

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## CLINICAL POLICY

**NUMBER: BC148**

**NAME: ACCESS TO SERVICES**

INITIAL APPROVAL DATE:	06/26/2023	BY: Administrative Committee
STAKEHOLDER REVIEW:	08/07/2024	BY: Consumer Advisory Board
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### **I. POLICY**

To establish a uniform process for access to services provided by Sanilac County Community Mental Health Authority (Sanilac CMH).

### **II. APPLICATION**

Populations: **ALL**  
Programs: **Direct - ALL**  
**Contracted - ALL**

### **III. DEFINITIONS**

None

### **IV. STANDARDS**

- A. It is the policy of Sanilac CMH to receive authorizations from the Region 10 ACCESS Center, who determine eligibility for intakes.
- B. Sanilac CMH shall also schedule a face-to-face intake contact within 10 calendar days of the request and assure adequate and appropriate services to eligible individuals for those determined to need on-going services.
- C. Priority populations will be served according to the Michigan Department of Mental Health and Substance Abuse Regulations, i.e., people released from a psychiatric placement will be contacted within 24 hours and seen within 7 days, pregnant substance users will be seen within 24 hours, etc. All reasonable contact attempts will be documented.
- D. Assure that the date of first service is within 10 calendar days of initial face-to-face contact.
- E. Assure an Individual Plan of Service is developed within 35 days of intake and no ongoing services are provided beyond the 35 days if an Individual Plan of Service is not in place without administrative approval. Scheduled appointments with individuals should not be canceled for any reason without CEO/COO approval.
- F. Sanilac CMH will maintain contractual agreements and active coordination with area emergency departments, inpatient psychiatric treatment providers, inpatient substance use disorder treatment providers, and residential programs to provide services at the clinically appropriate

levels. Sanilac CMH will follow the same protocol for individuals transitioning from these settings and returning to the community which includes transfer of medical records, verification of all prescriptions, active follow-up, and a crisis plan that includes suicide prevention and safety, and peer services (if needed). Contractual agreements will include, but not be limited to, the following service types:

- Emergency Departments
- Inpatient Treatment
- Urgent Care Centers
- Residential Crisis Settings
- Medication Assisted Treatment (MAT) Clinics
- Residential Treatment Programs
- Methadone Services (when an opioid treatment provider is unavailable in the service area).

## **V. PROCEDURE FOR URGENT, EMERGENT AND NON-EMERGENT SERVICES**

- A. The ACCESS Center initiates contact with Sanilac CMH to schedule intake appointments. In the case of a walk-in for a person not opened to services, the clinician will:
  1. See the person and assess the situation and the person's eligibility for services.
  2. Assist the person in obtaining services through ACCESS or other community agencies.
- B. Non-emergent requests for service received via telephone directly by Sanilac CMH should be referred to the ACCESS Center.
- C. Individuals who currently have active Medicaid, Healthy Michigan, CCBHC, or MI Child will be provided an appointment for their intake via a Sanilac CMH scheduler.
- D. Individuals whose mental health services will be covered by Sanilac CMH General Funds require approval from the COO or Designee prior to being provided with an intake appointment. An individual that is in crisis will be provided crisis services as needed to ensure stability and safety no matter their insurance coverage, ability to pay, and residence. Individuals may seek services through the ACCESS Center to determine eligibility for services. If necessary, an intake will be conducted to determine level of care and priority. If it is determined that an individual meets criteria for our services, but Sanilac CMH does not have the capacity to see them, Sanilac CMH will put them on a waiting list where they will be contacted at least annually to discuss their needs. Appropriate resources will be provided to individuals on the waiting list.
- E. People who are hospitalized and whose discharge plan states they must be linked with Sanilac CMH for follow up services will have a discharge plan developed by the hospital in conjunction with the Hospital Program Coordinator and have a face-to-face appointment at Sanilac CMH within 7 days, scheduled by the Hospital Program Coordinator. The Agency's Hospital Discharge Plan (Form #0384) will be completed and provided to appropriate treatment team members. The PIHP's Discharge form will also be filled out and faxed to them.
- F. During an intake appointment, if a person is assessed as being eligible for Sanilac CMH services, the Bio-psychosocial and Pre-Plan are completed, and the Individual Plan of Service (IPOS) is scheduled. If the person does not qualify for our services, a clinical assessment may be completed in place of the Bio-psychosocial, and they will be connected with another applicable service provider.
  - a) If the individual is from outside of our catchment area, staff will provide, at a minimum, crisis response, evaluation, and stabilization. Individuals will not be denied services because of their place of residence.

