

## 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.

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### **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.

The individual's fee is agreed to by the consumer prior to receiving services and is signed by the consumer or responsible party. In addition, the monthly out of pocket max is handwritten on the Northeastern Counseling Center Fee Information and Policy Agreement.

### **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. The Center currently has 5 therapists serving under the program.

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### **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.**

**With the exception of inpatient, NCC rarely utilizes subcontracted services for individuals within the catchment area. At present NCC has two inpatient contracts and one outpatient contract with the local FQHC and one telehealth contract with UNI. NCC meets with contracting agencies annually to verify insurance coverage and any specific contract monitoring unique to that contract. Throughout the year, NCC conducts monthly LEIE EPLS searches for federal disbarment on all subcontract hospitals and providers. Prior to paying for any outside services, those services are verified and documentation obtained.**

**NCC is under contract with San Juan Counseling for Medicaid services. This contract is monitored regularly regarding data, Medicaid policy, EQRO compliance, Access Performance Standards, HEDIS, PIP compliance, etc. NCC credentials Providers that are employed by San Juan to provide Medicaid services. A formal on sight review occurs annually and the agency is part of the NCC QAPI program.**

**Form A – Mental Health Budget Narrative**

Instructions:

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

**1a) Adult Inpatient**

*Form A1 - FY15 Amount Budgeted: 291,200      Form A1 - FY16 Amount Budgeted: 319,579*

**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 inpatient services provided or referred to from NCC are located in Utah County. 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. The previously mentioned inpatient providers are the preferred resources; however, during the year the Center will use six to seven different inpatient providers due to beds being full, insurance coverage, or special needs. NCC employs a liaison that lives in Utah County. The liaison provides discharge planning for Utah county admissions and USH clients. In addition, NCC staff provide discharge planning and follow up services for all admissions regardless of payer. Several times a year this also includes housing assistance, case management, medication assistance, etc., for individuals that have no individual coverage.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center only enters in the Electronic Medical record those individuals that have their inpatient stay (bill) funded by NCC (Medicaid). The numbers submitted to the Division only represent 30 to 40 percent of the inpatient admissions facilitated by the Center. However, there are also other non-direct service costs associated with all inpatient care regardless of payer that the Center also covers for the remaining 60% of the admissions. The Center continues to see an increase in inpatient admissions especially in the Vernal area as it has grown 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. NCC anticipates being responsible for the inpatient *bill*, for approximately 40% of the anticipated 130 admissions. NCC arranges all psychiatric care needed at local Emergency Rooms, etc. regardless of payer and receives no reimbursement from hospitals for these time consuming services. NCC anticipates a slight increase in admissions given data analysis. NCC anticipates 30-40 adult Medicaid admissions and 10 youth 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**

*Form A1 - FY15 Amount Budgeted: 58,800    Form A1 - FY16 Amount Budgeted: 36,870*

**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 youth at Provo Canyon and UNI. On occasion in FY2015, the Center has utilized non contract hospitals such as Wasatch Canyons. The Center strives to utilize inpatient admission as a last resort and only when this level of care is needed to protect the youth or others. Every effort is made to work with the youth and parent/guardian in keeping the youth in their home environment with support services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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 15 admissions on Form A1 to SAMHIS. This year's numbers include all the inpatient admissions facilitated by the Center regardless of payer. 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, emergency rooms and physicians. The Center anticipates facilitating 15 admissions in the coming year for children and youth with the majority being between the ages of 14 to 17 years old.

The numbers indicate anticipated Medicaid inpatient costs for the coming year.

**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**

*Form A1 - FY15 Amount Budgeted: 23,000*

*Form A1 - FY16 Amount Budgeted: 20,000*

**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 arrangements in the past with Centers on the Wasatch front to facilitate USH discharge. Funds may be utilized to cover services at the accepting Center while the individual is not eligible for Medicaid or for the month they remain under NCC Medicaid.

However, in these types of cases the consumer's Medicaid card is changed to that Center's catchment area upon discharge or upon moving to the new area. The residential data is reported by that Center and not NCC. This practice will continue as clinically warranted and as resources are available.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget has not been significantly changed.

**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**

*Form A1 - FY15 Amount Budgeted: 2,000*

*Form A1 - FY16 Amount Budgeted: 5,000*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center explored residential care for one youth in the past year. The budget has been increased to accommodate any potential admission.

**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**

*Form A1 - FY15 Amount Budgeted: 1,037,661      Form A1 - FY16 Amount Budgeted: 1,087,141*

**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 again 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 while at the Manila school. The Center serves all adults regardless of funding. The Center also provides a therapist to the Vernal FQHC 12 hours a week.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center anticipates a slight increase in consumers with the UT-YES grant between the ages of 16-25.

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

The UT-YES grant will incorporate a focus on early psychosis and transition services for individuals 16 to 25.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 558,740*

*Form A1 - FY16 Amount Budgeted: 783,644*

**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 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 again 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 also provides a therapist to the Vernal FQHC 12 hours a week where children and youth may also been seen for health care and therapy services.

The Center has expanded services to youth 16 and over with the UT YES grant. A therapist has been placed in the alternative high school in Vernal and at Union high in Roosevelt.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In the coming year it is anticipated that there will be an increase in youth served mainly due to an increased presence in the local high schools. These placements are in addition to the five schools NCC was previously serving.

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

The UT-YES grant will incorporate a focus on early psychosis and transition services for individuals 16 to 25.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 91,164 Form A1 - FY16 Amount Budgeted: 101,090*

**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. Services 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget has been increased slightly to account for modest growth in crisis service demands.

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

The Center plans on initiating the Columbia screening and formal safety plans by August 1, 2015.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 28,836*

*Form A1 - FY16 Amount Budgeted: 43,910*

**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 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.

NCC will continue its efforts with community stake holders including the Ute Tribe.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served**

The budget has been increased to anticipated demand in the coming year based on data.

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

The Center plans on initiating the Columbia screening and formal safety plans by August 1, 2015.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: 357,000 Form A1 - FY16 Amount Budgeted: 393,813*

**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.

The Center provides the opportunity for medication services on a sliding fee scale and it is anticipated there will be an increase in demand in the coming year based on increased demand seen during FY2015. The Center still sees a significant number of adults that do not have any health coverage for services or for medication.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center provides the opportunity for medication services on a sliding fee scale and it is anticipated there will be a modest increase in demand in the coming year based on increased demand during FY2015. The Center still sees a significant number of adults that do not have any health coverage for services or for purchasing medication.

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

No significant changes are anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 40,000*

*Form A1 - FY16 Amount Budgeted: 45,000*

**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 continues to utilize its contract with UNI for youth telehealth psychiatry for Medicaid enrollees that require specialized medication services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center does anticipate seeing approximately 40 additional youth for medication services in the coming year based on utilization data.

**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**

*Form A1 - FY15 Amount Budgeted: 337,500 Form A1 - FY16 Amount Budgeted: 319,667*

**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 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 once again be providing 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.

As part of the UT YES grant NCC will also be offering and providing some rehabilitation services to adults under 25 years of age. Some increase in the number served has been made.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

As part of the UT YES grant NCC will also be offering and providing some rehabilitation services to adults under 25 years of age. It is anticipated that the increase in consumers will be minimal for this service.

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

Some rehabilitation services will be offered and provided to non-Medicaid enrollees under the UT-YES grant when medically necessary.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 37,500      Form A1 - FY16 Amount Budgeted: 22,000*

**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 years for Medicaid eligible youth. 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. The Center will explore providing skill services in two schools beginning in the fall of 2015.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget has been reduced to more closely match current year data.

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

The Center will be looking to provide skill services in two schools beginning in the fall of 2015.

An assessment of skill needs for the school population will be conducted with the schools and under the supervision of a therapist to determine program needs.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY15 Amount Budgeted: 247,500 Form A1 - FY16 Amount Budgeted: 299,000*

**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. It is anticipated that there may be some increase in the number of adults served that are ages 18-25 under the UT YES grant. The Grant provides the opportunity to offer this service regardless of Medicaid status.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

It is anticipated that there may be some increase in the number of adults served that are ages 18-25 under the UT YES grant.

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

UT YES Grant participants may receive TCM services even when not eligible under Medicaid when required criteria have been met.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 27,500 Form A1 - FY16 Amount Budgeted: 62,000*

**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 has provided training to staff regarding TCM services availability for both Medicaid enrollees and youth 16-18 under the UT YES grant. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Due to NCC's continuing efforts to increase TCM for Medicaid enrollees and due to the UT YES grant the budget amount has been increased.

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

UT YES Grant participants may receive TCM services even when not eligible under Medicaid when required criteria have been met.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 45,000*

*Form A1 - FY16 Amount Budgeted: 45,000*

**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. The Center is increasingly concerned about adults that become ineligible for subsidized housing due to criminal behavior or those that have been evicted from low income housing due to noncompliance, ongoing property damage, etc. At least one local housing authority is actively increasing their compliance standards which is a challenge. There are few options for this population. The Center's 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No change

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

No program changes anticipated

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 25,000 Form A1 - FY16 Amount Budgeted: 15,000*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center does not anticipate an increase and the budget has been changed to reflect current year data.

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

No significant program change anticipated

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Amount Budgeted: 0.00      Form A1 - FY16 Amount Budgeted: 35,000*

**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 hired a Peer Support person who has completed the Peer Support Training in April 2015. She will begin providing Peer Support services in May 2015. The Center will be having staff education on referring individuals for the service. This is predominately a Medicaid only service. However, those consumers that qualify under the UT YES grant that are not Medicaid may also receive the service.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

This is the first time Peer Support for adults has been available at NCC.

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

This is the first time Peer Support for adults has been available at NCC.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 22,000      Form A1 - FY16 Amount Budgeted: 35,000*

**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's 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 FRF will be recording Peer Support as part of the UT YES Grant and with FRF functions. Peer support services may also be provided by the adult Peer Support provider who has completed the youth training also.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

It is hoped that with the UT YES grant that youth Peer Support services may increase. The Center will be making increased efforts to increase utilization.

