

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source		\$ 776,064	\$ 91,800	\$ 162,154	\$ 20,000	\$ 2,003,936	\$ 43,105	\$ 3,342	\$ 20,000	\$ 225,000	\$ 140,000	\$ 200,000	\$ 3,685,401

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		97,020				252,980							\$ 350,000	132	\$ 2,652
Residential Care (171 & 173)				25,000									\$ 25,000	20	\$ 1,250
Outpatient Care (22-24 and 30-50)		268,032	91,800		20,000	635,122	43,105	3,342	20,000	200,000	115,000	200,000	\$ 1,596,401	1,971	\$ 810
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		32,400				87,600							\$ 120,000	563	\$ 213
Psychotropic Medication Management (61 & 62)		96,390				260,610				25,000	15,000		\$ 397,000	749	\$ 530
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		101,250				273,750							\$ 375,000	89	\$ 4,213
Case Management (120 & 130)		74,250				200,750							\$ 275,000	110	\$ 2,500
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)				55,000							10,000		\$ 65,000	72	\$ 903
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)				7,154		14,846							\$ 22,000	35	\$ 629
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				50,000									\$ 50,000		
Services to persons incarcerated in a county jail or other county correctional facility				25,000									\$ 25,000	50	\$ 500
Adult Outplacement (USH Liaison)		9,702				25,298							\$ 35,000	10	\$ 3,500
Other Non-mandated MH Services		97,020				252,980							\$ 350,000	235	\$ 1,489
FY2015 Mental Health Expenditures Budget	\$ -	\$ 776,064	\$ 91,800	\$ 162,154	\$ 20,000	\$ 2,003,936	\$ 43,105	\$ 3,342	\$ 20,000	\$ 225,000	\$ 140,000	\$ 200,000	\$ 3,685,401		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		585,075	69,208	118,000	15,000	1,510,767	30,857		20,000	169,627	108,007	149,964	\$ 2,776,505	1,282	\$ 2,166
YOUTH/CHILDREN		190,989	22,592	44,154	5,000	493,169	12,248	3,342		55,373	31,993	50,036	\$ 908,896	772	\$ 1,177
Total FY2015 Mental Health Expenditures	\$ -	\$ 776,064	\$ 91,800	\$ 162,154	\$ 20,000	\$ 2,003,936	\$ 43,105	\$ 3,342	\$ 20,000	\$ 225,000	\$ 140,000	\$ 200,000	\$ 3,685,401	2,054	\$ 1,794

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source		\$ 84,413	\$ 16,883		\$ 30,000			\$ 20,000	\$ 151,296

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL									\$ -		#DIV/0!
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL		75,972	15,195		27,000			18,000	\$ 136,167	140	\$ 973
School Based Behavioral Health-ADMIN		8,441	1,688		3,000			2,000	\$ 15,129		
FY2015 Mental Health Expenditures Budget	\$ -	\$ 84,413	\$ 16,883	\$ -	\$ 30,000	\$ -	\$ -	\$ 20,000	\$ 151,296	140	\$ 1,081

\* Data reported on this worksheet is a breakdown of data reported on Form A.

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

Northeastern Counseling Center  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 291,200	ADULT	120	\$ 2,427
\$ 58,800	CHILD/YOUTH	12	\$ 4,900
<b>Residential Care Budget</b>			
\$ 23,000	ADULT	18	\$ 1,278
\$ 2,000	CHILD/YOUTH	2	\$ 1,000
<b>Outpatient Care Budget</b>			
\$ 1,037,661	ADULT	1,213	\$ 855
\$ 558,740	CHILD/YOUTH	758	\$ 737
<b>24-Hour Crisis Care Budget</b>			
\$ 91,164	ADULT	428	\$ 213
\$ 28,836	CHILD/YOUTH	135	\$ 214
<b>Psychotropic Medication Management Budget</b>			
\$ 357,000	ADULT	628	\$ 568
\$ 40,000	CHILD/YOUTH	121	\$ 331
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 337,500	ADULT	70	\$ 4,821
\$ 37,500	CHILD/YOUTH	19	\$ 1,974
<b>Case Management Budget</b>			
\$ 247,500	ADULT	100	\$ 2,475
\$ 27,500	CHILD/YOUTH	10	\$ 2,750
<b>Community Supports Budget (including Respite)</b>			
\$ 45,000	ADULT (Housing)	52	\$ 865
\$ 20,000	CHILD/YOUTH (Respite)	20	\$ 1,000
<b>Peer Support Services Budget</b>			
	ADULT	-	#DIV/0!
\$ 22,000	CHILD/YOUTH (includes FRF)	35	\$ 629
<b>Consultation &amp; Education Services Budget</b>			
\$ 25,000	ADULT		
\$ 25,000	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 25,000	ADULT Jail Services	50	\$ 500
<b>Outplacement Budget</b>			
\$ 35,000	ADULT	10	\$ 3,500
<b>Other Non-mandated Services Budget</b>			
\$ 262,500	ADULT	\$ 175	\$ 1,500
\$ 87,500	CHILD/YOUTH	\$ 60	\$ 1,458

**Summary**

<b>Totals</b>	
\$ 2,777,525	Total Adult
\$ 907,876	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

<b>Unfunded (\$2.7 million)</b>			
\$ 41,800	ADULT	265	\$ 158
\$ 50,000	CHILD/YOUTH	56	\$ 893
<b>Unfunded (all other)</b>			
\$ 309,000	ADULT	309	\$ 1,000
\$ 239,000	CHILD/YOUTH	239	\$ 1,000

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	33,347

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL			#DIV/0!
FRF-ADMIN			
School Based Behavioral Health-CLINICAL	31,680	15	2,112.00
School Based Behavioral Health-ADMIN	1,667		
FY2015 Mental Health Expenditures Budget	\$ 33,347	15	2,223.13

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	1,667
Fringe Benefits	
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 1,667

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	1,667
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	1,667
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	1,667
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

Northeastern Counseling Center  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 229,237	\$ 60,000	\$ 57,846		\$ 200,000	\$ 215,750	\$ 44,667	\$ 25,000	\$ 40,000	\$ 178,243	\$ 1,050,743

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	\$ 30,000	\$ 10,000			\$ 20,000						\$ 60,000	265	\$ 226
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)											\$ -		#DIV/0!
Long Term (Over 30 days: ASAM III.1 or III.3)	20,000	20,000			50,000						\$ 90,000	10	\$ 9,000
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	174,227	30,000	57,846		125,000	215,750	44,667	25,000	40,000	178,243	\$ 890,733	460	\$ 1,936
Intensive Outpatient (ASAM II.5 or II.1)											\$ -		#DIV/0!
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	5,000				5,000						\$ 10,000	20	\$ 500
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 229,227	\$ 60,000	\$ 57,846	\$ -	\$ 200,000	\$ 215,750	\$ 44,667	\$ 25,000	\$ 40,000	\$ 178,243	\$ 1,050,733		

Cell O6 must equal Cell O23

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 45,849	\$ 12,396	\$ 11,951		\$ 41,320	\$ 44,574	\$ 22,333	\$ 5,000	\$ 1,523	\$ 30,040	\$ 214,986	120	\$ 1,792
Women (18+)	\$ 60,380	\$ 15,498	\$ 14,942		\$ 51,660	\$ 55,728	\$ 22,334	\$ 5,000	\$ 8,740	\$ 34,499	\$ 268,781	150	\$ 1,792
Men (18+)	\$ 111,831	\$ 30,282	\$ 29,195		\$ 100,940	\$ 108,889		\$ 15,000	\$ 20,705	\$ 113,704	\$ 530,546	300	\$ 1,768
Youth (0 - 17)	\$ 11,167	\$ 1,824	\$ 1,758		\$ 6,080	\$ 6,559			\$ 9,032		\$ 36,420	40	\$ 911
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 229,227	\$ 60,000	\$ 57,846	\$ -	\$ 200,000	\$ 215,750	\$ 44,667	\$ 25,000	\$ 40,000	\$ 178,243	\$ 1,050,733	610	\$ 1,723

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court			30000							148243	\$ 178,243	55	\$ 3,241
FY2015 DORA											\$ -		#DIV/0!

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue						\$ 111,608	\$ 15,000			\$ 20,000		\$ 146,608

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct						81,474							\$ 81,474	
Universal Indirect						14,509							\$ 14,509	
Selective Services						5,580							\$ 5,580	
Indicated Services						10,045	15,000			20,000			\$ 45,045	
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,608	\$ 15,000	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ 146,608	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 17,787	\$ 13,430	\$ 22,180	\$ 2,071	\$ 41,353	\$ 14,787	\$ 111,608

## **Governance and Oversight Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

### **1) Access and Eligibility for Mental Health and/or Substance Abuse Clients**

**Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?**

The Center continues to provide basic services to all members of the community regardless of funding. Basic services included therapist evaluations, individual therapy and medication management. Occasionally, other services such as group, respite, case management, skills, etc., may be authorized on a case by case basis for those individuals with limited or no coverage. As also noted in the Mental Health and Substance Abuse narratives the Center serves individuals in crisis regardless of funding.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?**

The Center continues to provide basic services to all members of the community regardless of funding. Basic services included therapist evaluations, individual therapy and group services related to substance abuse treatment. As also noted in the Mental Health and Substance Abuse narratives the Center serves individuals in crisis regardless of funding.

**What are the criteria used to determine who is eligible for a public subsidy?**

The Center has a sliding fee scale that is used to determine the amount the consumer would be responsible for funding.

## Governance and Oversight Narrative

### **How is this amount of public subsidy determined?**

The amount is determined based on a family's income and number of dependents. Individuals may be assessed a fee as low as \$5.00.

### **How is information about eligibility and fees communicated to prospective clients?**

The Center's support staff explains and presents the sliding fee scale as consumers apply for service admission.

### **Are you a National Health Service Core (NHSC) provider?**

The Center is a NHSC site and must verify with the program that it serves the underserved populations.

## Governance and Oversight Narrative

### 2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

The Center has limited subcontracts. The most common are inpatient contracts for Medicaid consumers. Services for each individual patient are reviewed on an ongoing basis for quality and utilization. This includes an ongoing review of billing, documentation and eligibility on each patient utilizing the contract. Discharge and other inpatient records are provided for each patient under the contract as the admission occurs and are reviewed throughout the year. In addition, the Center searches providers on various federal databases for federal exclusions on a monthly basis. The Center is required to keep records of these searches as part of the Medicaid contract. The Center will conduct an annual review of contracts prior to the Division's annual site visit. This will include conducting a compliance reading of the contract and obtaining verification updates from the inpatient provider as needed.

## Form A – Mental Health Budget Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

### **1a) Adult Inpatient**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

NCC utilizes inpatient services on the Wasatch Front. The majority of the patients initiate inpatient services through the two local emergency rooms - Ashley Regional Medical Center - Vernal; and Uintah Basin Medical Center - Roosevelt. However, in some cases services may originate at one of NCC's outpatient offices or other locations including the jails or homes. As medical clearance is required prior most admissions to a psychiatric hospital, most consumers are admitted to a psychiatric hospital from one of the local Emergency Rooms.