- b) The staff will coordinate ongoing care utilizing the external referral in OASIS. The staff will link the individual to a provider and follow up, assisting with any barriers that may prevent the ongoing services from occurring.
- c) Once ongoing services have been established, the staff will close out the referral process.
- G. Staff will complete the appropriate paperwork to have the person assigned a worker and necessary services scheduled.
- H. Based on the needs of the individual, it will be determined if a patient-centered team approach will be the best treatment method. The team will consist of staff from medical services, therapy services, care management, and peer support with other disciplines being added as appropriate. The team will be responsible, with the individual and/or family/caregiver, for directing, coordinating, and managing care and services for the individual. When appropriate, traditional approaches to care for individuals who are American Indian or Alaska Native will be included within treatment planning.

**VI. PROCEDURE FOR UNIFORM ELIGIBILITY DIAGNOSIS TO LEVEL OF CARE**

- A. Appropriate credentialed staff will assess and diagnose the individuals served, indicating the basis or rationale via an assessment or other appropriate document.
- B. Initial tentative diagnosis is entered into OASIS by Region 10 ACCESS upon receiving request for services.
- C. Any diagnosis "unspecified" or "deferred" must be followed up and clarified. If this diagnosis is the qualifying diagnosis, an attempt should be made to complete this as soon as possible, but within 90 days. In other situations, the diagnosis should be reviewed and updated annually. All "rule out" diagnoses should be confirmed active or non-active within 6 months.
- D. At least annually, the primary staff (therapist, care manager, etc.) will review and update the current diagnoses for appropriateness as part of the bio-psychosocial assessment process, ensure that diagnoses are changed and supported as needed. Staff are also to update diagnoses as necessary at IPOS and Periodic Reviews.
- E. For psychiatric diagnoses, those attributable to the Sanilac CMH Psychiatrist will supersede diagnoses by other clinical staff, and the most recent diagnoses will take precedence.
- F. Primary staff will ensure that there is documentation present in the EHR for all diagnoses that establish the person's eligibility for services and/or that are completed by staff or contract providers of Sanilac CMH.
- G. Diagnoses reported from other sources will have the source identified as part of the documentation.
- H. Primary staff will identify the primary diagnoses, i.e., that which is the main focus of treatment.
- I. Primary staff will ensure that each diagnosis has the appropriate DSM or ICD code number attached in all documentation.
- J. Primary staff will identify any diagnosis changes or additions for individuals with substantiating documentation.

## **VII. REFERRALS AND/OR TRANSFERS OF CARE**

To ensure an orderly and timely transfer and/or referral to internal and external services, the following procedures will be followed in the identified situations. This includes but is not limited to specialty care, ancillary services, dental, physical health care (acute and chronic), behavioral health care, social services, educational systems and services, substance abuse, Methadone services and employment-related services.

A. Referrals within Sanilac CMH services should utilize at least one of the following forms:

1. Staffing/Transfer/Referral Change Form (#0226); or
2. Prescription for OT/PT Professional Assessment (#1023A); or
3. Electronic Funding, Support and Service Request.

The Program Secretary receiving the transfer will open it in the new program and close it in the old program simultaneously.

In the case of departmental disagreement: Situations where a referral is not accepted by the receiving supervisor will be referred to the Chief Operating Officer (COO) for resolution. When clinically appropriate, the COO will consult with the Medical Director as necessary. Results will be documented in the chart by the initiating staff.

B. Referrals between Sanilac CMH Programs will include the following:

1. The referring staff will contact the individual receiving services to discuss the request regarding transfer/referral for additional or alternative services. The individual/Guardian will provide verbal consent to the transfer/referral for additional or alternative services being suggested or input as to why they are disagreeing with the suggested services.
2. The consultation/discussion is held between the referring staff and the receiving staff. The receiving program will be responsible for the documentation of this meeting and should be documented as a professional consultation.
3. The Referral Form is completed based on a current assessment. Referrals/transfers may be initiated by changes requiring more/less restrictive and/or intensive treatment interventions, or by request from the Medical Director or the individual.
4. The Referral Form is reviewed and approved or denied (based on clinical appropriateness) by the referring and receiving Supervisors. The individual is contacted and made aware of this decision by the referring staff. All attempted contacts will be documented. Legal Notice of Rights is given as appropriate.
5. The primary case holder will complete an updated IPOS or amendment and authorizations prior to providing active treatment. If clinically appropriate, a transfer meeting will be conducted at that time.
6. The receiving program will schedule appointments for authorized services.
7. Follow up on any referral will be documented in the individual's medical record/electronic health record (EHR) and will be completed within 14 days of the referral at the latest.