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

Peer support services may also be provided by the adult Peer Support provider who has completed the youth training also.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 25,000    Form A1 - FY16 Amount Budgeted: 26,204*

**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 currently has 6 certified Mental Health First Aid instructors. The Center plans on continuing to offer an average of one class a month, that is free of charge to the community. Training includes classes provided at the Ute Tribe and classes to Public Safety personal. The Center's staff have trained hundreds of community individuals in the past several years and these efforts will continue.

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, tribal committees 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

So significant change

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

So significant change

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 25,000 Form A1 - FY16 Amount Budgeted: 26,000*

**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 continues to have 6 certified instructors that provide Youth Mental Health First aid to the community. The classes are provided free of charge. The Center has been and anticipates providing increased school support services in the coming year. This includes presentations at schools to students, faculty, and crisis intervention and education services. The Center participates on CJC boards and multidisciplinary teams.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No significant changes are anticipated. However, the Center has seen an increase in consultation requests from local schools which is likely to continue.

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

No significant changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

*Form A1 - FY15 Amount Budgeted: 25,000*

*Form A1 - FY16 Amount Budgeted: 50,000*

**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 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. Changes in this service area for mental health will also be part of the JRI plan to be developed in the coming year.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center has seen an increase in the number of requests for services in the Jails and in the YDC located in Vernal. The budget and numbers served have been changed to reflect this.

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

Changes in this service area for mental health will also be part of the JRI plan to be developed in the coming year.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY15 Amount Budgeted: 35,000      Form A1 - FY16 Amount Budgeted: 35,000*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**No change**

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

**No change**

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

*Form A1 - FY15 Amount Budgeted:*

*Form A1 - FY16 Amount Budgeted:*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**No change**

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

**No change**

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

*Form A1 - FY15 Amount Budgeted: 350,800 Form A1 - FY16 Amount Budgeted: 392,757*

**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 remains committed to the philosophy of being a community mental health center that serves individuals without adequate funding.

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. The Center has not seen a decrease in unfunded or underfunded consumers in the past year.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center anticipates that the demand for subsidizing under-funded and unfunded clients will continue to be a significant demand in the coming year and is likely to rise based on current year data.

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

No program changes anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form AI - FY15 Amount Budgeted: 289,000 Form AI - FY16 Amount Budgeted: 200,000*

**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. The Center remains committed to being a community mental health Center and serving all children and youth regardless of funding status.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

A slight increase in the number of clients requiring funding is anticipated in the coming year. However, the budget has been reduced. It is hoped that some youth 16-25 will be able to receive services under the UT-YES grant instead of out of the unfunded money.

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

No significant program change anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: 350,000*

*Form A1 - FY16 Amount Budgeted: 250,000*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget has been reduced as NCC made a change in policy in January 2015. NCC no longer provides the second person for involuntary inpatient transports to the Wasatch front.

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

*Involuntary* transports that do not require an ambulance are provided per the statute by the Sherriff department. NCC no longer provides a case manager to make these transports to psychiatric units.

**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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First** 62A-15-105.2 in the following areas:

**• Competitive employment in the community**

NCC believes that employment is an integral part of recovery and positive growth. 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, interview skills, etc. Some consumers are able to access and maintain traditional employment. Others require special assistance in obtaining and maintaining employment including interaction with employers and other special assistance to maintain employment. The Center hopes to increase services in this area to young adults that are part of the UT YES grant.

**• 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. The Center will be increasing efforts with youth 18-25 to encourage transition services that may include education and stable employment.

**• Employment of consumers as staff**

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

**Form A – Mental Health Budget Narrative**

**2. Client Employment (cont.)**

**• Peer Specialists/Family Resource Facilitators providing Peer Support Services**

The Center has hired a Peer Support Person to serve adult consumers. However, the employee is not an active consumer at NCC.

**• Evidence-Based Supported Employment**

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 will have all therapists that work with youth trained in TF-CBT including select therapists that have attended in person trainings. The Center providing training resources for two therapists in EMDR. One therapist is certified with the goal of becoming a supervisor in EMDR in the near future. NCC will be providing Columbia Screening training and implementation by August 2015. The Center provides an annual training budget and hours for all therapists and case managers. The Center has also trained to two additional case managers in wrap around in the past year.

**• Outcome Based Practices**

The Center's Performance Improvement Project has been 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. The PIP report completed for CY2014 showed an improvement in both administering and reviewing OQ/YOQ outcome measures with the consumer. The Center has asked that this PIP be allowed to discontinue so that NCC may join the state wide PIP in the current year.

**• 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. The Center has seen increased consumer requests over the past several years. The Center intends to remain a community service provider regardless of funding for the individual.

**• Increased access for Medicaid and Non-Medicaid funded individuals**

In March of 2015 NCC began utilizing one hour assessment slots. This was done to increase immediate access of those individuals and families requesting services. The focus was also changed to be on engagement of the consumer during the first contact. This requires that therapists understand that assessment is ongoing and should be added to as additional information is identified. It also requires that recovery plans are adapted and changed as the consumer's situation changes. The Center also believes that school based services have resulted in youth being engaged in treatment that otherwise would not be engaged including both Medicaid and Non Medicaid youth.

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

Where possible special service needs are addressed. NCC will participate with community stake holders as a JRI plan is developed. The Center has at least annual meetings with the Ute Tribe, Sherriff Departments, Hospitals, schools, etc. to talk about services needs coordination and quality.

**3. Quality and Access Improvements (cont.)**

**• 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. The Center has also invited additional partners to the PAC meeting as part of the UT YES coalition to provide input on services needs to that population.

**• Describe process for monitoring subcontractors**

NCC does not have significant subcontracts as most services are provided in house by employees of NCC. NCC does have one outpatient therapist subcontract with the local FQHC. NCC provides the therapist to the FQHC for a fee and pays the FQHC for any Medicaid seen at the FQHC. All services are reviewed prior to payment according to Medicaid policy. The Center meets with the FQHC annually to discuss the contract provisions of services, etc. The Center also meets with inpatient subcontracted providers on an annual basis to discuss the contract provisions of services, etc. The Center also is contracted with San Juan Counseling to provide capitation assistance. This contract includes regular monitoring of San Juan regarding Medicaid PMHP requirements as required by the PMHP contract. This contract will be monitored by the EQRO in 2015.

**• In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**

NCC relies on the NHSC to recruit and maintain therapists in the community. The Center has been involved in the program for over 15 years. The Center currently has 5 therapists under the program. Processes to maintain eligibility can be found at <http://nhsc.hrsa.gov> for both individuals and for the agency's site status. The Center's current HPSA score is 16 and NCC is hopeful that funding for the program will continue.

**• Other Quality and Access Improvements (if not included above)**

NCC successfully implemented the Credible EMR system in September of 2014. Enhancements to the system will be ongoing in the coming year.

**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. This is the only FQHC in the catchment area.

**4. Integrated Care (cont.)**

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

The Center has utilized the FQHC located in Vernal to provide care for individuals with no coverage or for those with limited coverage. The clinic still requires a sliding fee which can be a barrier to some individuals but also provides an affordable option for many. This has included working with the FQHC to have individuals access the pharmacy discount program.

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 provided END classes adapted for adults in all day treatment sites during the past year and these will occur again in 2015. 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. 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. The Center has also spoken to one local hospital about their patients attending the classes and follow up 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 FY2015. The Center's FRF returned to extended Medical leave.

**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.

Potentially youth from the UT –YES grant that are 16-18 may be referred to the FRF for peer support services.

**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.

**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 all three school districts.. Services are provided in 8 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.

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.**

The Center added a therapist one half a day week to both the Roosevelt High School and the Vernal Alternative High School. It is anticipated that this will increase up to one and a half days in FY2016. The Center discontinued services at one elementary school due to low utilization.

**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.)**

Two high school locations added.

**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 attempted to collect grades, attendance and Office referrals. This practice will continue, however, it is not always possible to show aggregate change using this data. The Center will requests that schools provide this data as part of the program requirements.

**Form A – Mental Health Budget Narrative**

**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, etc. In the past year NCC has also began teaching the public safety MH first aid classes. 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 has been involved with Duchesne County School District as they implemented The Hope 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. NCC will also implement the Columbia Screening prior to August 2015 along with Safety plan interventions.

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. The Center is also participating in the Ute Tribe Suicide Prevention Committee.

**Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.**

The Center has been involved with community partners (i.e. health department, school districts, Ute Tribe) in assessing the suicide concerns of our citizens. The Center would like to distribute the behavioral healthcare assessment locally prior to the end of May 2015. The Center will then formalize the community assessment and plan. The Center provides crisis service training to therapists annually. The Center will also provide or sponsor suicide training for community stake holders as now required in law. The Center is joining the PIP on suicide prevention.

**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. In FY2015 NCC has had increasing involvement with the Ute Tribe and participates on their suicide prevention committee.