The service of choice for adults is the Acute Recovery Treatment Center at the Utah State Hospital, followed by Provo Canyon and the University of Utah Neuropsychiatric Institute. With the ARTC being limited due to increased demand in the past year the Center has increasingly used other inpatient providers. As Northeastern Counseling serves and provides consultation on admissions regardless of payer, consumers are guided towards preferred providers if they have insurance coverage. The previously mentioned inpatient providers are the preferred resources; however, during the year the Center will use eight to nine different inpatient providers due to beds being full, insurance coverage, or special needs.

Transportation of involuntary persons is the responsibility of the county Sheriff's Department as stated in Utah Code. However, a NCC case manager joins the Sheriff Departments for inpatient transports. This is primarily due to their staffing budget constraints. Transportation is considered a significant challenge for the Center and law enforcement as the nearest inpatient setting is two to three hours away. This requires a minimum of 5 to 7 hours of staff time for each transport to the inpatient setting. Transports occur as needed regardless of the time of day or night. Northeastern Counseling Center is also responsible by default to transport patients back to the catchment area except where family or other resources are available. This results in another 5 to 7 hour transport with costs totally absorbed by the Center for non-Medicaid individuals. This has been a resource challenge and has reduced the amount of time case managers have to serve their every day consumers.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center only enters in the Electronic Medical record those individuals that have their inpatient stay funded by NCC (Medicaid). The numbers submitted to the Division only represent about 40% of the inpatient admissions facilitated by the Center. The Center continues to see an increase in inpatient admissions especially in the Vernal area as it continues to grow in population. Approximately one third of the inpatient admissions are for individuals with no treatment history with the Center. The numbers in this year's plan include the anticipated number of admissions next year regardless of payer. In the coming year and being financially responsible for about 40% of those admissions. However, as noted previously the Center spends significant resources in transporting approximately 90% of anticipated 120 admissions. In addition, the time the Center's employees spend on arranging inpatient admissions, waiting for call backs from psychiatric hospitals, gathering documents, etc., is not directly reimbursed by any payer. The number of anticipated admissions remains at 120. The Center will actually pay for the inpatient stay for approximately 40% of those admissions.

**Describe any significant programmatic changes from the previous year.**

The Center does not expect any significant programmatic changes in the coming year.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Northeastern Counseling Center has an inpatient contract for children and youth at Provo Canyon and UNI. On occasion in FY2014, the Center has utilized non contract hospitals. The Center strives to utilize inpatient admission as a last resort and only when this level of care is needed to protect the youth. Every effort is made to work with the youth and parent/guardian in keeping the youth in their home environment with support services.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center only enters in the Electronic Medical record those individuals that have their inpatient stay funded by NCC (Medicaid). The Center anticipates only reporting a portion (those admissions it actually pays for) of the 12 admissions on Form A1 to SAMHIS. This year's numbers include all the inpatient admissions facilitated by the Center. The Center provides crisis evaluation to all children and youth regardless of payer and assists in arranging inpatient services (when medically necessary) for all youth regardless of payer when requested by parents and physicians. The Center anticipates facilitating 12 admissions in the coming year for children and youth with the majority being between the ages of 14 to 17 years old. The Center anticipates only reporting a portion of the 12 admissions to SAMHIS

**Describe any significant programmatic changes from the previous year.**

The Center does not expect any significant programmatic changes in the coming year.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Northeastern Counseling Center does not provide licensed *residential treatment* services as a direct service in the Center's catchment area. When needed by consumers, the service has been arranged through agreements with larger centers. Northeastern Counseling has made such an arrangement in FY2014 with a Center on the Wasatch front to facilitate a USH discharge. Out placement funds were utilized to cover services at Wasatch Mental Health while the individual was not eligible for Medicaid. However, in these types of cases the consumer's Medicaid card is changed to that Center's catchment area upon discharge and the residential data is reported by that Center and not NCC. This practice will continue as clinically warranted and as resources are available. The Center was also assisted by Davis Behavioral Health in the past two years in discharging a USH patient to their area. The Center does not have formal agreements with these Center's but requests assistance when needed and their support has been appreciated.

Northeastern Counseling believes it does provide quasi residential type services through its housing and case management support services. The Center has chosen not to code its housing program as "Residential" in the State reporting data as it is not licensed as residential.

The Center believes it does prevent inpatient admissions through its housing and support services for the SPMI population. Those in NCC housing with significant needs have nearly daily contact with NCC staff, may attend Day Treatment and receive daily medication services. Other support services include shopping assistance, medical care coordination, payee services and in home services. The Center's housing and support program are used as a step down from the USH and acute admissions for SPMI adults that require more community support. These services do help to reduce repeated inpatient admission for the SPMI population. However, when considering inpatient admissions there is a wide spectrum of consumers from those with a first time situational crisis' on one end, to the SPMI population that requires housing and support on the other. Residential or residential type services are explored for those needing step down from inpatient and discharge from the USH.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center does not anticipate significant increases in this area. Special arrangements will be made on an individual basis as clinically warranted with large Center's that provide this service. The Center expects that as in the past that its housing resources will be fully utilized in the coming year.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected for the coming year.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center will continue to make arrangements on a case by case basis as needed by the individual youth and family. It remains the Center's policy to make every effort to maintain the youth in their own home honoring the wishes of the parent/guardian as long as safety can be maintained. Residential care for a child should be a service of last resort and will only be arranged by the Center in extreme cases.

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

**Include expected increases or decreases from the previous year and explain any variance.**

The Center does not plan on significant changes in this area.

**Describe any significant programmatic changes from the previous year.**

The Center does not plan on significant changes in this area.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center will continue to provide Assessment, Individual and Group Therapy services out of the Duchesne, Roosevelt and Vernal sites. In addition, the Center is planning on placing a therapist in the Manila health clinic one day a week during the summer months that could also serve adults. In certain situations the therapist may also be available for adult appointments during the school year. The Center serves all adults regardless of funding.

**Include expected increases or decreases from the previous year and explain any variance.**

Based on data from the past calendar year the numbers in the Area Plan have been slightly increased. The Center strives to provide basic services of therapy and medication management to consumers regardless of payer. This remains the goal as long as finances and resources permit.

**Describe any significant programmatic changes from the previous year.**

As mentioned previously the Center has been in contact with the Manila health clinic about placing a therapist in the clinic one day a week during the summer months. In addition, the Center has contracted with new FQHC located in Vernal. NCC provides a therapist 12 hours a week to the FQHC. The Center has also increased therapist time in the Duchesne office due to increased demand in that area.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center will continue to provide assessment, individual/family therapy out of the Duchesne, Roosevelt and Vernal offices. The Center is continually assessing child and youth needs that may be addressed in group therapy settings. The Center is providing groups in the Vernal area and will look to divide these groups into better defined age categories as more consumers and families are willing and able to participate. These efforts also continue in the Roosevelt office, where the Center wants to provide the services but has struggled to get a sufficient number of active participants. The barriers include those common to all providers; lack of parent participation, rural transportation challenges, lack of coverage for non Medicaid youth and families, etc. The Center has used part of its Unfunded money to provide scholarships for youth in the Vernal program where there is a larger population in the immediate service area. The Center will continue its efforts to remove barriers.

The Center has expanded outpatient services to youth with the addition of the Early Intervention Funding. The Center sends a therapist to Manila, UT one day week which has provided access to the community's children and youth. The plan is to extend the therapists time in Manila during the summer months by locating at the Manila Health clinic. This would allow students and their families to continue services during the summer months.

The Center has subcontracted with a local provider to provide services for Medicaid youth that meet criteria for NOJOS Level I and II. The intent will be to continue this practice in FY 2015.

**Include expected increases or decreases from the previous year and explain any variance.**

Based on data from the past calendar year the numbers in the Area Plan have been increased. As the area's population grows and efforts to reduce barriers to treatment continue, it is anticipated that the number of youth served will increase. The number submitted in the Area Plan has been changed accordingly. This is in large part to the school services but also applies to services at the NCC offices. The Center continues to see children and youth for therapy and crisis services regardless of payer.

**Describe any significant programmatic changes from the previous year.**

As previously cited the intent is to place a therapist one day a week in Manila at the community health clinic during the summer months.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has one therapist on call in the Duchesne County area and one therapist on call for Uintah and Daggett County areas at all times (24 Hour). This includes responding to tribal requests.

Crisis services including evaluation, consultation, therapy and NCC housing support are accessed in wide variety of ways including but not limited the following:

- Local Emergency Rooms contacting the crisis worker for consultation in the E.R. (for open consumers and those not open NCC services)
- Calls initiated by law enforcement or Central Dispatch for emergency evaluation or consultation. (for open consumers and those not open NCC services)
- Calls from jails or the Youth Detention Center for crisis evaluation. (for open consumers and those not open NCC services)
- Calls or walk in crisis' initiated by consumers, family or others. (for open consumers and those not open NCC services)
- Calls or walk in consumers referred from an outpatient physician office. (for open consumers and those not open NCC services)

All crisis services are provided without any compensation from the local hospitals, Jails or other institutions.

**Include expected increases or decreases from the previous year and explain any variance.**

In examining data from last calendar year the Center has substantially increased in the number of crisis services adults, which has been modified in this plan. The demand has most significantly increased in the Vernal area where there is a larger population base. The Center records all crisis services in the EMR. However, the Center would request that the minimal data set be addressed and formalized in writing so that all crisis services may be reported. The Center does not report many of the emergencies as it is not possible to acquire adequate data in a crisis situation on consumers new to the system.

**Describe any significant programmatic changes from the previous year.**

No significant changes are anticipated in the program.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center does not anticipate a change in its crisis coverage. The Center has one therapist on call in the Duchesne County area and one therapist on call for Uintah and Daggett County areas at all times (24 Hour). This includes providing services to tribal members when requested.

For children and youth this includes crisis services provided at the Split Mountain Youth Center (detention), school sites, Emergency Rooms and where possible in the office environment involving the family. The service also includes phone support to parents, DCFS, law enforcement, etc. Occasionally, it includes local private providers seeking inpatient crisis evaluation.

In the past year the Center has met with local pediatricians in Vernal to discuss referrals, crisis services and inpatient admission processes. NCC will continue its efforts with community stake holders. In the past year there has been an increase in the amount of crisis intervention requested by the schools systems in the area. This is expected to continue.

**Include expected increases or decreases from the previous year and explain any variance.**

In examining data from last calendar year the Center is adjusting this Area Plan to account for an significant increase in crisis services for the youth. The Center records all crisis services in the EMR. However, the Center would request that the minimal data set be addressed and formalized in writing so that all crisis services may be reported. The Center does not report many of the emergencies as it is not possible to acquire adequate data in a crisis situation on consumers new to the system.

**Describe any significant programmatic changes from the previous year.**

None anticipated

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center currently employs a part time physician who has attended several psychiatric trainings but is not a board certified psychiatrist. The physician sees consumers in Roosevelt two days a week and Vernal two days a week.

For select Medicaid individuals the Center will continue to contract with various providers on the Wasatch front that provide specialized psychotropic medication services.

