management. In addition, limited case management services are available via telehealth to support coordination of care and access to appropriate resources.

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)

Clients are screened and assessed at the beginning and throughout treatment regarding treatment and referrals for smoking cessation options. Nicotine replacement strategies such as

patches, gum, and medication are available with the medical team as well as referrals within the community including use of the QUITline. WHS provides smoking cessation groups that are peer led in the residential facilities. WHS will coordinate with the Weber County Health Dept. and WHS Prevention programs to provide education for both staff and clients in treatment.

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.

WHS is a nicotine free campus. People cannot bring nicotine into the facility or use nicotine on campus.

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.

WHS is a community partner with UHRC and is involved in outreach efforts for individuals who are actively using drugs intravenously. Outreach efforts include education, linking to resources, and interventions that follow a harm reduction model. Outreach and engagement efforts are also provided with case management services with Lantern House, Weber County Jail, and Ogden PD Outreach which WHS partners with. WHS participates on multiple coalitions within the community in an effort to help support those who have Medicaid, unfunded, underfunded, as well as those who are not currently receiving services. WHS has case managers in the Weber County Jail helping people access services once they are released. The jail recently received the Medicaid waiver and are getting people access to Medicaid while they are still incarcerated. WHS and Weber County Jail are coordinating together to help give these folks who are being released from incarceration access to services. Prevention is completing a SHARP survey to identify needs in the community and help get youth and parents access to services that could be helpful to them.

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).

WHS is working closely with the Weber County Correctional Facility regarding getting Medicaid up and going in the jail. We will continue to partner with them as people get released for services to continue outside of the carceral setting. The jail is currently working to secure funding to provide treatment services within their facility again. If this happens, WHS has already agreed to help provide the treatment along with peer support services. WHS has a forensic peer working with the carceral settings in the community (jail, AP&P, and NUCCC) who is helping connect them to services for the clients to be successful. This forensic peer is working with the Department of Corrections to also get connected to the prison and be a liaison with them as well for those incarcerated people who will be transitioning to the Weber or Morgan counties. WHS is working with, and will continue to work with, the forensic social workers who are going into the jail to complete assessments and give treatment recommendations to the public defender's office that can be part of sentencing. This relationship will continue so that WHS can continue to connect with people who need treatment ongoing. WHS is working with and will continue working with Empowered (a program designed to help mothers who are pregnant and post-partum.)

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?

WHS works collaboratively with Adult Probation and Parole, private probation, and the Weber County Jail to obtain copies of the LSI-SV and the LSI RNR on all clients where available. Both are validated criminogenic risk/needs assessments. Weber Human Services has an agreement with the re-entry team from the jail. The County Jail will be completing the LSI-SV and then for those clients that score moderate to high, and will be remaining in jail, an LS-CMI will be completed.

Weber Human Services has started to use the LEEDS assessment to help identify criminogenic risk to make sure clinically, that is being addressed in treatment.

Outcomes Framework:

Weber Human Services utilizes the Leeds Dependence Questionnaire, LSI-SV, LS-RNR, LS-CMI, and coordinates with AP&P, and the Weber County Jail to continue to assess for criminogenic risk as well as coordination of care between these different agencies. The Leeds Dependence Questionnaire is a symptom reduction outcome tool. Criminogenic risk reduction is not explicitly tracked, however, the Correctional Program Checklist evaluation recently completed by UCJC showed a significant reduction in recidivism (score of 68-very high adherence).

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)

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.

The UDC funding will be used to help support those authorized through AP&P with the following: treatment, transportation, medical/dental, dentures, prescriptions, employment assistance, schooling, phone, clothing, and rental assistance. These are all items that will help clients to get on their feet and to help integrate back into society successfully.

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)

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.

Eligibility for each court is based upon a screening and assessment completed prior to being admitted in the program. The RANT is used to determine risk and needs level for Drug Court, Felony DUI, and Family Recovery Courts. The Structure Decision Making assessment DCFS completes on safety/risk to the child as well as the parent's history with DCFS is also considered when a parent is screened for the court program. Individuals who are determined to have a substance use disorder and meet a High Risk/High Need level are eligible for Felony and Family Drug Courts. For Family Recovery Court, the individual also has lost custody of a child and is seeking reunification services with DCFS and Juvenile Court. Family Support Court program looks at high risk/high need and is a program where the children stay in the home with the parents with a safety plan in place to help keep the children safe and prevent removal. In Juvenile Drug Court, the DUSI and CASI tools are used to assist in determining the risk and need level of a juvenile. To be eligible for the Juvenile Drug Court, an individual is determined to have substance use issues and are at a high risk/high need level. There have been no new referrals to Juvenile Drug Court this past year.

Outcomes Framework:

The RANT is used for initial screening for the Drug Courts. The Family Courts use the RANT along with DCFS's SDM assessment. Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the

American Society of Addiction Medicine assessment.

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

The Family Recovery Court manual is being updated currently. The Family Support Court manual was last updated in August of 2024. The DUI Court manual was updated September 2025. The Drug Court manuals were updated May 2026.

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:

WHS currently has case managers in the Weber County Jail to identify those high-risk habitual offenders and will help connect them with appropriate services. WHS currently works closely with the forensic social workers with the public defender's office who are assessing people while working their way through the legal system. These forensic social workers are providing treatment recommendations and will refer these people into services.

WHS has a good working relationship with the Weber County Jail and was providing treatment in a therapeutic community in the jail until funding from the grant ran out. The jail and WHS are working on options for more funding to get this program up and running again.