**Form A – Mental Health Budget Narrative**

**7. Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

NCC has had three formal meetings regarding the JRI implementation with the next meeting scheduled for July. Participants from all three counties have been invited to participate. NCC will work with Daggett County in the future to accommodate the small number of individuals that will be served under JRI. NCC has spoken to a Daggett County Commissioner who will encourage other county stake holders to participate as they are available. Participants have and will continue to include the list of individuals below. The majority of the discussion has focused on Substance Use Disorder Assessment, initial Screening, Treatment resources, levels of care and support services as these will demand the most resources and will be the most utilized in the criminal justice system. Mental Health services will also be part of the implemented program and have been discussed to a lesser extent. There is a strong sense of community cooperation and a desire to implement an effective process and array of services for the JRI population. Below is list of individuals and agencies involved in the process to this point.

|                          | Role  | Has attended at least one of<br>The 3 meetings held | Invited to all meet... |
|--------------------------|---|---|------------------------|
| Judge Ed Peterson        | Presiding 8 <sup>th</sup> District<br>Court Judge         | yes   | yes                    |
| Judge Clark<br>McClellan | 8 <sup>th</sup> District Court<br>Judge<br>Uintah/Daggett | yes   | yes                    |
| Comm. Mark<br>Raymond    | Uintah  | yes   | yes                    |
| Mark Thomas              | Uintah County<br>Attorney                                 | yes   | yes                    |
| Mike Drechsel            | Deputy Uintah<br>County Attorney                          | yes   | yes                    |
| Vance Norton             | Uintah County<br>Sherriff                                 | No, Vance assigned staff to<br>attend               | yes                    |
| Ed Spann                 | Uintah County<br>Under Sherriff                           | yes   | yes                    |
| Travis Clark             | AP&P Supervisor   | yes   | yes                    |
| Bart Mortensen           | AP&P  | yes   | yes                    |
| Robert Hall              | NCC Clinical<br>Director                                  | yes   | yes                    |
| Heather Hoyt             | Uintah County Grant<br>Department                         | yes   | Yes                    |
| Kyle Snow                | NCC CEO   | yes   | yes                    |
| Judge Sam Chiara         | 8 <sup>th</sup> District Court<br>Judge Duchesne          | yes   | Yes                    |

|                 |  |     |     |
|-----------------|--|-----|-----|
|                 |  |     |     |
| Greg Lamb       | Defense counsel                              | yes | yes |
| Sadie Norton    | Private Probation                            | yes | yes |
| Jack Lytle      | Daggett County Commissioner                  | no  | yes |
| Jerry Jorgensen | Daggett County Sherriff                      | no  | yes |
| Niel Lund       | Daggett County Attorney (contract)           | no  | yes |
| Russ Pearson    | 8 <sup>th</sup> District Court Administrator | yes | yes |
| Lance Dean      | Defense Council                              | yes | yes |
| David Boren     | Duchesne County Sherriff                     | yes | yes |
| Jason Curry     | Duchesne County Jail                         | yes | yes |
| Ron Winterton   | Duchesne County Commissioner                 | yes | yes |
| Ken Burdick     | Duchesne County Commissioner                 | yes | yes |
| Stephen Foote   | Duchesne County Attorney                     | yes | yes |

**Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

It is impossible to have a full plan developed at this time. However, progress is being made locally and we will continue efforts.

Judges have been provided copies of potential Mental Health and Substance Abuse based screenings such as the RANT, Gains, and Brief Jail Mental Health Screening. The plan does not yet include what specific instruments will be used for screening and subsequent assessment as the group is still waiting for an approved list of evidence based instruments and the CCJJ information. Samples of screening instruments were provided to the Court given concerns the legal system had. These examples will also be shared with the group. The Center will follow CFR 42 Part2 which should help to alleviate legal concerns as processes are refined.

Discussion about *who* will administer screenings outside of NCC offices and to what populations and when they will be administered, continue. NCC plans on administering the selected screening instrument in the outpatient setting for individuals requesting services that have not completed the screening(s) in another setting such as jail. Other screening questions are yet to be resolved such as: who will administer in other settings (e.g. Jails) to whom and when? NCC will complete full clinical assessments including the use of an evidence based assessment tool on JRI individuals shown to require assessment based on screening results. NCC will then make treatment recommendations and treatment plans addressing identified factors which may include Prevention and support services such as PRI, evidenced based Parenting Classes, etc. In addition, of great interest to the group is the pre-trial population that would also benefit from recovery support services, testing, supervision, immediate assessment, treatment, etc. The local plan being developed will include

recovery support services that exist and consideration of what can be added with available resources to support individuals in recovery. The Center will be expanding MRT services including additional evidenced base training for additional staff. Additional groups will be developed to avoid mixing opposing risk and need populations.

**The Center will use its EMR to track JRI individuals referred and served.**

The *point in time* at which NCC will be asked to assess the individual in other settings such as jail will be driven by the county attorneys, defense attorneys and judges in each location. There are some legal questions regarding due process and timing that the legal system is discussing and resolving. NCC will complete screenings and assessments as soon as possible following the request.

NCC is likely leaning towards the LSI-R as the assessment instrument which will need to be coordinated with AP&P when applicable and this will require training, additional assessment time and fees for NCC. The assessment produced by NCC will also have to include current information gathered including narrative, TED's data, additional JRI outcome measures, ASAM, diagnosis, recommendations, etc.

**Identify your proposed outcome measures.**

Specifics cannot be identified at this time beyond current TEDS and Mental Health data which can be reported specific to individuals that are part of JRI. NCC will work with agencies that have access to criminal data to develop a plan for measuring recidivism. NCC will continue its involvement with PDC.

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

Instructions:

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

**1) Screening and Assessment**

*FY15 Amount Budgeted: 60,000      FY16 Amount Budgeted: 85,000*

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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 Changed EMR programs. The ASAM has been incorporated into the EMR. The SASSI will continue to be utilized until a different instrument is chosen. It is anticipated with the JRI program that the LSI-R or other similar instrument will also be utilized. With the flexibility of the new system more focus will be put on engagement during the initial contact with ongoing assessment.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center expects some minimal increase with population growth. Additional, clients have been added to the data based on current year numbers. The Center has gone to an initial evaluation that is generally one hour instead of two which will facilitate quicker clinical access.

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

JRI and possible assessment changes.

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

**2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**No change**

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

**No change**

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

**3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)**

***FY15 Amount Budgeted: 90,000***

***FY16 Amount Budgeted: 90,000***

**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 such as the Odyssey house for adolescents and men.

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. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**No changes**

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

**No Changes**



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

**5) Outpatient (Non-methadone – ASAM I)**

***FY15 Amount Budgeted: 880,585      FY16 Amount Budgeted: 1,161,799***

**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.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center sees outpatient services increasing significantly in the coming year due to the JRI program and population changes.

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

The Center believes that increased services in the county jails is likely. The Center would also like to train three therapists in the MRT program from the Roosevelt offices.

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

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

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

**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 that may meet this ASAM level 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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

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

**7) Recovery Support Services**

*FY15 Amount Budgeted: 10,000*

*FY16 Amount Budgeted: \$7,000*

**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.**

**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.**

Vocational Rehabilitation resources as well as local educational assistant programs are utilized for those in recovery desiring to further their education. A Federally Qualified Health Clinic has opened in Vernal and is able to see patients with no other coverage on a sliding fee basis. This is 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. 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's housing is for mental health consumers with housing needs. However, the Center does provide housing to limited individuals with dual diagnosis substance use disorder needs.

The budget amount largely 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. The Center has made its prescriber available at no cost to the consumer for psychiatric medication services when needed.

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

Recovery services are generally provided in the community by a variety of community partners as described above. The amount has been reduce to reflect what spent last year.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget amount largely 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. The Center has made its prescriber available at no cost to the consumer for psychiatric medication services when needed.

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

**8) Drug Testing**

*FY15 Amount Budgeted:    FY16 Amount Budgeted:    40,000*

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

NCC does not provide Substance Abuse testing. Under the Drug Court grant \$40,000 is paid to the Certified Uintah Drug Court to provide testing at the Uintah County Jail and for any GC-MS that may be required by a certified laboratory. That testing meets the States guidelines as presented in 2015 including observation, chain of custody, etc. and is only provided for Drug Court Consumers as administered by the Uintah County Attorney’s office. The following is from the Drug Court Policy on Frequency.

**TESTING SCHEDULE**

The case manager is responsible to use the program testing software to develop random testing colors at least one week in advance. Minor adjustments to the computer-generated, random testing days may be made only with prior approval from the program administrator. Such adjustment should be made rarely, if at all.

The program **COLORS** are:

- **RED** = three times per week average;
- **BLUE** = two times per week average;
- **GREEN** or **YELLOW** = one time per week average;
- **BLACK** = two times per month average;
- **PURPLE** = one time per month average.

NCC does not provide or subcontract testing for general substance abuse consumers.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In the past this amount was included in the Drug Court budget.

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

The center cannot predict changes that JRI may bring about, but testing is a possibility that will continue to be discussed with stake holders.

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

**9) 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. 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.

The Center trained three therapists in the evidenced based MRT model and this is being provided out of the Vernal office. The Center hopes to train three Roosevelt therapists in the coming year.

The also intends to provide additional Motivational Interview Training in the local area.

**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 therapists to specialized training. The Center hopes to train three Roosevelt therapists in the MRT model 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**

**10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

*FY16 SAPT Funds Budgeted: 0\$*

**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. It is anticipated that increased services will be provided in the local jails in the coming year as part of the JRI program. However, this is still in the planning phases. No SAPT funds will be used to provide services in the Jails.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

It is anticipated that increased services will be provided in the local jails in the coming year as part of the JRI program. However, this is still in the planning phases. No SAPT funds will be used to provide services in the Jails.

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

**JRI**

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

**11) Integrated Care**

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

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. The Center's physician is also able to provide psychiatric medication services in addition to MAT services.

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

As previously noted a FQHC is open in the Vernal area. This is now a primary care option for those in treatment that do have coverage. The Center has a therapist in the FQHC 12 hours a week. 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, including special testing for TB, HIV, etc. . 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.

**Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

The Center is added additional emphasis on tobacco cessation in the current 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 is provided free of charge and therapists will be encourage participation during client interactions. NCC will also allow non NCC consumers e.g. as referred by local health providers or hospitals to attend free of charge.

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

**12) Women’s Treatment**

***FY15 Amount Budgeted: \$483,767***

***FY16 Amount Budgeted: \$585,024***

**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 also has a female therapist that is providing evidenced based EMDR as part of the Vernal Substance Program for women with trauma treatment needs.
- 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. 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.
- The Center also arranges for and funds residential treatment for women with dependent children. These services are funded by NCC and provided by the House of Hope.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

NCC does anticipate an increase in services due to JRI and more money has been budgeted accordingly.

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

Additional Seeking Safety will be provided by NCC to women providers.

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

**13) Adolescent (Youth) Treatment**

***FY15 Amount Budgeted: 36,420*                      *FY16 Amount Budgeted: 79,930*                      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 effort has been attempted for several years and continues to struggle. This has allowed the number of youth to be greater than if divided by three or four different sites however, groups have been minimal. 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, risk and age levels 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.

The Center is also now providing DUI for those under 21 in separate classes according to age.

**Describe efforts to provide co-occurring services to adolescent clients.**

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. The Center's physician is also able to provide psychiatric medication services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

NCC anticipates there may be some increase in the coming year with increased involvement in the secondary schools and with stake holder planning and referral.