The Center will continue to employ two nurses that operate out of the Roosevelt and Vernal offices. Nurses provide daily and weekly medication management including the managing of many physical health medications for diabetes/metabolic, cardiac, hypertension, etc.

**Include expected increases or decreases from the previous year and explain any variance.**

In reviewing, data from last calendar year the Center is increasing the number of adult medication management consumers to reflect the increase seen in last calendar year. As the Center strives to serve the community regardless of consumer payer it is anticipated that the demand for medication services will continue to increase. The Center is increasing the Area Plan number due to increased demand over the past year.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected to occur.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center currently employs a physician who has attended several psychiatric trainings but is not a board certified psychiatrist. The physician sees consumers in Roosevelt two days a week and Vernal two days a week.

In some circumstances the Center will contract with various providers on the Wasatch front that provide specialized psychotropic medication services.

The Center will continue to employ two nurses that operate out of the Roosevelt and Vernal offices.

The Center also has a new contract signed this year with UNI for youth telehealth psychiatry for Medicaid enrollees that require specialized medication services.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center is increasing the Area Plan number due to data analyzed for the last calendar year.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has not made significant changes to the Adult Psychosocial Rehabilitation program in the past year. The Center is providing more specific skill groups that match individual client barriers. The Center is utilizing the DLA- 20 FY2013 and will continue efforts in utilizing the instrument in identifying skill needs and skill improvement.

The Center continues to offer Day Treatment Group Skill programs in Vernal, Roosevelt and Duchesne offices. These programs include meal service transportation and skills development related to wellness, daily living and behavioral development. Individual skills and appropriate B3 services are provided on an individual basis to maintain the consumer in the community, improve functioning, budgeting services and to explore employment. On occasion, the Center does utilize outside presenters for specialty areas such as health, entitlement education, food handler permits and nutrition.

In the coming year the Center will be providing increased smoking cessation services to Day Treatment attendees which are a high risk population. This will include a specific 8 hour program with support from the Center including NRT as needed.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes are expected.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected for the coming year.

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center made efforts to develop additional skill groups in the past year for Medicaid eligible youth and were able to provide an additional group in Roosevelt. Efforts will continue in identifying youth that may be eligible for group skills and in some cases individual skills. Transportation and distance to services continue to be a challenge for youth services in the rural areas of the Basin. The Center will continue its efforts in the coming year to expand this service for children and youth.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes are expected.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected for the coming year.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center strives to offer TCM assessment to all Medicaid SMI consumers. As the Center continues to provide services to all adults regardless of payer source the percentage of NCC consumers eligible for TCM will remain low compared to the overall number of consumers served.

The Center does provide limited TCM to non Medicaid enrollees that are active consumers. In some cases, non-Medicaid adults may be provided the limited service under mental health commitment. Other non-Medicaid consumers may receive brief services under Case Management (which are not reimbursable) to obtain any public assistance available including application for Disability which may result in Medicaid eligibility. The unfunded/underfunded money will allow for limited service to non Medicaid enrollees.

Case Managers for Northeastern Counseling Center continue to be multi-task providers within the service array provided by Northeastern Counseling Center. Due to the rural provider network that the Center must operate, Case Managers at Northeastern Counseling Center act in a variety of positions and provide a variety of services. Case Managers are responsible for transportation services required under the Medicaid Contract and for crisis transports. They are also the providers of Skills Development Services, B3 services and certain psycho-educational functions.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center continues to screen Medicaid consumers that may benefit from TCM services and are willing to engage.

**Describe any significant programmatic changes from the previous year.**

The Center does not anticipate substantial changes for the coming year.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center continues to actively seek Medicaid SED youth and families that may benefit from TCM services and that are willing to participate. The Center will continue to offer TCM assessment and services to eligible youth in the coming year. This has also included the FRF seeking Medicaid SED youth that are eligible. As the Center continues to provide services to all children/youth regardless of payer source, the percentage of NCC consumers eligible for TCM will remain low compared to the overall number of consumers served.

**Include expected increases or decreases from the previous year and explain any variance.**

Plan numbers have not changed even though efforts will increase to provide more TCM to children and youth enrolled in Medicaid.

**Describe any significant programmatic changes from the previous year.**

The Center does not anticipate significant changes in the coming year.

**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center does not anticipate any significant changes in its housing program in the coming year. The Center has continued to have very little turnover in its 16 apartments that are part of a low-income housing program. The projects have been named TLC-East (Transitional Living Center-East) and TLC-West (Transitional Living Center-West). TLC-East is located in Vernal on property adjacent to the current outpatient clinic. It consists of two 4-plex apartment buildings and Day Treatment Center. TLC West is located approximately one mile from the outpatient clinic in Roosevelt and also consists of two 4-plex apartment buildings and Day Treatment Center. Housing services are for SPMI adults only for the Uintah Basin tri-county area. The Center's case managers also continually work on finding low income housing options within the community for consumers with housing needs. This includes assisting eligible consumers in purchasing their own home under certain federal programs.

The Center also owns 4 transitional housing apartments located in the community. This housing is used for those individuals that do not qualify for low income housing programs or are waiting for a low income housing opening or have been disqualified from low income housing. This transitional housing is also used at times for individuals being discharged from an inpatient setting that have no other immediate housing options. At times this includes individuals that have no entitlements or are in the process of applying and have no income for rent, medications, services, etc. All of these apartments are utilized. The Center subsidizes both housing programs.

The Center provides in home housing supports for the majority of individuals in NCC housing and to other individuals living in housing not associated with NCC. The Center has been working on having all services provided in the consumer's home, recorded under this location for data. For select consumers the Center provides assistance to individuals in community low income housing that are at risk of losing that housing due to compliance.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center does not expect any significant increases for the coming year. In the Center's FY 2015 strategic planning meeting the possibility of expanding the housing program to include additional apartments was explored. The Center sees an increase in demand with the population growth and low income housing needs not keeping pace with demand. The Center will continue to explore financial options for adding additional housing.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected for the coming year.

**Form A – Mental Health Budget Narrative**

**1p) Children/Youth Community Supports (housing & respite services)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center does not directly provide housing for families with children or youth. The Center does through Case Management arrange and link families with low income housing options as needed. The Center continues its efforts to offer and increase Respite services which have included non Medicaid enrollees in the past year and this will continue. The Center's FRF and therapists are actively looking for families that may benefit from the service.

**Include expected increases or decreases from the previous year and explain any variance.**

Data has been changed in the Area Plan as school based youth have been taken out of the data category.

**Describe any significant programmatic changes from the previous year.**

No significant changes are expected in the coming year.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has been exploring whether or not it is financially feasible and justified to hire an additional case manager position based on productivity and the budget. When the need has been determined to hire a case manger position, the Center will consider Peer Support as part of the hiring process and objectives.

**Include expected increases or decreases from the previous year and explain any variance.**

**No Change**

**Describe any significant programmatic changes from the previous year.**

**No Change**

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has added Peer Support Services to its EMR and has begun providing Peer Support to Medicaid enrollees. The FRF is fully trained and certified as a Peer Support provider. The Center is actively seeking Medicaid families that are in services with NCC that could benefit from this specific service. The Center has met with stake holders to seek referral support for the FRF program in general which may create more opportunities for FRF services. The FRF will be recording Peer Support and some TCM for Medicaid Enrollees when the role of FRF and Medicaid provider meet. Data in this field considers all youth that may be served by the FRF that are not recorded as services in the Center's EMR.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant change expected.

**Describe any significant programmatic changes from the previous year.**

None anticipated

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Northeastern Counseling chose to re-certify our instructors for the 8-hour Mental Health First Aid class. Our October class, held in Vernal, UT, was a Mental Health First Aid class and consisted primarily of LPN nursing students from the Uintah Basin Applied Technology College. Also attending was a representative from our local Veterans Administration Clinic. To date, all nursing students enrolled in classes in the Uintah Basin have been certified MHFA. Mental Health First Aid is offered as part of the regular LPN course. The local Veterans Administration Clinic has requested that additional staff attend future trainings.

Requests for this training in our area continue to be more than the resources available, mainly instructor time but also financial resources. Despite the minimal financial resources, Northeastern Counseling Center is attempting to certify additional staff to teach Mental Health First Aid. Northeastern Counseling is sending four additional persons to be trained in MHFA and YMHA as this class has been shown to be an asset to our community. Our November class was a Mental Health First Aid class held in Ft. Duchesne and was hosted by the Ute Indian Tribe Alcohol and Substance Abuse Prevention/Treatment Program. Sixteen people were signed up for the class but twenty-nine people attended. Most people attending worked for an agency within the Ute Indian Tribe.

Our January class, included clergy, a victim advocate and other community members. Between the NAMI grant and local donations, and other NCC funding Northeastern Counseling Center is hoping to continue offering the classes at no charge to community members for FY 2015.

Staff provide workshops for parents and community members through the local site-based programs. We are often called upon by local health providers and law enforcement to not only provide crisis services, but to also provide consultation on mental health questions and issues facing the community.

The Center will continue to be involved in local events such as and community nights and parent meetings in the schools. Activities in which Northeastern Counseling Center has, or may participate in, include, but are not limited to: radio appearances, written articles for the local newspapers, and lecturing at the Utah State University MSW program and nursing programs, presentations to religious groups on depression, etc. The Center is active in offering its facilities and staff for community trainings. Northeastern Counseling Center staff also serve on the Division of Aging M-Team meetings and other community groups and boards.

**Include expected increases or decreases from the previous year and explain any variance.**

Increased suicide prevention awareness within the community.

**Describe any significant programmatic changes from the previous year.**

No significant changes anticipated.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Northeastern Counseling chose to re-certify our instructors for the 8-hour Mental Health First Aid class. Our September class, held in Roosevelt, UT, was a Youth Mental Health First Aid class and consisted mostly of staff from the Duchesne County School District. A representative from the Ute Tribe's Uintah River School District and a representative from the Uintah School District also attended. The Uintah School District has scheduled a class for June. To date, all nursing students enrolled in classes in the Uintah Basin have been certified MHFA. Mental Health First Aid is offered as part of the regular LPN course.

Requests for this training in our area continue to be more than the resources available, mainly instructor time but also financial resources. Despite the minimal financial resources, Northeastern Counseling Center is attempting to certify additional staff to teach Youth Mental Health First Aid. Northeastern Counseling is sending four additional persons to be trained in MHFA as this class has been shown to be an asset to our community.

Our February class, held in Roosevelt, UT, was a Youth Mental Health First Aid class and our first class filled by the general public. Local radio stations and newspapers donated advertising space. Several parents, caseworkers from Division of Child and Family Services, mental health case workers, local missionaries, and other community members filled the class. Several from this class have requested a place at our next Mental Health First Aid class. Between the NAMI grant and local donations, and other NCC funding Northeastern Counseling Center is hoping to continue to offer the classes at no charge to community members for FY 2015.