C. Referrals to services outside the agency:

The primary case holder making the referral will obtain the consent of the individual, when applicable. The primary staff will complete a Release of Information form(s) and will obtain an authorization for service when needed.

## **Sanilac County Community Mental Health Authority Policy Manual**

The primary staff will document in the clinical chart citing the rationale for the referral on the appropriate referral form and include any response or follow up as it occurs.

The Sanilac CMH staff coordinates the requested care, treatment or services within a time frame that meets the needs of the individual, as well as the recommendations of the provider and schedules appointments with the 'referred to' provider or community resource when at all possible.

The Sanilac CMH staff coordinates and/or notifies the individual of the appointment. For Immediate/Urgent/Routine healthcare referrals, the worker is responsible to track the status of the referral until completed. (Completed is defined as the care or service was received or all communication attempts with the provider and/or individual have been exhausted, yet the care or service was not received.) For Community Resource Referrals the information can be gathered at the time of the individual's next visit.

The Sanilac CMH staff will provide the individual with a copy of the referral form, which contains the contact information of the referral provider, facility, or community resource.

The Sanilac CMH staff will follow up and document in the individual's medical record (EHR) on any referral within 14 days of the referral at the latest. The follow up consists of inquiring if the appointment was kept and to see if any additional supports are needed by the individual and/or family.

The Sanilac CMH staff ensures that a copy of the consultation report, notes, or other documentation from the referral is in the individual's medical record/EHR. Medication reconciliation must be completed with external providers.

In cases where a referral is not accepted or fails to elicit an adequate response to address the identified needs, a review will be completed by the primary staff to determine if further follow-up or referral is necessary.

An individual has the right to refuse a referral or decline the follow-up.

### **D. Self-Referrals:**

1. The Sanilac CMH staff will inquire at each visit with the individual and/or families, as appropriate if they have scheduled or received care or services outside of Sanilac CMH.
2. The Sanilac CMH staff will document into the individual's medical record/EHR any information provided and will contact the provider of the treatment or services (if the individual gives consent) for care records.

## **VIII. ATTACHMENTS**

Appendix (Services and Evidence Based Practices)

## **IX. REFERENCES**

Hospital Discharge Plan – Form #0384

## **APPENDIX**

### **Services**

- **Veteran's/Active-Duty Military Services:** Sanilac CMH clinic or DCO will provide recovery based, behavioral health care to appropriately identified veterans and current active-duty military members who are located further than 50 miles or more from an approved military facility. Treatment recommendations will be based on guidance from the Uniform Mental Health Services Handbook (VHA). DCO or clinic will document in the EMR the military history of all individuals who receive services and their family members. All veterans/active-duty military individuals who are identified for services will work with treatment team to create a treatment plan that is based on their current diagnosis, strengths, personal goals, and desired treatment outcomes. The plan will address reduction/management of symptoms, improving functioning, and prevent relapse or recurrence. Evidence based models will be recommended to ensure the most effective treatment. Based on the wishes of the individual, family members and/or natural supports will be encouraged to participate in the planning and treatment process.
- **Individuals and Families Who Live a Long Distance from CCBHC Clinic(s):** Sanilac CMH will provide opportunities for telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other opportunities in alignment with the preference of the individual receiving services within a practical extent. Sanilac CMH does not need to provide services including telehealth to individuals who reside outside of Sanilac County. Sanilac CMH may develop protocols for populations that may transition frequently in and out of the county, such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability.
- **Crisis Services:** Crisis Intervention is provided by a licensed clinician for individuals who are in acute psychiatric distressful situations, and they will intervene for the purpose of working toward psychiatric stabilization. The purpose of crisis intervention is to prevent an individual from self-harm, harm to others, to assist the individual with linking with/establishing further treatment if necessary and with meeting their own needs. Crisis intervention is provided in the community, at Sanilac CMH locations, in a hospital setting, in Adult Foster Care (AFC) homes, and at the Sanilac County Jail.
- **Crisis Residential Services** are a short-term alternative to inpatient psychiatric services for individuals experiencing an acute psychiatric crisis. The goal is to avert hospital admission or to shorten the length of an inpatient stay.
- **Assessments and Evaluations:** Initial and periodic assessments which may include a range of professional and psychological evaluations to determine appropriate diagnoses and eligibility for services, to recommend a course of treatment, and to develop a plan of service using the person-centered planning approach.
- **Mental Health Therapy and Counseling:** Therapy services are provided for individuals in the least restrictive outpatient environment. Therapy services may be offered within an individual or group setting.
- **Psychiatric Services and Medication Monitoring:** Evaluation of mental status/diagnosis and of the need for the treatment of mental health disorders with the use of medications. The primary goal of this service is to monitor the effectiveness of treatment and the need for continuing or changing the medication regimen.
- **Psychiatric Rehabilitation Services:** Medication education; self-management; training in personal care skills; individual and family/caregiver psychoeducation; community integration services; recovery