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

The Center will increase therapist time in the coming year in two High School settings. Although, it is anticipated that services will be dominated by mental health utilization some substance abuse treatment and referrals to NCC SA services are likely to occur and increase.

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

**14) Drug Court**

***FY15 Amount Budgeted: 168,095***

***FY16 Amount Budgeted: 178,584***

***FY15 Recovery Support Budgeted: 10,000***

***FY16 Recovery Support Budgeted: 7,000***

**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 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 so that tracking and case management services may continue. 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. The Center utilizes the MRT program for the treatment module.

In the fall of 2014 NCC, Uintah County Drug Court and the Drug Court Judge corrected the issue of the Court or the program assessing additional fees/fines beyond the income based weekly fee that includes all services received under the drug court program. There are no additional treatment fees collected by NCC for Drug Court participants.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Slight increase for the coming year due to funding changes.

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

None anticipated unless NCC is required to take over the case management functions towards the end of CY 2015.

**Describe the Recovery Support Services you will provide with Drug Court RS funding.**

Drug Court funds are used for recovery support as previously submitted to the division. 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. The Center has made its prescriber available at no cost to the consumer for psychiatric medication services when needed for mood disorders, anxiety disorders, etc. Medication Assisted Treatment may also be accessed at no additional cost to the Drug Court consumer.

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

**15) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

NCC has had three formal meetings regarding the JRI implementation with the next meeting scheduled for July. Participants from all three counties have been invited to participate. NCC will work with Daggett County in the future to accommodate the small number of individuals that will be served under JRI. NCC has spoken to a Daggett County Commissioner who will encourage other county stake holders to participate as they are available. Participants have and will continue to include the list of individuals below. The majority of the discussion has focused on Substance Use Disorder Assessment, initial Screening, Treatment resources, levels of care and support services as these will demand the most resources and will be the most utilized in the criminal justice system. Mental Health services will also be part of the implemented program and have been discussed to a lesser extent. There is a strong sense of community cooperation and a desire to implement an effective process and array of services for the JRI population. Below is list of individuals and agencies involved in the process to this point.

|                          | Role  | Has attended at least one of<br>The 3 meetings held | Invited to all meet... |
|--------------------------|---|---|------------------------|
| Judge Ed Peterson        | Presiding 8 <sup>th</sup> District<br>Court Judge         | yes   | yes                    |
| Judge Clark<br>McClellan | 8 <sup>th</sup> District Court<br>Judge<br>Uintah/Daggett | yes   | yes                    |
| Comm. Mark<br>Raymond    | Uintah  | yes   | yes                    |
| Mark Thomas              | Uintah County<br>Attorney                                 | yes   | yes                    |
| Mike Drechsel            | Deputy Uintah<br>County Attorney                          | yes   | yes                    |
| Vance Norton             | Uintah County<br>Sherriff                                 | No, Vance assigned staff to<br>attend               | yes                    |
| Ed Spann                 | Uintah County<br>Under Sherriff                           | yes   | yes                    |
| Travis Clark             | AP&P Supervisor   | yes   | yes                    |
| Bart Mortensen           | AP&P  | yes   | yes                    |
| Robert Hall              | NCC Clinical<br>Director                                  | yes   | yes                    |
| Heather Hoyt             | Uintah County Grant<br>Department                         | yes   | Yes                    |
| Kyle Snow                | NCC CEO   | yes   | yes                    |
| Judge Sam Chiara         | 8 <sup>th</sup> District Court<br>Judge Duchesne          | yes   | Yes                    |

|                 |  |     |     |
|-----------------|--|-----|-----|
|                 |  |     |     |
| Greg Lamb       | Defense counsel                              | yes | yes |
| Sadie Norton    | Private Probation                            | yes | yes |
| Jack Lytle      | Daggett County Commissioner                  | no  | yes |
| Jerry Jorgensen | Daggett County Sherriff                      | no  | yes |
| Niel Lund       | Daggett County Attorney (contract)           | no  | yes |
| Russ Pearson    | 8 <sup>th</sup> District Court Administrator | yes | yes |
| Lance Dean      | Defense Counsel                              | yes | yes |
| David Boren     | Duchesne County Sherriff                     | yes | yes |
| Jason Curry     | Duchesne County Jail                         | yes | yes |
| Ron Winterton   | Duchesne County Commissioner                 | yes | yes |
| Ken Burdick     | Duchesne County Commissioner                 | yes | yes |
| Stephen Foote   | Duchesne County Attorney                     | yes | yes |

**Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

It is impossible to have a full plan developed at this time. However, progress is being made locally and we will continue efforts.

Judges have been provided copies of potential Mental Health and Substance Abuse based screenings such as the RANT, Gains, and Brief Jail Mental Health Screening. The plan does not yet include what specific instruments will be used for screening and subsequent assessment as the group is still waiting for an approved list of evidence based instruments and the CCJJ information. Samples of screening instruments were provided to the Court given concerns the legal system had. These examples will also be shared with the group. The Center will follow CFR 42 Part2 which should help to alleviate legal concerns as processes are refined.

Discussion about *who* will administer screenings outside of NCC offices and to what populations and when they will be administered, continue. NCC plans on administering the selected screening instrument in the outpatient setting for individuals requesting services that have not completed the screening(s) in another setting such as jail. Other screening questions are yet to be resolved such as: who will administer in other settings (e.g. Jails) to whom and when? NCC will complete full clinical assessments including the use of an evidence based assessment tool on JRI individuals shown to require assessment based on screening results. NCC will then make treatment recommendations and treatment plans addressing identified factors which may include Prevention and support services such as PRI, evidenced based Parenting Classes, etc. In addition, of great interest to the group is the pre-trial population that would also benefit from recovery support services, testing, supervision, immediate assessment, treatment, etc. The local plan being developed will include

recovery support services that exist and consideration of what can be added with available resources to support individuals in recovery. The Center will be expanding MRT services including additional evidenced base training for additional staff. Additional groups will be developed to avoid mixing opposing risk and need populations.

**The Center will use its EMR to track JRI individuals referred and served.**

The *point in time* at which NCC will be asked to assess the individual in other settings such as jail will be driven by the county attorneys, defense attorneys and judges in each location. There are some legal questions regarding due process and timing that the legal system is discussing and resolving. NCC will complete screenings and assessments as soon as possible following the request.

NCC is likely leaning towards the LSI-R as the assessment instrument which will need to be coordinated with AP&P when applicable and this will require training, additional assessment time and fees for NCC. The assessment produced by NCC will also have to include current information gathered including narrative, TED's data, additional JRI outcome measures, ASAM, diagnosis, recommendations, etc.

**Identify your proposed outcome measures.**

Specifics cannot be identified at this time beyond current TEDS and Mental Health data which can be reported specific to individuals that are part of JRI. NCC will work with agencies that have access to criminal data to develop a plan for measuring recidivism. NCC will continue its involvement with PDC.

**Form B – Substance Abuse Treatment Budget Narrative**  
**NCC DOES NOT RECEIVE DORA FUNDS**

**16) Drug Offender Reform Act**

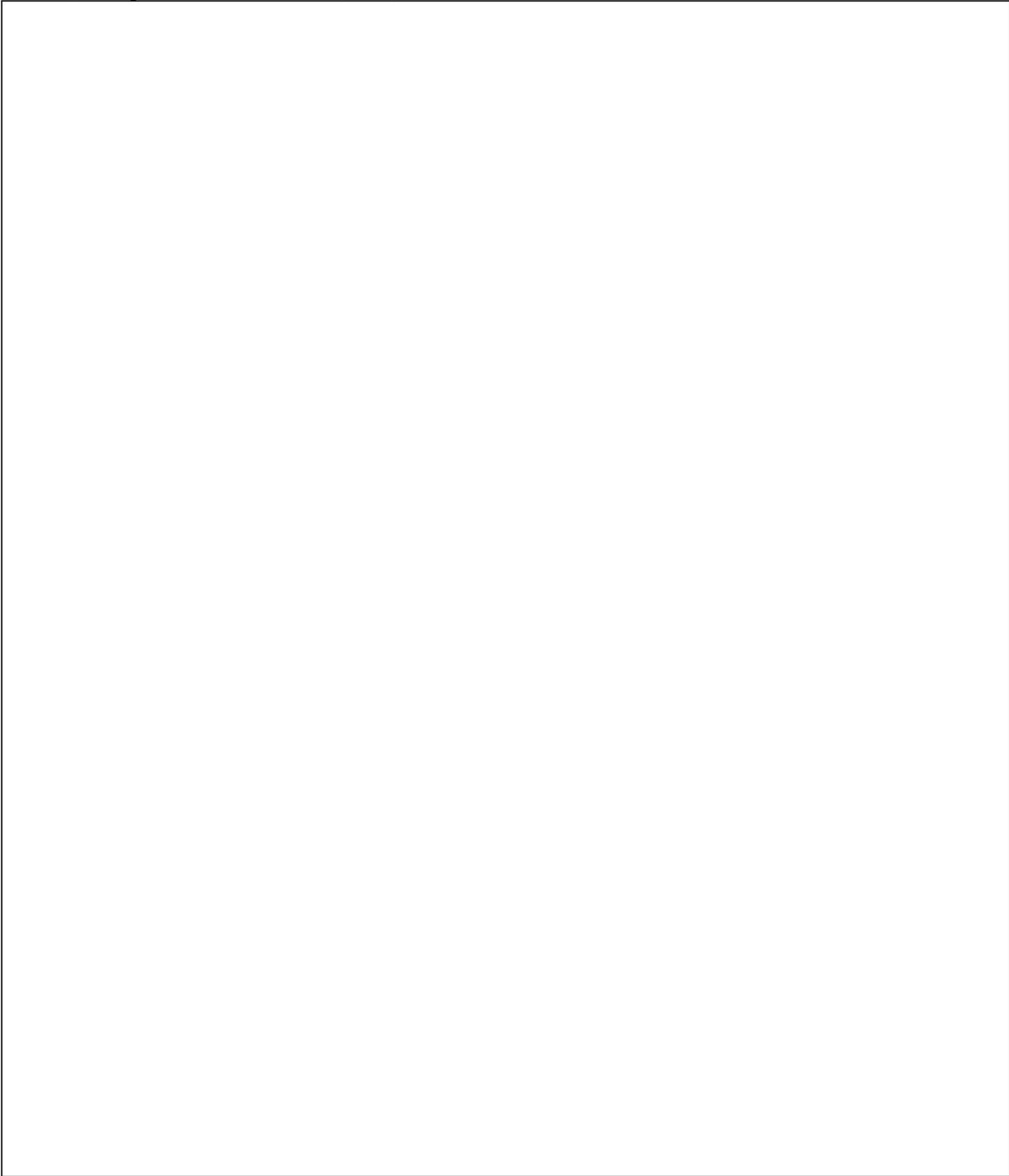
*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.
  
- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?
  
- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.
  
- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.
  
- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan..

**16) Drug Offender Reform Act (Cont.)**



## Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

### Personnel

**Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.**

|                              |    |
|------------------------------|----|
| <b>Total Personnel Costs</b> | \$ |
|------------------------------|----|

(Provide budget detail and narrative here)

### Contract Services

**Briefly describe the Contract Services you will pay for with DORA funding.**

|                             |    |
|-----------------------------|----|
| <b>Total Contract Costs</b> | \$ |
|-----------------------------|----|

(Provide budget detail and narrative here)

### Equipment, Supplies and Operating (ESO)

**Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.**

|                        |    |
|------------------------|----|
| <b>Total ESO Costs</b> | \$ |
|------------------------|----|

(Provide budget detail and narrative here)

### Travel/Transportation

**Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.**

|                                    |    |
|------------------------------------|----|
| <b>Total Travel/Training Costs</b> | \$ |
|------------------------------------|----|

(Provide budget detail and narrative here)

|                    |    |
|--------------------|----|
| <b>Total Grant</b> | \$ |
|--------------------|----|

**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 working on an updated community assessment and will be completed by June 2015.

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. We will also be reviewing data obtained from our local health department, and data obtained from the Epidemiology Profile Reports and Searchable Data Base. We are completing the Tri-Ethnic Community Readiness Survey to evaluate community readiness.

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. We also participate on different boards, including the FOSI Team, Tri-County Community Services and Food Pantry, Tri-County Homeless Coalition, Duchesne County Chamber, Vernal City Chamber, Uintah Basin Emergency Preparedness, Ute Indian Tribe CAP Team, Ute Indian Tribe Suicide Prevention Coalition to gain a bigger perspective of our community.

We are also participating in the Utah Coalition Association and the Utah Prevention Network, using those resources to remain knowledgeable in concerns addressing us at a state level.

**Action:**

Northeastern has removed *Prosocial Peers* as a protective factor from the PRI Logic Models.

**Reasoning:**

The Division is correct by stating that data that supports pro-social involvement as an outcome does not exist. PRI classes address the importance of making changes in our choices, including surrounding yourself with persons that will support low-risk drinking and drug choices (pro social peers).

PRI classes have been part of our comprehensive plan to reduce underage drinking for at least the last seven years. During that time, underage drinking rates for 12<sup>th</sup> graders has went from 48.7% to 21.9% (2007, 2013 SHARP Survey) with a 40% decrease between 2009 and 2013. It is our plan to continue to provide these classes to our community as a tool to reduce underage drinking in our community.

**Action:**

Northeastern has added *Retail Merchant Laws are not Enforced* to the EASY and SMART EASY Logic Models.

**Reasoning:**

Working with law enforcement to increase EASY checks was part of the strategy for my EASY and SMART EASY logic models. NCC erred by omitted *Retail Merchant Laws are not Enforced* as a risk factor on the logic model.

Local Authority:

**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
3. Depressive Symptoms

Protective Factors

1. Prosocial Involvement
2. Interaction with prosocial peers

Community

Risk Factors

1. Availability
2. Retail merchant laws are not enforced

Local Authority:

**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. The prevention staff consists of 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.

Northeastern Counseling Center's Prevention staff also participates and benefits from the knowledge of the Utah Prevention Coalition Association.

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. Capacity building efforts are a major focus of the Prevention Advisory Coalition with agencies partnering to promote, maintain and increase prevention resources in the Tri-County Area and on the Uintah & Ouray Indian Reservation.

Local Authority:

**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.

Local Authority:

**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.

We are currently exploring local resources to improve our evaluation process.

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

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

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

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2015 and describe why they were discontinued.**

Northeastern Counseling Center is not planning on discontinuing any programs.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**8) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

NCC has had three formal meetings regarding the JRI implementation with the next meeting scheduled for July. Participants from all three counties have been invited to participate. NCC will work with Daggett County in the future to accommodate the small number of individuals that will be served under JRI. NCC has spoken to a Daggett County Commissioner who will encourage other county stake holders to participate as they are available. Participants have and will continue to include the list of individuals below. The majority of the discussion has focused on Substance Use Disorder Assessment, initial Screening, Treatment resources, levels of care and support services as these will demand the most resources and will be the most utilized in the criminal justice system. Mental Health services will also be part of the implemented program and have been discussed to a lesser extent. There is a strong sense of community cooperation and a desire to implement an effective process and array of services for the JRI population. Below is list of individuals and agencies involved in the process to this point.

|      |   |                        |
|------|---|------------------------|
| Role | Has attended at least one of<br>The 3 meetings held | Invited to all meet... |
|------|---|------------------------|

|                       |   |                                    |     |
|-----------------------|---|------------------------------------|-----|
| Judge Ed Peterson     | Presiding 8 <sup>th</sup> District Court Judge      | yes                                | yes |
| Judge Clark McClellan | 8 <sup>th</sup> District Court Judge Uintah/Daggett | yes                                | yes |
| Comm. Mark Raymond    | Uintah  | yes                                | yes |
| Mark Thomas           | Uintah County Attorney                              | yes                                | yes |
| Mike Drechsel         | Deputy Uintah County Attorney                       | yes                                | yes |
| Vance Norton          | Uintah County Sherriff                              | No, Vance assigned staff to attend | yes |
| Ed Spann              | Uintah County Under Sherriff                        | yes                                | yes |
| Travis Clark          | AP&P Supervisor                                     | yes                                | yes |
| Bart Mortensen        | AP&P  | yes                                | yes |
| Robert Hall           | NCC Clinical Director                               | yes                                | yes |
| Heather Hoyt          | Uintah County Grant Department                      | yes                                | Yes |
| Kyle Snow             | NCC CEO   | yes                                | yes |
| Judge Sam Chiara      | 8 <sup>th</sup> District Court Judge Duchesne       | yes                                | Yes |

Local Authority:

|                 |  |     |     |
|-----------------|--|-----|-----|
|                 |  |     |     |
| Greg Lamb       | Defense counsel                              | yes | yes |
| Sadie Norton    | Private Probation                            | yes | yes |
| Jack Lytle      | Daggett County Commissioner                  | no  | yes |
| Jerry Jorgensen | Daggett County Sherriff                      | no  | yes |
| Niel Lund       | Daggett County Attorney (contract)           | no  | yes |
| Russ Pearson    | 8 <sup>th</sup> District Court Administrator | yes | yes |
| Lance Dean      | Defense Council                              | yes | yes |
| David Boren     | Duchesne County Sherriff                     | yes | yes |
| Jason Curry     | Duchesne County Jail                         | yes | yes |
| Ron Winterton   | Duchesne County Commissioner                 | yes | yes |
| Ken Burdick     | Duchesne County Commissioner                 | yes | yes |
| Stephen Foote   | Duchesne County Attorney                     | yes | yes |

**Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

It is impossible to have a full plan developed at this time. However, progress is being made locally and we will continue efforts.

Judges have been provided copies of potential Mental Health and Substance Abuse based screenings such as the RANT, Gains, and Brief Jail Mental Health Screening. The plan does not yet include what specific instruments will be used for screening and subsequent assessment as the group is still waiting for an approved list of evidence based instruments and the CCJJ information. Samples of screening instruments were provided to the Court given concerns the legal system had. These examples will also be shared with the group. The Center will follow CFR 42 Part2 which should help to alleviate legal concerns as processes are refined.

Discussion about *who* will administer screenings outside of NCC offices and to what populations and when they will be administered, continue. NCC plans on administering the selected screening instrument in the outpatient setting for individuals requesting services that have not completed the screening(s) in another setting such as jail. Other screening questions are yet to be resolved such as: who will administer in other settings (e.g. Jails) to whom and when? NCC will complete full clinical assessments including the use of an evidence based assessment tool on JRI individuals shown to require assessment based on screening results. NCC will then make treatment recommendations and treatment plans addressing identified factors which may include Prevention and support services such as PRI, evidenced based Parenting Classes, etc. NCC believes that prevention is an essential community service and has involved prevention staff in NCC JRI discussions. However, we do not believe that prevention will play a large role in JRI with the exception of indicated

Local Authority:

services. In addition, of great interest to the group is the pre-trial population that would also benefit from recovery support services, testing, supervision, immediate assessment, treatment, etc. The local plan being developed will include recovery support services that exist and consideration of what can be added with available resources to support individuals in recovery. The Center will be expanding MRT services including additional evidenced base training for additional staff. Additional groups will be developed to avoid mixing opposing risk and need populations.

**The Center will use its EMR to track JRI individuals referred and served.**

The *point in time* at which NCC will be asked to assess the individual in other settings such as jail will be driven by the county attorneys, defense attorneys and judges in each location. There are some legal questions regarding due process and timing that the legal system is discussing and resolving. NCC will complete screenings and assessments as soon as possible following the request.

NCC is likely leaning towards the LSI-R as the assessment instrument which will need to be coordinated with AP&P when applicable and this will require training, additional assessment time and fees for NCC. The assessment produced by NCC will also have to include current information gathered including narrative, TED's data, additional JRI outcome measures, ASAM, diagnosis, recommendations, etc.

**Identify your proposed outcome measures.**

Specifics cannot be identified at this time beyond current TEDS and Mental Health data which can be reported specific to individuals that are part of JRI. NCC will work with agencies that have access to criminal data to develop a plan for measuring recidivism. NCC will continue its involvement with PDC.