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

The Center will continue to be involved in local events such as and community nights and parent meetings in the schools. Activities in which Northeastern Counseling Center has, or may participate in, include, but are not limited to: radio appearances, written articles for the local newspapers, and lecturing at the Utah State University MSW program and nursing programs, presentations to religious groups on depression, etc. The Center is active in offering its facilities and staff for community trainings. Northeastern Counseling Center staff also serves on the local Youth in Custody committee, Children's Justice Center boards, Division of Aging M-Team meetings and other community groups and boards.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center has seen an increase in school requests for consultation and training in the past year. This is expected to continue especially as related to suicide prevention. NCC will also participate in the Hope Squad implementation in Duchesne County School District in the coming year.

**Describe any significant programmatic changes from the previous year.**

Implementation of the Hope Squad.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has and will continue to respond to emergency calls involving potential danger to self or others in both youth detention and local county jails. Funding or costs for these services are absorbed by Northeastern Counseling Center with no reimbursement from the jails, county or in most cases the individual.

The Center is not in a position to be able to provide regular extended services without an increase in staff and funding to provide the services. The Counties have opted not provide additional funding at this time. The Center will continue to schedule incarcerated individuals on an outpatient basis at either the Roosevelt or Vernal office, for those requiring psychotropic medication that the Jail medical provider may request additional input on. Services will be provided at the Northeastern Counseling Center offices after arrangements for transportation have been made by county law enforcement or the Division of Juvenile Justice. Where possible, before or after-hours arrangements will be made to limit the exposure of those incarcerated to the general consumer. On rare occasions where a NCC current SPMI client is incarcerated, NCC provides services in the jails to these individuals including the arrangement of medication prescribed by NCC. The Center will continue to plan and make additional provisions for services as directed and funded by County officials. NCC also evaluates inmates that are at risk upon their release and to encourage service involvement.

**Include expected increases or decreases from the previous year and explain any variance.**

The Area Plan number will remain the same for FY2015.

**Describe any significant programmatic changes from the previous year.**

The Center does not anticipate any programmatic changes in the coming year.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center uses these funds to cover individuals released (e.g. from the Utah State Hospital) until they are able to have their entitlements reinstated or to become initially eligible. Funds may be used to cover rent, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center recently needed to arrange treatment services for a USH discharge to residential setting. Funds will be used to cover treatment until the Medicaid card reflects a discharge from the USH into the new catchment area. Throughout the year the Center will experience released inpatient individuals that do not have Medicaid coverage, could not be immediately employed and or that have a significant delay in their Social Security benefits being reinstated to meet their basic needs. These funds are used to care for the client's needs until entitlements can be obtained.

**Include expected increases or decreases from the previous year and explain any variance.**

No change anticipated.

**Describe any significant programmatic changes from the previous year.**

No change anticipated.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

During the past year NCC has not utilized outplacement funds from the Division. The Center will apply and request outplacement funds as needed for individual children and youth.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center does have a youth in the Utah State Hospital with the intent to be discharged back to the parent's home. The Center will apply for outplacement funds as needed.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are expected.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center uses the funding to provide outpatient services at current service locations to adults that have no other funding and would otherwise discontinue or not have access mental health services. The Center continues to serve adults that have no coverage for services. This may include and will continue to allow services as funds permit to be provided by therapists, limited case management and medication services including psychiatric evaluation and ongoing treatment. Where possible, pharmaceutical assistance programs and medication samples are utilized to assist this population.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center anticipates that the demand for subsidizing under-funded and unfunded clients will continue to be a significant demand in the coming year. Data has been changed as Medicaid funded consumers have been removed from the data. However, there is no real reduction in the services provided to unfunded-underfunded individuals.

**Describe any significant programmatic changes from the previous year.**

No significant program changes for the coming year.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

With the initial appropriation of this money in FY 2008 Northeastern Counseling submitted a plan for services that focused on developing mental health services in the schools. With the Early Intervention Funding for school based services being available, the unfunded money for youth has been used less in the school setting and more in general outpatient services for children and youth that have no funding or are underfunded for services.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center anticipates that the demand for subsidizing under-funded and unfunded clients will continue to be a significant demand in the coming year. Data has been changed as Medicaid funded consumers have been removed from the data. However, there is no real reduction in the services provided to unfunded-underfunded individuals.

**Describe any significant programmatic changes from the previous year.**

There are no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The majority of the allotted amount in this area goes to transportation services. This includes covered transportation to outpatient appointments and transportation to and from inpatient psychiatric care.

**Include expected increases or decreases from the previous year and explain any variance.**

No change

**Describe any significant programmatic changes from the previous year.**

No change

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**• Competitive employment in the community**

The Center does not operate a formal employment program that includes dedicated staff that provides employment based services. The Center does assist individual consumers in obtaining competitive employment through the Center's case managers according to consumer ability and desire. Including assistance in filling out applications, etc. The Center has had several individuals in FY 2014 that have been successful in working part time in the community e.g. at the local recreation center, restaurants, etc. These efforts will continue in FY2015. Some consumers are able to access and maintain traditional employment. Others require special assistance in obtaining and maintaining employment.

**• Collaborative efforts involving other community partners**

The Center works actively with the Vernal Deseret Industries for select consumers that are interested in entering the work force. Generally, these consumers require support and coordination from both Deseret Industries and the Center Case managers to maintain employment. The Center will also continue to assist individual consumers in pursuing education through the UBATC and or USU as well as services and formal programs through Vocational Rehabilitation.

**• Employment of consumers as staff**

The Center does not have consumers employed as staff at this time.

**• Peer Specialists/Family Resource Facilitators**

The Center does not currently employ an adult Peer Support specialist. The Center's FRF is also able to provide assistance to parents seeking employment through the avenues described above.

**• Supported Employment to fidelity**

The Center does not provide supported employment to fidelity.

## Form A – Mental Health Budget Narrative

### 3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

#### • Evidence Based Practices

The Center continues to offer an annual training stipend and paid hours for providers. Administration has been seeking to ensure that trainings attended are towards evidence based models and not just therapist preference. These efforts will increase over the coming year. NCC has sent two therapists to Veteran services training. NCC staff receives training and reminders on the OQ/YOQ expectations and how the instruments can be incorporated into treatment. NCC has implemented the DLA-20 for adult Mental Health consumers and is looking towards additional implementation efforts in the coming year with the new Electronic Medical Record being implemented.

#### • Outcome Based Practices

The Center's Performance Improvement Project over the next three years will be focusing on OQ/YOQ administration and implementation into individual practice with consumers. There are still substantial challenges in certain settings such as schools with the need to have parents complete the YOQ PR regularly. The Center developed web options for parents to enter the YOQPR from home but challenges still exist in getting some parents to complete the outcome measurements regularly. Interventions and training will also be developed to increase the use of the OQ/YOQ measures within the treatment record and with the individual in treatment.

#### • Increased service capacity

The Center like all providers is constantly seeking to increase provider productivity while maintaining quality. These efforts are aimed at reducing the cost per service ratio and also allowing for more consumers to be served. The Center is constantly looking at ways to address consumer no shows, cancellations and other barriers to treatment.

#### • Increased access

The Center is always exploring ways to increase access within the current service demands. The Center will place a part time therapist in the Manila, UT health clinic. This is expected to increase access for Daggett county residents. With the implementation of the new EMR the Center will work on implementing an assessment process that focuses more on engagement and that allows for ongoing assessment. The Center is always concerned about second appointments and ensuring that these are available in a timely manner to encourage follow through with needed services and to mitigate consumer drop out after initial contact.

#### • Efforts to respond to community input/need

The Center does receive community input and attempts to accommodate specific service options when resources permit. One such example is the Manila health clinic. After a community meeting in Daggett County this option was explored for feasibility. The Center is extremely pleased with the community and School District support that has been received during the current year and believes it is a strong foundation for future years.

#### • Coalition development

The Center is part of several boards and coalitions within the service area. It is a regular occurrence for the Center to be requested to join additional coalitions or the Center is requesting additional coalition membership from community members. The Center attempts, where possible, to have existing groups take on additional needs as opposed to developing new groups. One such example is the PAC. The Center is active in the community including participation in Ute Tribe committees.

#### **4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

The Center feels it is at an advantage with co-occurring treatment as both the Mental Health and Substance Abuse provider. All therapists are able to complete both Mental Health and Substance Abuse assessments and provide basic treatment within both populations. Each assigned therapist is expected to ensure that both needs are met. In addition, the Center's physician is able to provide both Mental Health and MAT services.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

The Center began a contract with the newly opened Vernal FQHC in March 2014. The Center provides a therapist for 12 hours a week at the clinic. Clinic utilization has been low but is expected to grow in the coming months.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

The Center is excited about the option of having a FQHC in the Vernal area to provide care for individuals with no coverage. The clinic still requires a sliding fee which can be a barrier to some individuals but also provides an affordable option for many. The Center's staff continually works with individuals in treatment in referring to local health providers including urgent care and primary care. For individuals with serious medical needs that require assistance and have no family support, case managers may also accompany the consumer to the health appointment. NCC nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

The Center is increasing its efforts by providing END classes adapted for adults. The Center has sent a staff member to the training. Efforts are being made to increase awareness and opportunities for cessation for NCC consumers. The End Classes and subsequent Recovery Plus, support is being offered in two different formats in the coming year. The main focus group will be for SMI/SPMI consumers. Support will include NRT and possible medication assistance from the NCC physician. The secondary group will be provided to any NCC consumer that would like to attend free of charge.

**Form A – Mental Health Budget Narrative**

**5a) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center's FRF continues efforts to solicit referrals from both within the NCC consumer pool and from other agencies such as DCFS, Juvenile Court, Schools, etc. The FRF attends Youth in Custody that is represented by human service agencies. These efforts will continue.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center anticipates that FRF service counts will go down in FY2014. The Center's FRF is on extended Medical leave but will be returning to employment in May.

**Describe any significant programmatic changes from the previous year.**

The Center continues to ask other agencies for referrals and these efforts will continue in the coming year.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

The Center agrees to abide by the Mental Health Early Intervention Resource Facilitation and Wrap around agreement.

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

**Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.**

**Not applicable.**

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Describe outcomes that you will gather and report on.**

Form A – Mental Health Budget Narrative

**5c) Children/Youth Mental Health Early Intervention**

**Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center is currently providing therapy services in the three school districts in the catchment area. Services are provided in 7 different school settings. All therapists providing services in the school setting are NCC employees. Every effort is made to involve the parents in the youth's treatment. Many parents are involved. In other situations, this is a challenge however calls and invitations will continue to be made. Where appropriate school encouragement to parents is also made.

The Center is in the process of wrapping up the School Based services in preparation for the school year ending. Some of these consumers will chose to access services at NCC during the summer months. Without exception, therapists at the various schools have their schedules full and there has been no shortage of referrals. The services that have been provided include assessment and individual therapy. Students may also be referred to the Center's outpatient office for medication services and group as needed.

**Include expected increases or decreases from the previous year and explain any variance.**

Unduplicated youth served in the schools has increased in the current year. School service numbers are expected to remain the same in the coming year. These services are maximized as therapist time in the school setting is utilized to capacity.

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

School locations will not change in the coming year.