## **Sanilac County Community Mental Health Authority Policy Manual**

support services including illness management and recovery; financial management; and dietary and wellness education.

- Health Services: Linking and coordinating with an individual's Primary Care Physician for optimal coordination of care.
- Psychology and Behavioral Services:
  - Guardianship testing
  - Behavioral monitoring
  - Behavioral Treatment Committee
  - Functional Assessments
- Respite Services: Pre-planned and short-term care that is provided to an adult with an intellectual/developmental disability or mental illness who is living in a family home with a caregiver or parent. The primary goal of this service is to provide temporary relief for unpaid caregivers.
- OBRA Evaluation and Nursing Home Monitoring: Assessments for individuals currently residing within a nursing home or are looking at potential placement within a facility. Assessments performed for individuals with a Serious Mental Illness or Intellectual/ Developmental Disability.
- Employment skill building: This vocational program, at Sanilac CMH, encompasses a group of employment skill training options that has been providing vocational training for individuals with disabilities. The focus is placed upon developing workplace skills which enhance independence, productivity and greater employment opportunities. Creative Enterprises is a Skill Building Program whose goal is to increase skills, knowledge and self-reliance in people with disabilities, with focuses on community integration, independence, productivity and employment.

Services at this site are geared toward individuals who require minimal assistance or training to refine employment skills. The goal is to move into community employment within a period of six months to one year.

Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills are some of the services that are included. Work preparatory services are aimed at preparing the individual for paid or unpaid employment including training in concepts such as attendance, task completion, problem solving and safety.

Work preparatory services and vocational skills generally aimed at teaching individuals problem-solving skills, safety, attendance, completion of a task and responsibility needed to work independently in a community job setting. Work skills is a transitional program designed to assist individuals with intellectual disabilities with vocational, safety, and community living training, all in a community workforce or volunteer setting. This program is geared toward individuals who want to make progress in the areas of economic self-sufficiency and independence, but who are not quite ready to be competitively employed. The community serves as a classroom as participants serve and learn in a variety of volunteer and work sites while also working with our staff in the areas of resume preparation, job exploration, filling out applications, and interview training.

Over the years SanCo Industries has performed various manufacturing functions for area businesses. Some of those contracts have included wire harness assembly, literature folding, parts sorting and bagging, as well as parts assembly.

At SanCo Industries we continue to search for opportunities to provide area businesses with high-quality, cost-effective manufacturing support. The very high standards exhibited in the pride and workmanship of our trainees make us confident in fulfilling the needs of our customers.

- Care Management: Assessment, planning, linkage, advocacy, coordination and monitoring to assist individuals in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services and other services and natural supports developed through the person-centered planning process.

## **Sanilac County Community Mental Health Authority Policy Manual**

- **Hospitalization Services:** Screening of, and admission to, community-based inpatient psychiatric units for individuals experiencing an acute psychiatric crisis.
- **Individual Therapy for Adults:** Therapy services are provided for individuals in the least restrictive outpatient environment. Best practice is to utilize sensitivity to the person's needs and implement a fluid approach to allow for transition during treatment.