Local Authority:

| Program Name Parents Empowered        |                          |   | Cost 38,184  |   | Evidence Based: Yes |   |   |  |
|---------------------------------------|--------------------------|---|--|---|---------------------|---|---|--|
| Agency Northeastern Counseling Center |                          |   | Tier Level: 3  |   |                     |   |   |  |
|                                       | Goal                     | Factors                                   | Focus Population   |   |                     | Strategies  | Outcomes  |  |
|                                       |                          |   | Universal  | S | I                   |   | Short   | Long   |
| Logic                                 | Reduce underage drinking | Parental Attitudes<br><br>Prosocial Peers | Community wide—<br>Approximately 15000<br>parents/guardians of youth<br>ages 10-16 |   |                     | Present Parents Empowered presentations to groups in Uintah, Duchesne and Daggett Counties, requesting information on alcohol and the teenage brain.<br><br>Collaborate with local businesses, non-profits, government agencies and local civic groups to create opportunities to | 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.<br><br>6 <sup>th</sup> 3.0 % to 2.4%<br><br>8 <sup>th</sup> 7.2 % to 5.8%<br><br>10 <sup>th</sup> 20.9 % to 16.7%<br><br>12 <sup>th</sup> 24.1 % to 19.3% |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  | <p>distribute<br/>Parents<br/>Empowered<br/>collateral items<br/>at a minimum of<br/>10 events in<br/>Uintah,<br/>Duchesne and<br/>Daggett Counties<br/>such as health<br/>fairs, town hall<br/>meetings,<br/>parades.</p> <p>Collaborate with<br/>local businesses,<br/>non-profits,<br/>government<br/>agencies and<br/>local civic groups<br/>to create<br/>opportunities to<br/>distribute<br/>Parents<br/>Empowered<br/>collateral items<br/>(pencils, brains,<br/>pamphlets) at<br/>key locations in<br/>our</p> |  |  |
|--|--|--|--|--|--|--|

|                       |                 |              |  |  |                 |                 |
|-----------------------|-----------------|--------------|--|--|-----------------|-----------------|
|                       |                 |              |  | community—<br>Uintah,<br>Duchesne and<br>Daggett<br>Counties.<br><br>Participate in<br>state-wide radio<br>commercials,<br>television/theatr<br>e commercials,<br>garbage truck<br>wraps, etc. |                 |                 |
| Measures &<br>Sources | SHARP<br>Survey | SHARP Survey | Data forms by staff conducting<br>presentation | Data forms by<br>staff conducting<br>presentations<br>and distributing<br>information  | SHARP<br>Survey | SHARP<br>Survey |

|                                       |             |  |
|---------------------------------------|-------------|--|
| Program Name SMART                    | Cost 4,000  | Evidence Based: Yes as part of a<br>comprehensive approach |
| Agency Northeastern Counseling Center | Tier Level: |  |

|       | 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> | <p>Availability</p> <p>Retail merchant laws are not enforced</p> | <p>Universal –approximately 50 persons</p> <p>Local on-premise alcohol servers, 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-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 Related Motor Vehicle Crashes in Uintah County from</p> |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
|  |  |  |  | Encourage State Alcohol Task Force to provide regular checks. |  | 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2021, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million |
|--|--|--|--|---|--|--|

|                    |                                 |             |   |  |             |                                 |
|--------------------|---------------------------------|-------------|---|--|-------------|---------------------------------|
|                    |                                 |             |   |  |             | Vehicle Miles Traveled in 2021  |
| Measures & Sources | Utah Crash Summary<br><br>SHARP | EASY Checks | Data forms by staff conducting training | Data forms by staff conducting training<br><br>Compliance checks | EASY Checks | Utah Crash Summary<br><br>SHARP |

| Program Name SMART EASY               |  |  |  | Cost 3,500  |   | Evidence Based: Yes as part of a comprehensive approach   |   |  |
|---------------------------------------|--|--|--|-------------|---|---|---|--|
| Agency Northeastern Counseling Center |  |  |  | Tier Level: |   |   |   |  |
|                                       | Goal   | Factors  | Focus Population   |             |   | Strategies  | Outcomes  |  |
|                                       |  |  | Universal  | S           | I |   | Short   | Long   |
| Logic                                 | <p>Reduce Underage Drinking</p> <p>Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District</p> | <p>Availability</p> <p>Retail merchant laws are not enforced</p> | <p>Universal-approximately 50 persons</p> <p>Local off-premise alcohol cashiers 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 1-2</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> |

|  |  |  |  |   |  |   |
|--|--|--|--|---|--|---|
|  |  |  |  | hours-renewable every 5years.<br><br>Encourage local law enforcement to provide regular checks. |  | Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2021, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle |
|--|--|--|--|---|--|---|

|                    |                                 |             |   |  |             |   |
|--------------------|---------------------------------|-------------|---|--|-------------|---|
|                    |                                 |             |   |  |             | Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2021, Maintain Daggett County at 3.3 in 2021 |
| Measures & Sources | Utah Crash Summary<br><br>SHARP | EASY Checks | Data forms by staff conducting training | Data forms by staff conducting training<br><br>EASY Check data | EASY Checks | Utah Crash Summary<br><br>SHARP   |

| Program Name PRI TEEN                 |                           |   | Cost 15,500   |   | Evidence Based: Yes |   |   |   |
|---------------------------------------|---------------------------|---|---|---|---------------------|---|---|---|
| Agency Northeastern Counseling Center |                           |   | Tier Level:   |   |                     |   |   |   |
|                                       | Goal                      | Factors                                       | Focus Population  |   |                     | Strategies  | Outcomes  |   |
|                                       |                           |   | U   | S | Indicated           |   | Short   | Long  |
| Logic                                 | Reduce underage drinking. | Favorable attitudes towards problem behaviors | Indicated-- approximately 50 people<br><br>Juveniles, age 14-18, referred by parents, teachers, school counselors, school nurses, youth workers, friends or courts in Uintah, Duchesne and Daggett Counties, and requesting PRI class from Northeastern Counseling Center |   |                     | Provide PRI class at Northeastern Counseling Center, one time a month, alternating between 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- | Decrease favorable attitudes by <b>increasing posttest scores from the pretest scores</b> by 15% or minimum score of 70% on post-test in every class. | Decrease 2011 30 day use rates 20% by 2020.<br><br>6 <sup>th</sup> 3.0 % to 2.4%<br><br>8 <sup>th</sup> 7.2 % to 5.8%<br><br>10 <sup>th</sup> 20.9 % to 16.7%<br><br>12 <sup>th</sup> 24.1 % to 19.3% |

|                    |            |                                      |  |   |                     |            |
|--------------------|------------|--------------------------------------|--|---|---------------------|------------|
|                    |            |                                      |  | two hour classes, depending on school hours and availability of instructor. |                     |            |
| Measures & Sources | SHARP DATA | PRI Pre/Post Tests<br><br>SHARP DATA | Credible attendance data.<br>Data tracking sheets. | Credible attendance data.<br>Data tracking sheets.                          | PRI Pre/Post Tests. | SHARP DATA |

| Program Name PRI Under 21             |  |   | Cost 15,500  |   | Evidence Based: Yes |   |   |   |
|---------------------------------------|--|---|--|---|---------------------|---|---|---|
| Agency Northeastern Counseling Center |  |   | Tier Level:  |   |                     |   |   |   |
|                                       | Goal   | Factors                                       | Focus Population   |   |                     | Strategies  | Outcomes  |   |
|                                       |  |   | U  | S | Indicated           |   | Short   | Long  |
| Logic                                 | Reduce alcohol related motor vehicle crashes | Favorable attitudes towards problem behaviors | Indicated—approximately 40 persons<br><br>Court-ordered under-age drinking offenders in Uintah, Duchesne and Daggett Counties age 18-20 requesting PRI class from Northeastern Counseling Center |   |                     | Provide PRI class at Northeastern Counseling Center, one time a month, alternating between 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- | Decrease favorable attitudes by <b>increasing posttest scores from the pretest scores</b> by 15% or minimum score of 70% on post-test in every class. | Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2021, in |

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|--|--|--|--|---|--|--|
|  |  |  |  | two hour classes,<br>depending on<br>availability of<br>instructor. |  | Duchesne<br>County<br>reduce<br>Alcohol<br>Related<br>Motor<br>Vehicle<br>Crashes<br>from 11.2<br>per 100<br>million<br>Vehicle<br>Miles<br>Traveled in<br>2012 to 10.2<br>per 100<br>million<br>Vehicle<br>Miles<br>Traveled in<br>2021,<br>Maintain<br>Daggett<br>County at<br>3.3 in 2021 |
|--|--|--|--|---|--|--|

|                    |                    |                    |   |   |                     |                    |
|--------------------|--------------------|--------------------|---|---|---------------------|--------------------|
| Measures & Sources | Utah Crash Summary | PRI Pre/Post Tests | Credible attendance data. Data tracking sheets. | Credible attendance data. Data tracking sheets. | PRI Pre/Post Tests. | Utah Crash Summary |
|--------------------|--------------------|--------------------|---|---|---------------------|--------------------|

| Program Name PRI DUI                  |  |   | Cost 35,812  |   | Evidence Based: Yes |  |   |   |
|---------------------------------------|--|---|--|---|---------------------|--|---|---|
| Agency Northeastern Counseling Center |  |   | Tier Level:  |   |                     |  |   |   |
|                                       | Goal   | Factors                                       | Focus Population   |   |                     | Strategies   | Outcomes  |   |
|                                       |  |   | U  | S | Indicated           |  | Short   | Long  |
| Logic                                 | Reduce alcohol related motor vehicle crashes | Favorable attitudes towards problem behaviors | <p>Indicated—100 persons</p> <p>Court-ordered DUI offenders age 21-99, living or working in Uintah, Duchesne, or Daggett Counties requesting PRI class from Northeastern Counseling Center</p> <p>Court-ordered DUI offenders under 21 years of age, living or working in Uintah, Duchesne, or Daggett Counties requesting PRI class from Northeastern Counseling Center</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. | Decrease favorable attitudes by <b>increasing posttest scores from the pretest scores</b> by 15% or minimum score of 70% on post-test in every class. | Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2021, in |