**Describe outcomes that you will gather and report on.**

The Center has made efforts to increase YOQ collection for school services including providing and inviting parents to complete the measurement via the KIOSK option. The Center has also collected grades, attendance and Office referrals. This practice will continue, however, it is not always possible to show aggregate change using this data. The Center requests that schools provide this data as part of the program requirements.

**6. Suicide Prevention, Intervention and Postvention**

**Describe the current services in place in suicide prevention, intervention and postvention.**

As previously noted the Center is actively engaged in providing mental health first aid to the community. This includes providing both the adult and youth classes free of charge to agencies, schools, ecclesiastical leaders, nurses, law enforcement, etc. Crisis services and access are covered in these presentations. In addition, the Center is involved in a variety of community events during the year on suicide prevention including radio talk shows, school presentations, health fairs, etc. The Center is involved with Duchesne County School District as they prepare to implement The Hope program for next school year. Uintah School District has also expressed interest in this program. NCC will play a key role in training and intervention for this program.

The Center is involved in hundreds of crisis services a year. The majority of these crisis situations are related to suicidal ideation or actions. The Center is involved with both local emergency rooms is assessing and locating resources for patients seen in the Emergency Rooms or those initially seen at one of the NCC offices, jails, schools, etc. These service efforts will continue.

The Center has also been involved in postvention services with individual families as requested by families or community partners. In the past this has included special school postvention including providing crisis counseling in the schools free of charge as well as education to students and educators.

**Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

The Center has already been involved with community partners (i.e. health department, school districts) in assessing the suicide concerns of our citizens. The Center will formalize this assessment and plan with the tool provided by the Division. The Center provides crisis service training to therapists annually.

**Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

The Center is involved in hundreds of crisis services a year. The majority of these crisis situations are related to suicidal ideation or actions. The Center is the crisis service provider for both local emergency rooms. This service has been provided traditionally without any compensation from the hospitals. The Center has an active role in assessing and locating resources for patients seen in the Emergency Rooms. The Center is also the main crisis provider for those initially seen at one of the NCC offices or by law enforcement. When medically necessary inpatient care is arranged with outpatient follow up upon discharge.

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

The Center provides these services directly. The Center provides Assessment at the Duchesne, Roosevelt and Vernal locations. The Center utilizes the SASSI as part of the clinical assessment which also addresses mental health needs. In September 2015 the Center will be changing EMR programs and the Center's assessment process will be changing. The SASSI will continue to be utilized. With the flexibility of the new system more focus will be put on engagement during the initial contact with ongoing assessment.

**Include expected increases or decreases from the previous year and explain any variance.**

The Center expects some minimal increase with population growth.

**Describe any significant programmatic changes from the previous year.**

The Center is changing EMR systems which is a significant programmatic change.

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

There are rare occasions where referrals are made for this level by the Center. However, given the cost and challenge in locating affordable options for this level, it is rarely utilized. This service is not available in the Center's area.

**Examples of utilizing this service may include accessing emergency medical detoxification for a pregnant female or I.V. user at Salt Lake Behavioral Health, Day Spring Heber Valley, etc. These programs are generally very short in duration and Center works with the consumer and the program to ensure follow up care is immediately available upon discharge from detoxification.**

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

This is not a service utilized by NCC and is not available in the area.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

NCC does not utilize this high cost service directly. There are no providers of this service in the area. There are occasions where referrals are made for this level with individuals that have private insurance that do not wish to access traditional residential programs.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

There are no formal Residential programs in the Northeastern Counseling Center service area. However, the Center does make referrals and funds treatment at other programs such as the Utah Alcoholism Foundation and Odyssey House. However, the residential utilized is long term over 30 days.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The primary provider of this service for NCC consumers is the House of Hope in Provo, UT. However, other programs may be utilized with one time agreements.

This may include mothers attending treatment with their children. Northeastern Counseling Center has a limited ability to refer unfunded consumers to residential services at agreed upon rates, to be funded by Northeastern Counseling Center. Residential placements for non Medicaid women and children may be funded with the money allotted towards women's services. This has been a benefit to several women and their children in the past and this will continue. The Center has also worked with and will continue to work with DCFS on specific parents involved in reunification services that require residential and OP services. Beginning in 2009 and continuing through CY2015 NCC is a partner with the Uintah County Meth No More (Grant), which includes being part of the Grant's board that independently funds select residential placements and occasional detoxification services on the Wasatch Front for Uintah county residents that do not have other funding.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes are expected.

**Describe any significant programmatic changes from the previous year.**

No significant changes are expected.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

NCC is not licensed to provide this service. However, NCC does provide Suboxone services to substance abuse consumers as identified under the outpatient section.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

## **Form B – Substance Abuse Treatment Budget Narrative**

### **8) Outpatient (Non-methadone – ASAM I)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Outpatient services are provided in regularly scheduled sessions of fewer than 9 hours of contact per week. Outpatient services are provided out of the Duchesne, Roosevelt and Vernal offices. Group services are provided out of the Roosevelt and Vernal offices. The Vernal office provides a felony Drug Court program in cooperation with Uintah County and the Eighth District Court. During the current year, the Center along with Duchesne County stake holders explored options for establishing a Duchesne County Drug Court Program. In the coming year these efforts will continue as federal grant options are also explored.

The Roosevelt and Vernal offices offer varying degrees of outpatient services ranging from one hour a week individual to 7 hours of week that combines individual and group services. The programs include DCFS parents, criminal justice consumers and occasionally voluntary consumers. The Center continues to support the Ute Tribe program through a contract and consultation. The Ute Tribe program is increasingly providing more of the needed treatment services in their Fort Duchesne location as they have been able to hire clinicians.

The Center's part time physician is certified to provide Suboxone (buprenorphine and naloxone) evaluation and services. This service is provided out of the Vernal and Roosevelt offices.

The Center utilizes other community resources including the Meth No More Uintah County Grant which is coordinated by a person in recovery. That program also includes additional family support services that are not part of the Northeastern array. The Center will consider utilizing Peer Support services (position) as budgets permit in the future.

The Center is providing the PRI Under 21 class in both the Roosevelt and Vernal offices.

**Include expected increases or decreases from the previous year and explain any variance.**

The difference noted in the data is due to assessment only individuals being taken out of the overall outpatient numbers. The Center does not expect a significant change in the number of individuals served in the outpatient category.

**Describe any significant programmatic changes from the previous year.**

The Center is adding additional emphasis on tobacco cessation. In group sessions this is addressed. In addition, the Center is providing the END classes adapted to adults. This will be provided free of charge and therapists will encourage participation during client interactions. In September 2015 the Center will be changing EMR programs. This change will allow more flexibility than the Center currently has in adhering to ongoing assessment throughout treatment and ongoing recovery plan updates. Trauma services are not a significant programmatic change. However, more emphasis is being placed on seeing that those with Substance Abuse treatment needs are also assessed and provided trauma services in individual therapy. Mental health needs are assessed for all Substance Abuse clients. In addition, some women may be referred to groups that address trauma.

**Form B – Substance Abuse Treatment Budget Narrative**

**9) Intensive Outpatient (ASAM II.5 or II.1)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center has continued to assess the feasibility of adding additional treatment hours to ensure the consistent meeting of the threshold of ASAM IOP services. However, this does not make logistical or resource sense just to meet the IOP level. The Center will continue to assess this need based on the population and feedback from community stake holders. As noted in the OP section the Center does provide varying degrees of Outpatient treatment up to 7 hours a week for initial phases combining group and individual therapy.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

There are no detoxification services in the Uintah Basin. The Center is involved in assessments at local emergency rooms, jails and its offices where this level of services was accessed or recommended. The Center refers and or arranges medical detoxification at Wasatch Front hospitals or free standing psychiatric units that provide the service. Additional resources have opened in the State provided the individual has funding. Detoxification services do not fall under Medicaid capitation but are arranged when necessary. The Uintah County Meth No More program has worked with NCC on a couple of occasions to access this high cost service for those with no Medicaid/insurance coverage.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

## **Form B – Substance Abuse Treatment Budget Narrative**

### **11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

Vocational Rehabilitation resources as well as local educational assistant programs are utilized for those in recovery desiring to further their education. The geographical area served by the Center has very low unemployment and opportunities exist for those interested in employment. A Federally Qualified Health Clinic has opened in Vernal and is able to see patients with no other coverage on a sliding fee basis. The Center anticipates this being utilized by clients from both Duchesne and Uintah Counties as a health care resource. The Center sees this as a great resource for those in Substance Use treatment with no health care coverage. The FQHC will also be providing some dental services to adults that will also benefit this population.

The Center continues to work with religious groups, community partners (including the legal system) and social agencies to enhance recovery services including AA/NA and other support groups including After Care options. Uintah County clients also have access to the Uintah County Meth No More grant that provides support and family involvement to Drug Court and eligible grant participants. The Center provides case management services or non billable services on a limited basis to assist with employment, entitlements, Voc Rehab, community housing options, adult education options and health care.

The Center currently allows its building to be used weekly for after care support groups conducted by individuals in recovery. The Center is also involved as peripheral partner for a local group that is developing a social detoxification housing option for Uintah County. This will take significant private fund raising but if successful would provide a short term housing option for those with acute needs. The Center's role will be to provide treatment to these individuals.

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Recovery services are generally provided in the community by a variety of community partners as described above.

**Include expected increases or decreases from the previous year and explain any variance.**

The opening of the FQHC in the Vernal area is seen as a great recovery support service addition. The Center has placed a therapist in the FQHC 12 hours a week and is under contract with the FQHC. NCC treatment staff has been made aware of this clinic and their resources so that appropriate referrals can be made.

The budget amount reflects Drug Court funds to be used for recovery support as previously submitted to the division. The majority of the funds will be used to provide mental health medication services for those that have no other funding that are also currently receiving substance abuse treatment services through the Drug Court Program.

## Form B – Substance Abuse Treatment Budget Narrative

### 12) **Quality and Access Improvements**

#### **Describe your Quality and Access Improvements**

The Center recognizes there are areas that need improvement related to the annual score card. In current year this has included exploring data collection problems related to tobacco use at admission and discharge. Efforts will continue to be made in the coming year in this area. Additional services such as the END program for adults will also be offered.

The Center reviews Satisfaction Surveys for Substance Abuse clients including narrative comments from consumers and parents. As a result the Center continues to offer select early morning appointments for Substance Abuse Clients that will be less likely to interfere with employment. The Center has contacts and in some cases formal meetings to discuss treatment needs and funding options in the community.

As previously noted the Center will be implementing a new Electronic Medical Record in September 2015. Over time the Center sees the change as providing more opportunities to adapt the recording system to better serve clients. This is a process and not an event but will serve as a catalyst in several quality areas in the future including but not limited to; a more consumer friendly assessment and better state reporting data collection.

#### **Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

The Center continues to provide therapists with an annual training budget and paid days to access trainings related to substance abuse. The Center is capable of providing veteran substance abuse treatment and has sent two therapists to specialized training. During the coming year the Center will be providing ASAM training to refresh the purpose of the criteria and placement. In addition, the Center has spoken to the Ute Tribe Substance Abuse program about providing a cultural training to NCC staff in the coming year.