WHS works closely with AP&P with the specialty court programs (drug courts as well as a WIN and RECON program we have with them.) WHS has established a relationship with NUCCC over the past year to help connect their folks who are staying in their facility to treatment and employment services. WHS is part of the reentry fair and team to help people reenter society and get the support they need to be successful.

Outcomes Framework:

Weber Human Services utilizes the Outcomes Questionnaire, the Leeds Dependence Questionnaire, as well as the Clinical Monitoring Form as part of the Common Elements Treatment Approach to assess progress in treatment. Completion and review of the American Society of Addiction Medicine assessment.

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

N/A

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)

Mental Health and Substance Use Recovery Supports

- ☒ JRI (JRI)
- ☐ Mental Health (MHBG)
- ☐ Opioid Grant (SOR)
- ☒ Substance Use Block Grant (SUBG)
- ☒ Department of Corrections (UDC)
- ☐ Other- please specify below

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?*

WHS utilizes RSS funds for folks coming in for substance use services, those who are in specialty court, as well as those who are accessing treatment (substance use and/or mental health) for those who qualify through AP&P for the funds through the department of corrections. WHS has tracking bits on individual charts who are able to access RSS funds. The clients are assessed by their case manager to identify what their needs are. They will look to utilize community resources first and if those are not able to be used, they will reach out for approval to utilize RSS funds. When these funds are used, they are documented in the chart on what they were used for. There is a tracking system for how these items are paid for (check vs. credit card). If physical items are purchased for the client, they sign a form with the items purchased listed on the form stating they picked up those items. This form is scanned into the chart as well. This process is used to prevent fraud or misuse of funds.

Outcomes Framework:

RSS funding the agency receives is utilized to support the clients in being able to attend treatment and reenter into society. These funds help get people back on their feet and to stabilize in addition to the treatment they receive at WHS to reduce symptoms and to help them get better.

Peer Support Services (PSS)

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

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

Mental Health and Substance Use Recovery Supports

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:

Potential clients are identified by their therapist and referred to PSS or FPSS. The clients are assessed using the DLA to determine eligibility and specific services to be offered.

WHS has a total of 5 peer support staff for adult mental health services. The AOT program has 1 peer, the MCOT program also has 1 peer, and the STEPS program has 3 peers on staff. The peer support that is working in the AOT program primarily works with committed clients that are difficult to engage in traditional services. The three peer support specialists that work in the STEPS program are primarily working with clients in the community during the afternoon. They provide both individual and group services. The AOT PSS works with AOT clients, Mental Health Court clients, and clients referred over by the Adult Team Therapists. The AOT PSS has started to do a PSS group with the clients living in our Secure Housing Initiative Program (SHIP). They will provide both individual and group services.

Outcomes Framework:

Progress is measured by the Outcomes Questionnaire (OQ) and Youth Outcome Questionnaire (YOQ) and DLA which are reviewed regularly. There are specific objectives that are connected with the program that are reviewed with the client on a regular basis.

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:

Mental Health and Substance Use Recovery Supports

Name	Justine Romrell-Finlinson
Email	Justines@weberhs.org
Job role/title	Lead Operations Supervisor II

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)

Service Delivery Framework:

U Turn is the provider that manages the sober living properties. WHS owns some sober living residences in the community to help provide a temporary safe living environment so they can continue working on their treatment while giving them time to establish their own safe living environment. Sober living environments include a women's facility in South Ogden and a larger property in Ogden that serves men and women. Four family units are also provided at the Ogden property.

Outcomes Framework:

The OQ and Leeds Dependence Questionnaire are utilized for those clients who remain in treatment while placed in sober living facilities.

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)

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.*

Mental Health and Substance Use Recovery Supports

WHS has their own Supported Employment team that works with the clients who need help securing employment. Supported Employment assesses each client individually through a career profile and will then work on connecting that client to education or employment. This team works closely with community partners (Vocational Rehabilitation Services and the Department of Workforce Services) so that their clients can access additional services that will support them in securing employment. They are in contact with these community partners on a regular basis and will support their clients by attending the appointments with the community partners to help them secure the resources they need for the education they desire or access to resources that will support them in their employment. Supported Employment also completes business development on a regular basis to develop business partnerships to help place their clients in job positions.

Outcomes Framework:

In addition to the outcomes that are clinically completed when coming to WHS, these clients complete a career profile and based on job placements and the client securing employment for a period of time, they are then discharged from supported employment.

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

N/A

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.

Service Satisfaction and Outcome Data

Consumer Satisfaction

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

The MHSIP and YSS are administered annually. They are administered during an entire month of the year to generate a sufficient N size to understand specific areas of strength and weakness. Support staff are sufficiently trained to administer these tools in accordance with standards for such data collection. Findings are shared with clinical teams and leadership to inform program adjustments, staff training, and performance improvement initiatives.

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.

WHS clinical staff are provided ongoing training in the use of the OQ/YOQ. This is most often done in team meetings. Each month two clinicians report on their use of the OQ/YOQ with a particular client to the entire adult team or youth team based on client age. This affords routine training in the use of the OQ/YOQ. Administration rates to clients are at or above 90%. New staff are trained to use the OQ/YOQ through new clinician supervision groups.

Recovery Support Screenings and Tools

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

The Leeds Dependence Questionnaire (LDQ) was recently introduced and clinicians serving adult populations have been trained in the use and interpretation of the LDQ. The OQ is also administered to all adults, both those with primary mental health and substance use disorders. If additional screening information is necessary, clinicians can administer the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

The CRAFFT (car, relax, alone, forget, family/friends, trouble) screener is available for use with the adolescent population. As mentioned previously, the YOQ is administered to all youth clients.

Service Satisfaction and Outcome Data

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

N/A

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

N/A