|  |  |  |   |  |  |   |
|--|--|--|---|--|--|---|
|  |  |  | <p>***16-18 year olds as needed</p> <p>***18-21 year olds as needed</p> | <p>****A class will be offered to those under the age of 21 on an as needed basis.</p> |  | <p>Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2021, Maintain Daggett County at 3.3 in 2021</p> |
|--|--|--|---|--|--|---|

|                    |                                |                    |  |  |                     |                    |
|--------------------|--------------------------------|--------------------|--|--|---------------------|--------------------|
| Measures & Sources | PRI Data<br>Utah Crash Summary | PRI Pre/Post Tests | Credible attendance data.<br>Data tracking sheets. | Credible attendance data.<br>Data tracking sheets. | PRI Pre/Post Tests. | Utah Crash Summary |
|--------------------|--------------------------------|--------------------|--|--|---------------------|--------------------|

| Program Name Prevention Dimensions    |   |  | Cost 2,000  |   | Evidence Based: Yes |  |  |  |
|---------------------------------------|---|--|---|---|---------------------|--|--|--|
| Agency Northeastern Counseling Center |   |  | Tier Level: 3   |   |                     |  |  |  |
|                                       | Goal  | Factors  | Focus Population  |   |                     | Strategies   | Outcomes   |  |
|                                       |   |  | Universal   | S | I                   |  | Short  | Long   |
| Logic                                 | Reduce alcohol 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<br><br>Prosocial interaction | Universal—approximately 200 persons<br><br>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.<br><br>Provide door prizes for teachers to attend trainings in Uintah, Duchesne, Daggett or Uintah | Decrease region attitudes favorable to drug use from 16.7% in 2011 to 16% by 2015.<br><br>Increase region prosocial involvement from 59.7% to 60.5% by 2015. | Decrease 2011 30 day alcohol use rates by 20% by 2021.<br><br>6 <sup>th</sup> 3.0 % to 2.4%<br><br>8 <sup>th</sup> 7.2 % to 5.8%<br><br>10 <sup>th</sup> 20.9 % to 16.7%<br><br>12 <sup>th</sup> 24.1 % to 19.3% |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  | <p>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>Provide ice cream parties with PD the Woolley Mammoth as rewards for classrooms with high returns on Mind Over Matter surveys by Uintah, Duchesne,</p> |  |  |
|--|--|--|--|--|--|--|

|                    |       |       |                      |  |       |       |
|--------------------|-------|-------|----------------------|--|-------|-------|
|                    |       |       |                      | <p>Daggett or Uintah River School 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 |                                    |   |   | Cost 37,000 |   | Evidence Based: Yes   |  |   |
|--|------------------------------------|---|---|-------------|---|---|--|---|
| Agency Northeastern Counseling Center          |                                    |   |   | Tier Level: |   |   |  |   |
|  | Goal                               | Factors   | Focus Population  |             |   | Strategies  | Outcomes   |   |
|  |                                    |   | Universal   | S           | I |   | Short  | Long  |
| Logic  | Reduce ATOD use in our communities | Low community attachment<br><br>Low commitment to schools | Universal—approximately 300 people<br><br>Key leaders, prevention minded community members in Uintah, Duchesne, and Daggett Counties. |             |   | Prepare local communities in Uintah, Duchesne, and Daggett County area for the five step process; assessment, capacity, planning, implementation, evaluation, and assessment while providing sustainability and | Increase prevention readiness from Stage 3.5 in 2015 to 4.0 in 2018. | Reduce ATOD use in our communities by reducing<br><br>Decrease 2011 30 day alcohol use rates by 20% by 2021.<br><br>6 <sup>th</sup> 3.0 % to 2.4% |

|                    |       |                            |   |                      |                            |  |
|--------------------|-------|----------------------------|---|----------------------|----------------------------|--|
|                    |       |                            |   | cultural competence. |                            | 8 <sup>th</sup> 7.2<br>% to 5.8%<br><br>10 <sup>th</sup> 20.9<br>% to 16.7%<br><br>12 <sup>th</sup> 24.1<br>% to 19.3%<br><br>30 day<br>tobacco use<br>from .5 in<br>2009 to .4 in<br>2021 |
| Measures & Sources | SHARP | Community Readiness Survey | Data tracking sheets, attendance sheets | Coalition minutes    | Community Readiness Survey | SHARP  |

| Program Name Youth Mental Health First Aid |                           |                     | Cost 4,000  |   | Evidence Based: Yes |   |  |  |
|--|---------------------------|---------------------|---|---|---------------------|---|--|--|
| Agency Northeastern Counseling Center      |                           |                     | Tier Level:   |   |                     |   |  |  |
|  | Goal                      | Factors             | Focus Population  |   |                     | Strategies  | Outcomes   |  |
|  |                           |                     | U   | S | I                   |   | Short  | Long   |
| Logic                                      | Reduce ATOD use in youth. | Depressive Symptoms | Universal<br>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 Center's group rooms in both Roosevelt and | Reduce depressive symptoms for LSAA All Grades by 5% from 35% in 2013 to 33.25% in 2015. | Alcohol 30 day use from 26.1% in 2011 to 22.19% in 2021. |

|                    |       |       |                      |  |       |       |
|--------------------|-------|-------|----------------------|--|-------|-------|
|                    |       |       |                      | 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 | SHARP | SHARP | Data Tracking sheets | Data Tracking sheets   | SHARP | SHARP |

|                                       |             |                     |
|---------------------------------------|-------------|---------------------|
| Program Name Mental Health First Aid  | Cost 4,000  | Evidence Based: Yes |
| Agency Northeastern Counseling Center | Tier Level: |                     |

|       | Goal                                  | Factors                   | Focus Population   |   |   | Strategies  | Outcomes   |  |
|-------|---------------------------------------|---------------------------|--|---|---|---|--|--|
|       |                                       |                           | U  | S | I |   | Short  | Long   |
| Logic | Reduce Binge Drinking rates in adults | Adult Depressive Symptoms | Universal<br><br>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. Classes will be held in Northeastern Counseling Center's group rooms in both Roosevelt and Vernal, and occasionally at Ute Crossings at the request of the Ute Indian Tribe. | 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 |

|                    |       |       |                      |  |       |       |
|--------------------|-------|-------|----------------------|--|-------|-------|
|                    |       |       |                      | Class will be taught in a one day, eight hour class. |       |       |
| Measures & Sources | BRFSS | BRFSS | Data Tracking sheets | Data Tracking sheets                                 | BRFSS | BRFSS |

|                                       |             |                           |
|---------------------------------------|-------------|---------------------------|
| Program Name Alternative Activities   | Cost 10,364 | Evidence Based: Not alone |
| Agency Northeastern Counseling Center | Tier Level: |                           |

|       | Goal             | Factors   | Focus Population   |  |   | Strategies  | Outcomes |      |
|-------|------------------|---|--|--|---|---|----------|------|
|       |                  |   | Universal  | S  | I   |   | Short    | Long |
| Logic | Reduce ATOD use. | <p>Increase community readiness</p> <p>Favorable attitudes towards ATOD use.</p> <p>Prosocial peers</p> | <p>Universal—15000 persons</p> <p>Community groups in Uintah, Duchesne, and Daggett Counties requesting ATOD information and local resources from Northeastern Counseling Center’s staff</p> | <p>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 to present consistent, community wide prevention messages.</p> | <p>Increase prevention readiness from Stage 3.5 in 2015 to 4.5 in 2018.</p> <p>Decrease region attitudes favorable to drug use from 16.7% in 2011 to 16% by 2015.</p> | <p>Decrease 2011 30 day alcohol use rates by 20% by 2021.</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> |          |      |

|                    |       |       |                      |                      |       |       |
|--------------------|-------|-------|----------------------|----------------------|-------|-------|
| Measures & Sources | SHARP | SHARP | Data Tracking sheets | WITS Tracking sheets | SHARP | SHARP |
|--------------------|-------|-------|----------------------|----------------------|-------|-------|

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

**Client Information**

|            |             |         |
|------------|-------------|---------|
| Last Name: | First Name: | Middle: |
|------------|-------------|---------|

**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 CENTER  
BILLING, COLLECTION AND FEE WAIVER PROCEDURES

Revised 05/2015

## Billing Procedures

It is important that clients pay their share of fees in full on a timely basis. Clients should be made aware from the beginning of services the amount of their fees and when they are due. The Agency has a responsibility to track and apply client payments, and provide accurate and timely statements. Clients have a responsibility to advise the Agency of any change in their income, insurance coverage, or change in financial circumstances that would affect their payments. Adjustments of fees can then be made according to the sliding fee scale or using a fee waiver. All charges for services follow the standard set by Medicaid Fee for service rate schedule.

1. Clients requesting services are to be given an initial paperwork packet that includes appropriate financial forms, i.e., Fee Policy, Appointment Scheduling and Cancellation Agreement, etc.
2. When the appropriate paperwork is returned from the client to request services, fees are set according to the sliding fee scale, which is the dollar amount that will be used to bill the client for the services they receive from Northeastern Counseling Center.

Notice is to be posted at front desk as follows:

**IMPORTANT NOTICE: NEW PAYMENT POLICY  
EFFECTIVE OCTOBER 1, 2004.**

- \*Payment of fees and insurance co-payments must be paid prior to receiving services.
- \*Payment arrangements for previous balances must be made with the billing office before further services can be provided.
- \*Failure to adhere to this policy will result in appointment cancelation and broken appointment charges.

3. Where applicable, all insurance information is to be completed and a copy of the insurance card obtained. Proper written authorization to bill the client's insurance and assignment to pay benefits to the Center must be collected.
4. The billing office will process claims and payments as needed with the appropriate charges then post to either self-pay or to the individual insurance companies.