The Center is involved in several community groups that assess and provide a variety of services and interventions to this population. The Center is part of committees that include AP&P, County Attorneys, Law Enforcement, the courts, and individuals in recovery.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center does provide through arrangement with the jail and courts evaluation services to those incarcerated. Where possible, individuals are furloughed from jail to complete their full assessment process so that treatment can begin when released. The Center provides crisis services related to both mental health and substance abuse in county jails as requested.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant change expected.

**Describe any significant programmatic changes from the previous year.**

No significant change expected.

**What is the amount of SAPT funds that are used to provide services to County jails?**

SAPT funds are not allocated to provide services to incarcerated individuals.

## Form B – Substance Abuse Treatment Budget Narrative

### 14) Integrated Care

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

The Center feels it is at an advantage with co-occurring treatment as both the Mental Health and Substance Abuse provider. All therapists are able to complete both Mental Health and Substance Abuse assessments and provide basic treatment within both populations. Each assigned therapist is expected to ensure that both needs are met. The Center's substance abuse assessment also addresses mental health needs.

**Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.**

As previously noted a FQHC has just opened in the Vernal area. This is now a primary care option for those in treatment. The Center regularly receives referrals from other local physicians for substance use treatment including Suboxone services.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

The Center's staff continually works with individuals in treatment in referring to local health providers. The Center's assessment includes gathering basic health information and when necessary referring individuals for health care services. For individuals with serious medical needs that require assistance and have no family support, case managers may also accompany the consumer to the health appointment. NCC nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers. All clients are assessed for both mental health and substance use disorder treatment needs. The Center provides both services and is able to integrate these services.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

The Center's part time physician is certified to provide Suboxone (buprenorphine and naloxone) evaluation and services. This service is provided out of the Vernal and Roosevelt offices. The Center has seen a slight increase in demand for Suboxone services in the past year. As these providers are limited throughout the state, the Center receives calls from other areas and from out of state seeking to become patients. The Center has restricted access to residents of the Uintah Basin. There is also one other local primary care provider that is DATA 2000 certified.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

The Center is adding additional emphasis on tobacco cessation in the coming year. Treatment staff has been educated in addressing nicotine dependence as part of the recovery process. In group sessions this is also addressed. In addition, the Center is providing the END (End Nicotine Dependence) classes adapted to adults. The Center felt that in addition to Recovery Plus resources that some clients need additional support to quit. This group service will be provided free of charge and therapists will be encourage participation during client interactions.

**Form B – Substance Abuse Treatment Budget Narrative**

**15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

The Uintah county drug court is one of the oldest operating drug court programs in the State. The Center continues to provide treatment for the drug court program. Testing, case management and other support services are provided by Uintah county as administered through the county attorney's office. Uintah county has had a federal grant over the past several years that has supplemented the State grant and allowed for increased services for Drug Court participants. The funding for that grant will terminate in 2015. Options are being explored to continue that funding at the county level. Significant program changes may need to be made if additional funds are not obtained. The largest area of impact may be to case management that is currently provided by Uintah county. The Center will work with the county in the event that the funding cannot be replaced to develop case management within the Center or with other possible options. Testing is done out of the Uintah County Jail which has its own testing equipment and contracted lab services when verification is needed. The Center has three therapists that are assigned to the Drug Court program to provide treatment and participate in program coordination with the Drug Court team.

**Include expected increases or decreases from the previous year and explain any variance.**

As noted above, the program may need to address a change in resources over the coming year. The intent regardless of funding changes is to keep the number of participants in treatment at the current level.

**Describe any significant programmatic changes from the previous year.**

No significant changes anticipated until December of 2015.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Not applicable

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Center may provide or arrange for a variety of women services including but not limited to the following: As both the Substance Abuse and Mental Health provider NCC provides dual diagnosis treatment including medication services as needed for women and their children. The Center does provide trauma and DBT services that women in substance abuse treatment may be encouraged to attend. The Center may refer to community parenting programs where appropriate. Gender specific women and parenting issues may be addressed in individual therapy sessions in addition to family issues discussed in group therapy. The Center offers coordination for women, who require primary medical care for both themselves and their children, entitlements, child care and where appropriate referral to the FRF. The Center works with DCFS for cases involving reunification and treatment services and where appropriate referral and funding for women and their children in residential treatment.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant changes anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Given the struggle to accumulate enough youth with similar ASAM needs in any of the service offices in the Basin, the Center has cooperated with a local provider by contract for Medicaid non custody youth to attend that program. This has allowed the number of youth to be greater than if divided by three or four different sites. Parents and youth may choose to access services at NCC or at the other local provider. At the time of this plan a local provider group is providing juvenile treatment services and has had sufficient numbers to provide a small group program for youth with similar needs in the Vernal area. The Center has always and will continue to provide individual evaluation and treatment for youth with every effort to involve the family as appropriate with Substance Abuse treatment needs. The Center will provide group services if a sufficient number of youth with the same level of need exist. The Vernal and Roosevelt area have seen an increase in the number of private providers in the community that will also see this population when consumer has private funding.

The Center is providing the PRI 18- 21 and PRI 17 and under classes in both the Roosevelt and Vernal offices.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes expected.

**Describe any significant programmatic changes from the previous year.**

None anticipated.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

Northeastern Counseling Center’s prevention team continues to work with the Prevention Advisory Coalition (PAC) when completing the assessment process. We are currently completing a Community Readiness Assessment (the Tri-Ethnic Center Community Readiness Model) as our area is constantly changing. (Duchesne County was rated as the 2<sup>nd</sup> fastest growing county in the nation and Uintah County was rated 6<sup>th</sup> ) It is expected to be completed May of 2014.

Together with our Prevention Advisory Coalition, we have reviewed the 2013 SHARP Survey as part of our community assessment, taking note that in most areas, prevention efforts have shown positive outcomes. Due to outcomes, PAC supports continuing “business usual” and making only minor changes to last year’s plan.

Together with our Prevention Advisory Coalition, we are addressing gaps and needs for our area and identifying local resources. This is a continual process for our coalition as many of the resources are grant related and are constantly changing.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

SHARP

Risk Factors

1. Low neighborhood attachment
2. Low commitment to school

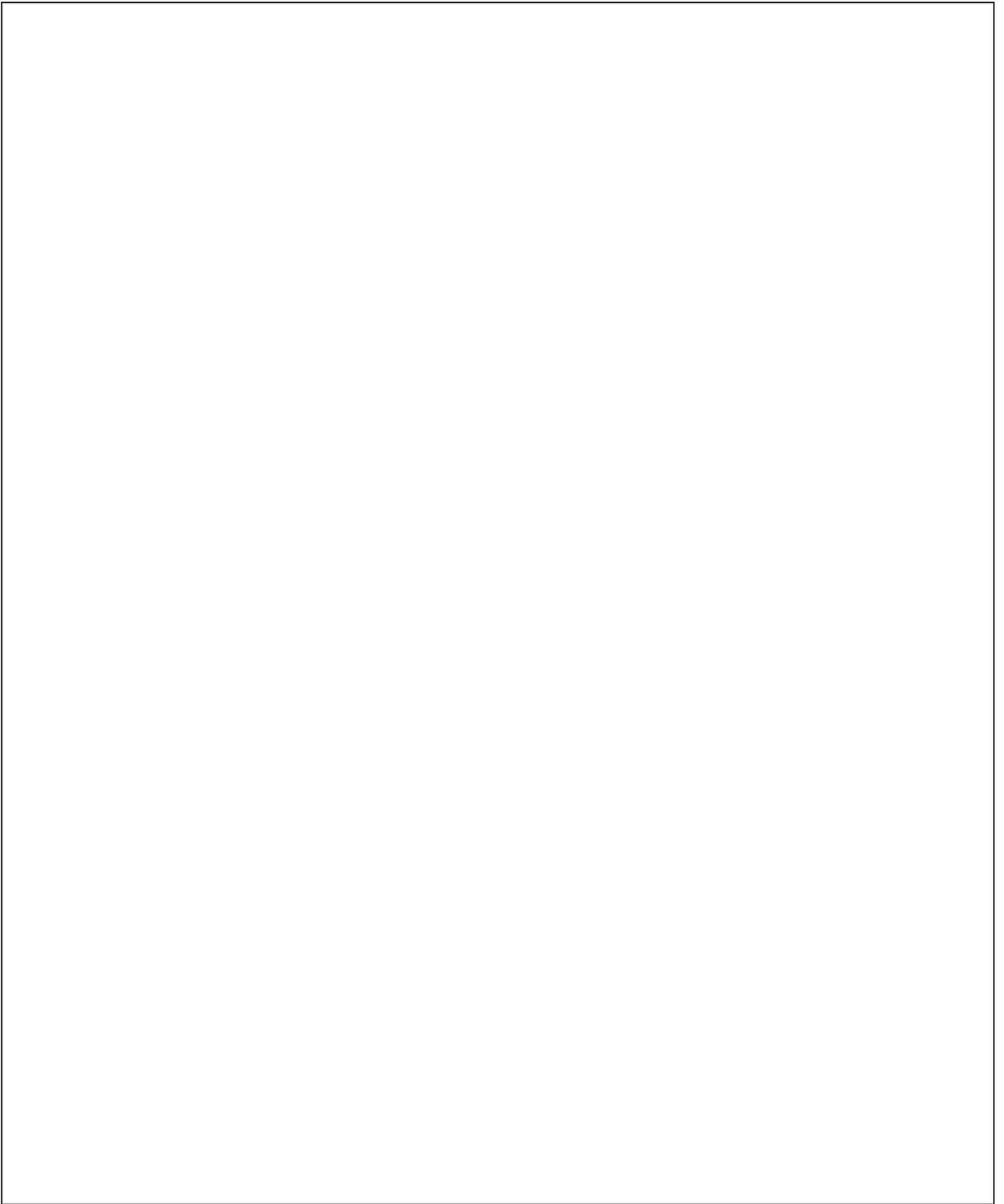
Protective Factors

1. Prosocial Involvement
2. Interaction with prosocial peers

Community

Risk Factors

1. Underage alcohol sales-clerks don't check ID's-availability
2. Retail merchant laws are not enforced



## Form C – Substance Abuse Prevention Narrative

### **3) Prevention Capacity and Capacity Planning**

#### **Describe prevention capacity and capacity planning within your area.**

Issues of concern to providing prevention services within our district are geographical area, staff size, providing culturally competent services, and funding.

The Northeastern District covers three counties, Uintah, Duchesne and Daggett Counties. The area would be classified as rural/frontier. The data shows the need for constant prevention services to non-residents that transition in and out of the area either for recreation or for employment. (Duchesne County was rated as the 2<sup>nd</sup> fastest growing county in the nation and Uintah County was rated 6<sup>th</sup>) The prevention staff consists of only two full time employees.

We continue to work closely with the Ute Indian Tribe Alcohol/Substance Abuse Prevention Program to ensure cultural competency.

We partner closely with other prevention workers in the area, including Tri-County Health Department, the Prevention Advisory Coalition and the Ute Tribe Alcohol and Substance Abuse Prevention and Treatment Program.