The purpose of therapy and its processes is to follow the clinical procedure outlined by each of the following therapeutic interventions, to assist individuals with managing symptoms of illness, increase the individual's ability to cope with their illness and assist with reintegration to their community. The use of Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Substance Abuse (SA)/Integrated Dual Disorder Treatment (IDDT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Problem Solving, Reality and Family Therapy are the approaches that a Sanilac CMH Licensed Master Level therapist would utilize.

- **Peer Support Services:** Peer support specialist services provide individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities, and with planning and negotiating human services systems. Peer support specialists work with individuals who have been diagnosed with a Severe Mental Illness.

They provide opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive roles and to build and/or enhance self-esteem and self-confidence.

- **Jail/Court Liaison:** The Jail/Court Liaison provides intensive therapy and care management support to individuals within the jail system and court diversion programs within the adult clinic services program. The liaison supports the diverting of individuals with mental illness and/or intellectual/developmental disabilities, who have committed non-violent offenses from inappropriate incarceration. They serve as the Agency liaison for the law enforcement community. They provide community outreach to individuals within the jail system who have a history of hospital recidivism in order to be proactive in preventing crisis situations. The Jail/Court Liaison provides advocacy for individuals during their court related processes to ensure they are not being inappropriately incarcerated and also to ensure that they are receiving appropriate mental health treatment. The Liaison monitors Sanilac County individuals who are currently in placement within state psychiatric hospital settings to ensure that they are being transitioned to the least restrictive community placements, when appropriate. Coordination with community partners including primary care physicians, hospitals, jail systems, court officials, community mental health providers, etc. is also provided to ensure individuals have access to care that meets their needs across all treatment areas.
- **Services for Persons with Substance Use Disorders:** The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through Sanilac CMH:
  - Access, Assessment and Referral (AAR) determines the need for substance abuse services and will assist in getting to the right services and providers.
  - Outpatient Treatment includes therapy/counseling for the individual, and family, and group therapy in an office setting.
  - SUD treatment and services shall be provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders.
- **Methadone Services:** Coordination of services when an opioid treatment provider does not exist in the service area.
- **Youth Peer Support:** Youth Peer Support is a service available to support youth who are receiving mental health services. Youth Peer Support Specialists (YPSS) offer support and resources for youth with serious emotional disturbances (SED) who are receiving services in the community mental health



system. The YPSS acts as a key member of the treatment team by working with youth one on one or in a group, supporting them in achieving goals through shared activities and interventions. The YPSS supports youth empowerment by sharing their personal story of resiliency and recovery, assisting youth in developing skills to improve their functioning and quality of life and working collaboratively with others involved in delivering the youth's services.

- **Parent Support Partner:** Working with Parents/Caregivers to have hope, as well as feel confident and empowered to use their own voice to create a positive outcome for their child and family. Collaboration to thoughtfully and strategically build effective and fair communication with parents and others involved in the family's care.
- **Children's Serious Emotional Disturbance (SED) Waiver Program:** The Children's SED Waiver program provides services that are enhancements to the typical service array for children up to 21 years of age with a serious emotional disturbance. If the individual has private insurance and meets the SED Waiver guidelines, then they would be eligible for Medicaid to cover services. The child would receive Wraparound Services to help coordinate natural supports and other treatment providers to identify medically necessary service needs and develop a treatment plan that is clinically appropriate. Some covered services through the SED Waiver include Community Living Supports, Family Home Care Training, Family Support and Training, Respite Care, Child Therapeutic Foster Care and Overnight Therapeutic Camp.
- **Maternity Outpatient Medical Services (MOMS):** MOMS is a health insurance coverage program administered by the Michigan Department of Health and Human Services. The MOMS program provides health insurance coverage for pregnant or recently pregnant women who are eligible for Emergency Services Only Medicaid (ESO). MOMS provides coverage for outpatient prenatal services and pregnancy-related postpartum services for two months after the pregnancy ends. Medicaid ESO covers labor and delivery services.
- **The Wraparound Program** is a community and strength-based planning process that promotes family preservation and independence. This is accomplished through a high level of coordination which is individualized, and family driven. A Wraparound Coordinator facilitates the development of a Child and Family Team to design a treatment plan that is responsive to the needs of the family. The team includes service providers and people close to the family.
- **Services related to adult/youth substance abuse and intoxication, including ambulatory and medical detoxification pursuant to criteria established by the American Society of Addiction Medicine (ASAM):**
  - 1-WM – Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery.
  - 2-WM – Moderate withdrawal with all day withdrawal management supports and supervision; at night has supportive family or living situation, likely to complete withdrawal management.
  - 3.2-WM – Moderate withdrawal but needs 24 hour support to complete withdrawal management and increased likelihood of continuing treatment or recovery.
  - 3.7-WM – Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring.
  - ASAM Level 1 – Ambulatory Withdrawal Management without Extended On-Site Monitoring
  - ASAM Level 2.1 – Intensive Outpatient