Lack of funding continues to be an issue to acquire additional prevention staff. On a positive note, local businesses and communities continue to be supportive and help when they are able to do so, offering both time and resources.

Increasing prevention capacity in our area relies heavily on using resources to support additional services, not duplication services already offered and not being utilized to full capacity.

After completing an assessment for Systems of Care Expansion Grant in our area, the need to address issues and needs for those with mental illness was evident. Northeastern's Prevention team will assist with providing those resources to our community and logic models have been developed and added to this year's prevention plan.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

The planning process followed is an on-going five step process including assessment, capacity, planning, implementation and evaluation. When assessing the community we use multiple data sources including archival data supplied by the State and local data and community readiness information gathered locally. Capacity involves assessing the strengths and needs for resources and training. Planning involves prioritizing the needs for our community and realistically stating what can be done to make a change with the available resources, including evidence-based programs. Implementing programs includes making sure the identified population is served, making sure programs are implemented with fidelity and are culturally appropriate and the outcomes can be sustained. Evaluation is listed on each logic model.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

Evaluation will be done evaluating the data outcomes including the SHARP survey, EASY checks, Community Readiness, and local data easily accessed through the Bach-Harrison website. We also ensure quality service delivery by conducting in-house yearly peer reviews on classes taught to ensure fidelity, and maintaining compliance with training requirements. Program specific evaluation outcomes are stated on each logic model.

Prevention staff will also attend trainings as needed to update skills to maintain fidelity and comply with training requirements.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

Form C – Substance Abuse Prevention Narrative

7) **Discontinued Programs**

List any programs you have discontinued from FY2013 and describe why they were discontinued.

**Active Parenting has been discontinued as part of the Northeastern Counseling Center’s plan as our local Family Support Center is able to sustain this program without our assistance at this time. Northeastern Counseling Center’s Prevention Coordinator will continue to participate on their board and will notify Northeastern Counseling Center if assistance in the future is requested.**

**Form C – Substance Abuse Prevention Narrative**

**8) Prevention Activity**

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

Program Name Parents Empowered Campaign								
LSAA Northeastern Counseling Center								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	Reduce underage drinking in 6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> and 12 <sup>th</sup> graders in the Northeastern District.	*Parental Attitudes	Universal—Community wide-approximately 15000 persons	Parents of Youth ages 10-16	Youth ages 10-16	Present Parents Empowered presentations to classrooms in Uintah, Duchesne,Daggett and Uintah River School Districts requesting information on alcohol and the teenage brain.  Present Parents Empowered presentations to groups in Uintah, Duchesne and Daggett Counties, requesting information on alcohol and the	Decrease region parental attitudes favorable to drug use from 20.7% in 2011 to 19% by 2016.	Decrease 2011 30 day use rates by 20% by 2020. 6 <sup>th</sup> 3.0% to 2.4% 8 <sup>th</sup> 7.2% to 5.8% 10 <sup>th</sup> 20.9% to 16.7% 12 <sup>th</sup> 24.1% to 19.3%

				<p>teenage brain.</p> <p>Present Parents Empowered presentations at community events in Uintah, Duchesne, and Daggett Counties requesting information on alcohol and the teenage brain.</p> <p>Distribute Parents Empowered collateral items at a minimum of 10 events in Uintah, Duchesne and Daggett Counties such as health fairs, town hall meetings, parades.</p> <p>Distribute Parents Empowered collateral items (pencils, brains, pamphlets) at key locations in our community—</p>		
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				<p>Uintah, Duchesne and Daggett Counties.</p> <p>Participate in state-wide radio commercials, television/theatre commercials, garbage truck wraps, etc.</p>		
Measures & Sources	SHARP Survey	SHARP Survey	Data forms by staff conducting presentation	Data forms by staff conducting presentation	SHARP Survey	SHARP Survey

Program Name---- Server Manager Alcohol Responsibility Training (S.M.A.R.T.)	
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LSAA Northeastern Counseling Center						
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	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	<p>Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District</p> <p>Reduce Underage Drinking</p>	Availability	<p>Universal –approximately 100 persons</p> <p>Local on-premise alcohol retailers, age 21-99, in Uintah, Duchesne, and Daggett Counties requesting training and needing Utah State Certification</p>	<p>Provide Server Management Alcohol Responsibility Training at businesses in Uintah, Duchesne, and Daggett Counties or at Northeastern Counseling Center, both Roosevelt and Vernal offices, as requested by local alcohol servers. Class is 1 time for 3 hours-renewable every 3 years.</p>	<p>Reduce underage EASY sales from 50% in FY 2009 to 20% in FY2017.</p>	<p>Decrease 2011 30 day use rates 20% by 2020.</p> <p>6<sup>th</sup> 3.0% to 2.4%</p> <p>8<sup>th</sup> 7.2% to 5.8%</p> <p>10<sup>th</sup> 20.9% to 16.7%</p> <p>12<sup>th</sup> 24.1% to 19.3%</p> <p>Reduce Alcohol</p>		

						Related Motor Vehicle Crashes in Uintah County from 17.1 per 100 million Vehicle Miles Traveled in 2008 to 15 per 100 million Vehicle Miles Traveled in 2021, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.5 per 100 million Vehicle Miles Traveled in
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						2008 to 9.5 per 100 million Vehicle Miles Traveled in 2021, Daggett County reduce Alcohol Related Motor Vehicle Crashes from 12.6 in 2008 to 10.6 per 100 million Vehicle Miles Traveled in 2021.
Measures & Sources	Utah Crash Summary  SHARP	EASY Checks	Data forms by staff conducting training	Data forms by staff conducting training	EASY Checks	Utah Crash Summary  SHARP

Program Name Server Manager Alcohol Responsibility Training – Eliminate Alcohol Sales to Youth (SMART-EASY)								
LSAA Northeastern Counseling								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce Underage Drinking</p> <p>Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District</p>	Availability	<p>Universal-approximately 100 persons</p> <p>Local off-premise alcohol retailers age 16-99, in Uintah, Duchesne, and Daggett Counties, requesting training and needing Utah State Certification</p>			<p>Provide Server Management Alcohol Responsibility Training (EASY) at businesses in Uintah, Duchesne, and Daggett Counties or at Northeastern Counseling Center, both Roosevelt and Vernal offices, as requested by local alcohol sellers. Class is 1 time for 1 hour-renewable every 5years.</p>	<p>Reduce underage EASY sales from 50% in FY 2009 to 20% in FY2015.</p>	<p>Decrease 2011 30 day use rates 20% by 2020.</p> <p>6<sup>th</sup> 3.0% to 2.4%</p> <p>8<sup>th</sup> 7.2% to 5.8%</p> <p>10<sup>th</sup> 20.9% to 16.7%</p> <p>12<sup>th</sup> 24.1% to 19.3%</p> <p>Reduce Alcohol Related</p>

						Motor Vehicle Crashes in Uintah County from 17.1 per 100 million Vehicle Miles Traveled in 2008 to 15 per 100 million Vehicle Miles Traveled in 2021, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.5 per 100 million Vehicle Miles Traveled in 2008 to 9.5
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						per 100 million Vehicle Miles Traveled in 2021, Daggett County reduce Alcohol Related Motor Vehicle Crashes from 12.6 in 2008 to 10.6 per 100 million Vehicle Miles Traveled in 2021.
Measures & Sources	Utah Crash Summary SHARP	EASY Checks	Data forms by staff conducting training	Data forms by staff conducting training	EASY Checks	Utah Crash Summary SHARP

Program Name PRI Teen							
LSAA Northeastern							
	Goal	Factors	Focus Population			Strategies	Outcomes
			U	S	I		Short Long
Logic	Reduce underage drinking.	Favorable attitudes towards problem behaviors	<p>Indicated-- approximately 60 people</p> <p>Court-ordered juveniles in Uintah, Duchesne and Daggett Counties ages 15-17, and juvenile court-ordered or school referred 18 year olds requesting PRI class from Northeastern Counseling Center</p>			<p>Provide PRI class at Northeastern Counseling Center, one time a month, in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes or four-two hour classes, depending on school hours and</p>	<p>Decrease favorable attitudes by increasing pretest scores by 15% or minimum of 70% on post test for every class.</p> <p>Decrease 2011 30 day use rates 20% by 2020.</p> <p>6<sup>th</sup> 3.0% to 2.4%</p> <p>8<sup>th</sup> 7.2% to 5.8%</p> <p>10<sup>th</sup> 20.9% to 16.7%</p> <p>12<sup>th</sup> 24.1% to 19.3%</p>

				availability of instructor.		
Measures & Sources	PRI Data/8 <sup>th</sup> District Court	PRI Pre/Post Tests	Profiler attendance data. Data tracking sheets.	Profiler attendance data. Data tracking sheets.	PRI Pre/Post Tests.	SHARP DATA

Program Name PRI Under 21

LSAA Northeastern

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking	Favorable attitudes towards problem behaviors	Indicated—approximately 50 persons			Provide PRI class at Northeastern Counseling Center, one time a month, in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes or four-two hour classes, depending on availability of instructor.	Decrease favorable attitudes by increasing pretest scores by 15% or minimum of 70% on post test in every class.	Decrease 2011 30 day use rates 20% by 2020. 6 <sup>th</sup> 3.0% to 2.4% 8 <sup>th</sup> 7.2% to 5.8% 10 <sup>th</sup> 20.9% to 16.7% 12 <sup>th</sup> 24.1% to 19.3%

Measures & Sources	SHARP DATA	PRI Pre/Post Tests	Profiler attendance data. Data tracking sheets.	Profiler attendance data. Data tracking sheets.	PRI Pre/Post Tests.	SHARP DATA
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Program Name PRI DUI			LSAA Northeastern					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce alcohol related motor vehicle crashes	Favorable attitudes towards problem behaviors	<p>Indicated—100 persons</p> <p>Court-ordered DUI offenders living or working in Uintah, Duchesne, or Daggett Counties requesting PRI class from Northeastern Counseling Center</p>			<p>Provide PRI class at Northeastern Counseling Center, one time a month, alternating between Roosevelt and Vernal. Class includes two hour assessment and 4 four hour classes, once a week for 4 weeks. Must be taken in order, must have 100% attendance.</p>	<p>Decrease favorable attitudes by increasing pretest scores by 15% or minimum of 70% on post test for each class.</p>	<p>Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 17.1 per 100 million Vehicle Miles Traveled in 2008 to 15 per 100 million Vehicle Miles Traveled in 2018, in Duchesne County</p>

						reduce Alcohol Related Motor Vehicle Crashes from 11.5 per 100 million Vehicle Miles Traveled in 2008 to 9.5 per 100 million Vehicle Miles Traveled in 2018, Daggett County reduce Alcohol Related Motor Vehicle Crashes from 12.6 in 2008 to 10.6 per 100 million Vehicle
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						Miles Traveled in 2018.
Measures & Sources	PRI Data Utah Crash Summary	PRI Pre/Post Tests	Profiler attendance data. Data tracking sheets.	Profiler attendance data. Data tracking sheets.	PRI Pre/Post Tests.	Utah Crash Summary

Program Name Prevention Dimensions								
LSAA Northeastern								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use in 6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> , and 12 <sup>th</sup> graders	Favorable attitudes toward problem behavior  Prosocial interaction	Universal—approximately 3000 persons  School age youth, ages 4-19, and adults, ages 18-99, working with school age youth in the schools.			Provide Prevention Dimension trainings for teachers as requested by Uintah, Duchesne, Daggett or Uintah River School Districts.  Provide door prizes for teachers to attend trainings in Uintah, Duchesne,	Decrease region attitudes favorable to drug use from 16.7% in 2011 to 16% by 2015.  Increase region prosocial involvement from 59.7% to 60.5% by 2015.	Decrease 2011 30 day alcohol use rates by 20% by 2021.  6 <sup>th</sup> 3.0% to 2.4%  8 <sup>th</sup> 7.2% to 5.8%  10 <sup>th</sup> 20.9% to 16.7%  12 <sup>th</sup> 24.1% to

				<p>Daggett or Uintah River School Districts.</p> <p>Provide classroom assistance for one hour for Prevention Dimension lessons when requested by Uintah, Duchesne, Daggett or Uintah River School Districts.</p> <p>.</p> <p>Provide ice cream parties with PD the Woolley Mammoth as rewards for classrooms with high returns on Mind Over Matter surveys by Uintah, Duchesne, Daggett or Uintah River School</p>		19.3%
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				<p>Districts.</p> <p>PD the Woolley Mammoth will attend various community activities to increase awareness of Prevention Dimensions in Uintah, Duchesne, Daggett Counties.</p> <p>.</p>		
Measures & Sources	SHARP	SHARP	Data Tracking Sheets	Data Tracking Sheets	SHARP	SHARP

Program Name Coalition/committee participation				Evidence Based Yes				
LSAA Northeastern								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use in our communities	Low community attachment	<p>Universal—approximately 800 people</p> <p>Key leaders, prevention minded community members. in Uintah, Duchesne, and Daggett Counties.</p>			<p>Prepare local communities in Uintah, Duchesne, and Daggett Counties. area for the five step process; assessment, capacity, planning, implementation, evaluation, and assessment while providing sustainability and cultural competence.</p>	<p>Increase prevention readiness from Stage 3.5 in 2011 to 4.5 in 2015.</p>	<p>Reduce ATOD use in our communities by reducing Binge drinking in 2009 from 8.8 to 6.5 in 2019</p> <p>30 day tobacco use from 1.0 in 2009 to .4 in 2019</p>

Measures & Sources	SHARP	Community Readiness Survey	Data tracking sheets, attendance sheets	Coalition minutes	Community Readiness Survey	SHARP
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Program Name One- time events/Presentations								
LSAA--Northeastern								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use.	Favorable attitudes towards ATOD use.  Interaction with positive role models.	Universal—1000 persons  Community groups in Uintah, Duchesne, and Daggett Counties requesting ATOD information and local resources from Northeastern Counseling Center’s Prevention staff			Provide or attend one-time events at local health fairs, tribal panels, town meetings, parades, reality towns, awareness walks/runs and other alcohol and drug-free community events in Uintah, Duchesne, and Daggett Counties.	Increase prevention readiness from Stage 3.5 in 2011 to 4.5 in 2015.  Decrease region attitudes favorable to drug use from 16.7% in 2011 to 16% by 2015.  Increase region prosocial involvement from 59.7%	Alcohol from 26.1% in 2011 to 22.19% in 2021.  Marijuana from 8.6% in 2011 to 8.5% in 2021.  Methamphetamines from .8% in 2011 to .75% in 2021  Inhalants from 7.9% in 2011 to 6.32% in 2021  Prescription stimulants from 3.4% to 3.3% in 2011

					to 60.5% in 2011 by 2015.	
Measures & Sources	SHARP	SHARP	Data Tracking sheets	MDS Tracking sheets	SHARP	SHARP

Program Name Youth Mental Health First Aid								
LSAA--Northeastern								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use in youth.	Depressive Symptoms	Universal Provide YMHFA to a minimum of 50 Uintah, Duchesne, and Daggett County community members ages 16-99			Provide YMHFA classes a minimum of three classes a year in Uintah, Duchesne, and Daggett Counties to any community members with the intent to target those that work with youth. Classes will be held in Northeastern Counseling Centers group rooms in both Roosevelt and Vernal, and occasionally at	Reduce depressive symptoms for LSAA All Grades by 5% from 35% in 2013 to 33.25% in 2015.	Alcohol from 26.1% in 2011 to 22.19% in 2021. Marijuana from 8.6% in 2011 to 8.5% in 2021. Methamphetamines from .8% in 2011 to .75% in 2021 Inhalants from 7.9% in 2011 to 6.32% in 2021 Prescription stimulants from 3.4% to 3.3% in 2011

				Ute Crossings at the request of the Ute Indian Tribe. Class will be taught in a one day, eight hour class.		
Measures & Sources	SHARP	SHARP	Data Tracking sheets	Data Tracking sheets	SHARP	SHARP

Program Name Mental Health First Aid								
LSAA--Northeastern								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Binge Drinking rates in adults	Adult Depressive Symptoms	Universal Provide MHFA to a minimum of 50 Uintah, Duchesne, and Daggett County community members ages 16-99			Provide MHFA classes a minimum of three classes a year in Uintah, Duchesne, and Daggett Counties to any community members with the intent to target those that work with high-risk adults.	Reduce depressive symptoms for LSAA by 5% -30 Mental Health from 16.84% 7+ days "Not good" in 2012 to 16.76% in 2016	Reduce Binge Drinking in adults by 10% from 13.34% in 2012 to 13.21% in 2020

				Classes will be held in Northeastern Counseling Centers group rooms in both Roosevelt and Vernal, and occasionally at Ute Crossings at the request of the Ute Indian Tribe. Class will be taught in a one day, eight hour class.		
Measures & Sources	BRFSS	BRFSS	Data Tracking sheets	Data Tracking sheets	BRFSS	BRFSS



# FY 14 Schedule

Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income	1	2	3	4	5	6	7	8	
\$0-\$931	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$932- \$1261	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$1262-\$1591	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$1592-\$1921	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	
\$1922-\$2251	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
\$2252-\$2581	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
\$2582-\$2911	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	
\$2912-\$3241	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	
\$3242-\$3571	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	
\$3572-\$3901	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	
\$3901-\$4231	Full Fee	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	
\$4232+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	

\* based on 2012 Poverty Guidelines

MONTHLY MAX**		NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income	1	2	3	4	5	6	7	8	
\$0-\$931	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	
\$932- \$1261	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	
\$1262-\$1591	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00	\$ 30.00	\$ 30.00	
\$1592-\$1921	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00	
\$1922-\$2251	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	
\$2252-\$2581	\$ 300.00	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	
\$2582-\$2911	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00	\$ 70.00	\$ 70.00	
\$2912-\$3241	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00	\$ 70.00	
\$3242-\$3571	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00	
\$3572-\$3901	\$ 630.00	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	
\$3901-\$4231	Full Fee	\$ 630.00	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	
\$4232+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	

\*\* Max based on an equivalent of 6/7 outpatient visits per month

**Northeastern Counseling Center  
Fee Information and Policy Agreement**

**Client Information**

Last Name:	First Name:	Middle:
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**Party Responsible for Client (Payment)**

Last Name:		First Name:		Middle
Address:			City:	
State:	Zip:	Phone: ( )		Birthdate / /
Social Security No:			Relationship to Client:	

Source of Income	Gross Monthly Amount	For Office Use Only:	
Employment			
Public Assist.			
Soc. Security			
Unemploy/Work Comp			
Alimony/Child			
Other			
<b>Total</b>			
<b># of Dependents</b>			

**Private Insurance/Medicaid/Medicare Information**

Insurance name:		Policy #:	Group #	
Address:		City:	State:	Zip:
Name of Insured:		Insured's Birthday / /		Co-Pay \$
Authorization #	# of Authorized Sessions	Approved Provider (s)		

**Private Insurance/Medicaid/Medicare Information**

Insurance name:		Policy #:	Group #	
Address:		City:	State:	Zip:
Name of Insured:		Insured's Birthday / /		Co-Pay \$
Authorization #	# of Authorized Sessions	Approved Provider (s)		

**IMPORTANT: PLEASE READ BEFORE SIGNING**

Northeastern Counseling Center, hereafter NCC, is a not for profit corporation. Every client is charged actual cost for services rendered. Although you are responsible for service received, a discount may be available to you. NCC can offer this discount to you since Federal and State funds help operate NCC.

In accordance with the NCC policy of setting an individual's fee for services according to his/her ability to pay, my fee has been set at \$ \_\_\_\_\_ per /hr. (minimum \$5 charge). I also understand I will be billed \$10 for broken appointments, as per Client Responsibilities #3 (reverse side). My fee for services will be reviewed periodically and adjusted to reflect my current ability to pay. It is understood that if I fail to make payments as per this agreement, NCC will take such legal action for collection of the balance due as is appropriate. Legal fees resulting from this action will be added to my balance due. I understand that since my fee usually does not cover the full cost of services, NCC will bill my insurance company or other third party payment sources at full cost. Failure to contact your Insurance Carrier for the above information may result in benefit denial, therefore, you will be responsible for payments in full.

I hereby certify that I have provided accurate and complete information concerning insurance or third party benefits as well as my eligibility thereof, and I agree to notify NCC of any changes relating thereto. I understand that my failure to notify NCC of any changes in my insurance benefits, false statements relating thereto, or failure to present Insurance/Medicaid cards monthly, will result in my being billed for the full and regular charges for services. I hereby agree to forward to NCC all insurance or third party payments received by me and further agree that my failure to do so will result in my being billed for the amount of all such payments. I understand that if I have Medicaid third party insurance, information I share with NCC employees may be released to my HMO provider. I understand that I have the right to file a grievance at any time services are denied, discontinued, suspended, or reduced. See #5 of Client Rights (reverse side).

I hereby agree to enter treatment with NCC. I understand that this application and anything else I tell the NCC personnel will be kept confidential with the exceptions listed in the client rights listed in the client rights statement (reverse side) which I understand. I hereby certify that the information stated on this form is correct to the best of my knowledge.

ASSIGNMENTS TO PAY BENEFITS: I hereby assign payment of any insurance benefits or third party payment benefits, otherwise payable to me, directly to NCC provided that such payments along with my fee for service shall not exceed the full and regular charges for services. This original or a copy of this agreement is to be equally accepted.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize NCC to release any and all information to my insurance company or other third party payment sources to enable NCC to obtain payment there from. This original copy of this Authorization is to be equally accepted. I have read the Client's Right Statement and Client Responsibilities Statement on the back of this form and understand my obligations regarding appointments and penalties for broken appointments. I agree to these conditions.

I have been given a copy of NCC's Notice of Privacy Practices. \_\_\_\_\_ (Initial)

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Signature of NCC Staff \_\_\_\_\_ Date \_\_\_\_\_

# Northeastern Counseling

April 28, 2014