### **Evidence Based Practices**

- **ACT** is an inclusive array of community-based rehabilitative mental health services that support individuals in their recovery journey. It is provided to adults with serious and persistent mental illnesses who have a history of high use of psychiatric hospitalization and who require a well-coordinated and integrated package of services to avoid hospitalization over an extended period of time.

- Services provided:
  - Medication Management: ACT staff provide management and monitoring of medication.
  - Education regarding mental illness and symptom management.
  - Care Management for linking and coordination with community services including MDHHS, Social Security and local housing assistance.
  - Individual/Family Therapy
  - Training in daily living skills to enhance independence.
  - Integrated Health Services which include linking with primary care and assistance in follow up with recommendations.
  - After hours crisis line.
- ACT Staff strive to help support individuals in recovery by achieving the following outcomes:
  - To live independently in a place called home.
  - To gain an education, whether for finding a job or personal growth.
  - To have a job that enhances income, provides a means to make a contribution, enables recognition.
  - To have meaningful relationships.
  - To avoid the spirit-breaking experiences of hospitalization, incarceration or substance use.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a structured therapy model that is used across the country and has been shown to significantly decrease the short- and long-term negative effects of trauma. The primary goal is to help children and families manage feelings, talk about trauma and develop a plan for feeling safe in the future by desensitizing them to the trauma through a trauma narrative.
- Infant Mental Health: Infant mental health refers to how well a child develops socially and emotionally from birth to three. The key to preventing and treating mental health problems of very young children and their families is to take an approach informed by infant mental health principles and practices. This approach also supports relational health by guiding the development of healthy social and emotional behaviors. Infant and early childhood mental health is based on the same principles but expands the reach to include young children 3-6 years of age and their caregivers.
- Cognitive Behavioral Therapy (CBT): CBT is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety, SUD, and many other mental health illnesses. CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as “homework” exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior. CBT therapists emphasize what is going on in the person’s current life, rather than what has led up to their difficulties. A certain amount of information about one’s history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.
- Dialectical behavioral therapy (DBT): DBT is a type of cognitive behavioral therapy that tries to identify and change negative thinking patterns and pushes for positive behavioral changes. DBT may be used to treat suicidal and other self-destructive behaviors.
- Integrated Dual Disorder Treatment (IDDT): IDDT is an evidence-based practice that improves quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services.
- Motivational Interviewing (MI): MI is an evidence-based approach to behavior change that the approach is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

- **Air Traffic Control (ATC):** ATC is an innovative approach for the coordination, monitoring and delivery of crisis services in which a call center would serve as hub for effective deployment of crisis services and has the primary objective of never losing track of a person in a suicidal crisis as they interface with the crisis system and aftercare. Qualified call center that meets the standards for and participates in National Suicide Prevention Lifeline (NSPL), 24/7 clinical coverage with an identifiable single point of contact, the ability to deploy mobile crisis services and to secure same day/next day outpatient clinical services, clinically sufficient personnel to make triage decisions.
- **Medication-Assisted Treatment (MAT):** The use of FDA-approved medications in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders.
- **Parenting Through Change (PTC):** PTC is an evidence-based program based on years of research and development of proven skills that help families and children during challenging transitions.
- **Screening Brief Intervention, and Referral to Treatment (SBIRT):** A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing those disorders.
- **Zero Suicide:** A quality improvement model that transforms system-wide suicide prevention and care to save lives. The model incorporates the following seven elements: lead, train, identify, engage, treat, transition, and improve.
- **Supported Employment (SE):** SE is an approach to vocational rehabilitation for people with serious mental illnesses that emphasize helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.
- **Treatment of Tobacco Disorders:**
  - Screening
  - Cessation interventions: education, brief counseling, pharmacotherapies, and psychosocial interventions
  - Referral to outside interventions