5. Insurance payments received are posted and the remaining balance waterfalls down to the client or self-pay. This amount will either be the full remaining balance or according to the sliding fee scale, whichever is less.
6. Statements are produced at the first of each month. All clients who have a balance due will receive a statement for services with an amount due at this time. Each insurance account is set up according to plan benefits. All clients without insurance, or straight self-pay, will receive a statement for services based upon the fee set for them according to the sliding fee scale.
7. Each statement contains an aging of the account, i.e., 30, 60, 90 days. When the dollar amounts owing hit the 60 day aging, payment reminder notes are written or stamped on the statement noting a past due amount and encouraging payment. At 90 days aging, requests for payment are more firm.
8. Clients with Medicaid as the payment source are responsible for broken appointment charges only.
9. Efforts for collecting past due amounts are to be made through phone calls and/or letters which encourage clients to bring their account current or set up an agreeable payment arrangement.
10. In some instances, the business office may authorize discounts or other incentives to bring accounts current as directed by the Chief Financial Officer.
11. The billing office will apply standard business procedures in regards to aging of insurance accounts and timely follow up of pending claims.

## **Collection Procedures**

The purpose of the Collection Policy is to aid in the collecting of monies owed to Northeastern Counseling Center in a timely fashion and to promote responsibility for payment of fees by clients of Northeastern Counseling Center.

### **GUIDELINES**

1. Payment of fees and insurance co-payments must be paid prior to receiving services.
2. Payment arrangements for previous balances must be made with the billing office before further services can be provided.
3. Failure to adhere to this policy may result in appointment cancellation and broken appointment charges.

4. All closed Substance Abuse clients with balances 90 days and over with no current payment (within 30 days) may be sent to collections.
5. All closed Mental Health clients with balances 90 days and over with no current payment (within 30 days) may be sent to collections.
6. All open Mental Health and Substance Abuse clients with no payment within three (3) months and balances of \$500.00 or more (with therapist approval) may be sent to collections.
7. Any balance under \$100.00 will not be sent to collections.
8. Exceptions to these guidelines must be approved with the Billing Office under the direction of the Chief Financial Officer, or his designee.

Support Staff will be responsible to:

1. Set appropriate fees for services when clients present initial paperwork;
2. Inform and educate clients regarding current collection of fees policy;
3. Obtain and update correct billing addresses, phone numbers and insurance information including insurance card photocopies;
4. Collect fees and co-payments prior to clients receiving services in adherence with the guidelines herein; and,
5. Use every opportunity to attempt to collect outstanding balances in adherence with the guidelines herein.

## Fee Waiver Policies

Fee waiver requests do not have to be completed on routine adjustment of fees in accordance with the sliding fee scale.

If an Agency staff member believes that a client's fee should be waived or adjusted to be different than the sliding fee scale, or if the staff member believes that a portion or all of an outstanding balance should be waived, the following procedure applies:

1. NCC worker discusses the situation with his or her supervisor. If the supervisor agrees that a fee should be waived, and adjustments made, or a write-off is warranted, then the worker completes the Fee Waiver Request form.

2. Write-offs on active cases: Write-offs or fee waivers on outstanding accounts that are open cases can be accomplished according to the following guidelines:
  - a. Under \$250: Site Supervisor may approve.
  - b. Between \$250 and \$500: Requires the approval of the Site Supervisor and the Clinical Director.
  - c. Between \$500 and \$1000: Requires the approval of the Site Supervisor, the Clinical Director, and the CFO.
  - d. Over \$1000: Must be approved by the Administrative Team or the Executive Director.
  
3. Write-offs on closed cases: Write-offs on outstanding accounts that are closed cases can be accomplished according to the following guidelines.
  - a. Under \$250 aged over 90 days: Business office staff may write off the account with the approval of the billing supervisor.
  - b. Between \$251 and \$500 aged over 90 days: Business office staff may write off the account with the approval of the CFO or Clinical Director.
  - c. Over \$500 aged over 90 days: Write-off requests must be brought to the Administrative Team or Executive Director for approval.
  
4. Collections: Business office staff will make an attempt to pursue collections on past due accounts over 90 days in consultation with the assigned worker and the supervisor. If the client is still in services, the assigned worker and his or her supervisor have a responsibility to address the issue with client before further services can be provided. If a client with an outstanding balance whose case is closed requests that his or her case be reopened for services, the issue of the outstanding balance must be addressed at the time of the case opening.

# FY 16 Schedule

NCC

| 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 |  |

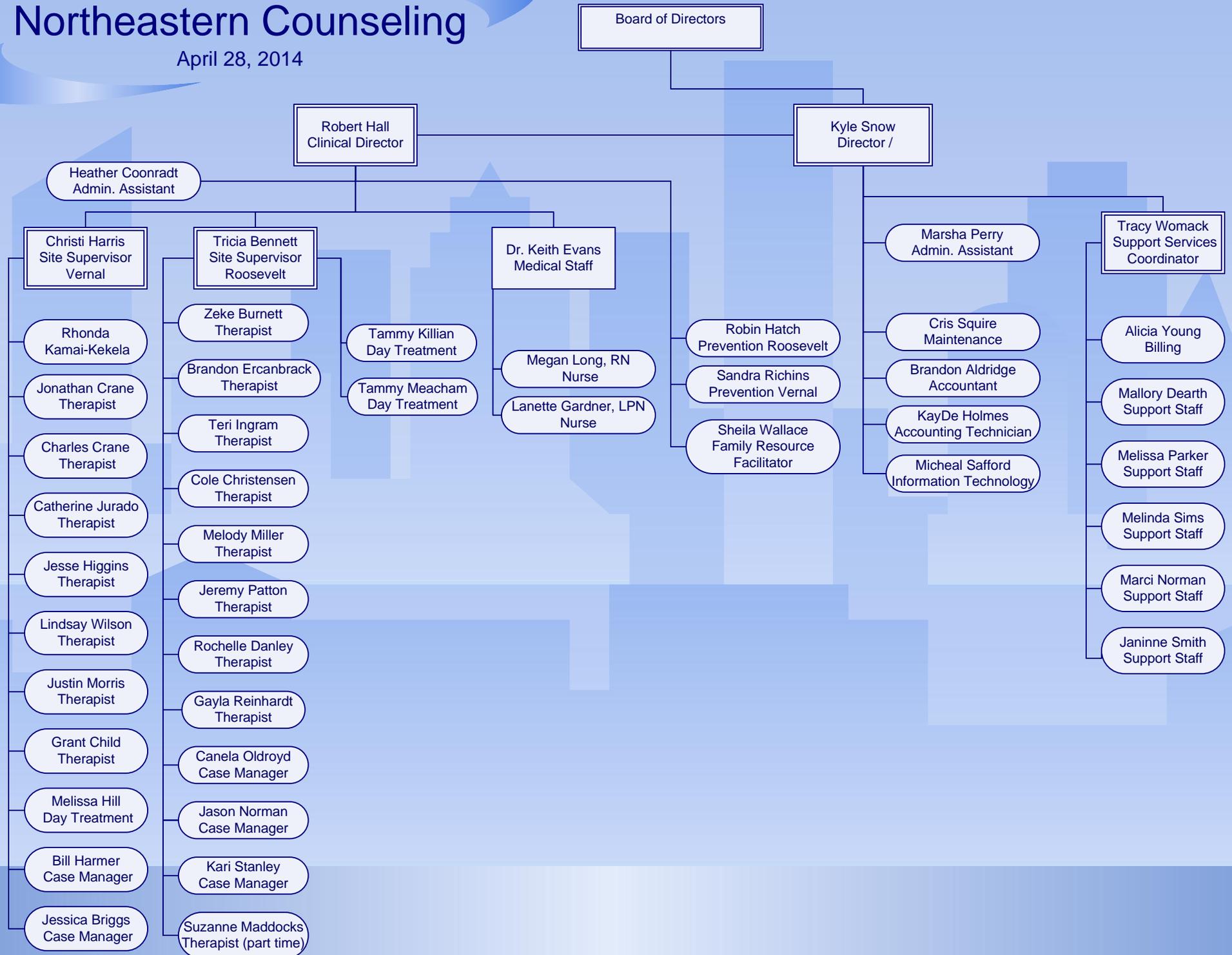
\* based on 2012 Poverty Guidelines

| 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

April 28, 2014



**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 122401 & 122402, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

**By:** \_\_\_\_\_

*(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)*

**PLEASE PRINT:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Derrick Tolletson*

*Board Chair*

*4/30/15*

| FY2016 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 FY2016 Revenue |
|--|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|---------------|----------------------|
|  | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |              |                                     |   |   |                         |   |               |                      |
| FY2016 Mental Health Revenue by Source | \$ 32,298          | \$ 712,772                                 | \$ 24,043                | \$ 92,757              | \$ 145,145                  | \$ 27,228               | \$ 2,260,000 | \$ 41,873                           | \$ 2,204                                  | \$ 300,000  | \$ 200,000              | \$ 130,000  | \$ 135,000    | \$ 4,103,320         |

| FY2016 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 FY2016 Expenditures Budget | Total Clients Served |
|---|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|----------------------|
|   | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |              |                                     |   |   |                         |   |                    |                                  |                      |
| Inpatient Care (170)  |                    | 120,000                                    |                          |                        |                             |                         | 236,449      |                                     |   |   |                         |   |                    | \$ 356,449                       | 145                  |
| Residential Care (171 & 173)  |                    |  |                          |                        | 25,000                      |                         |              |                                     |   |   |                         |   |                    | \$ 25,000                        | 20                   |
| Outpatient Care (22-24 and 30-50)   | 32,298             | 365,449                                    | 24,043                   | 92,757                 | 60,145                      |                         | 832,622      | 41,873                              |   | 139,000   | 150,000                 | 105,000   | 75,000             | \$ 1,918,187                     | 2,068                |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes)   |                    | 40,000                                     |                          |                        |                             |                         | 105,000      |                                     |   |   |                         |   |                    | \$ 145,000                       | 634                  |
| Psychotropic Medication Management (61 & 62)  |                    | 100,000                                    |                          |                        |                             |                         | 263,813      |                                     |   |   | 50,000                  | 25,000  |                    | \$ 438,813                       | 972                  |
| Psychoeducation Services (Vocational 80)<br>Psychosocial Rehabilitation (Skills Dev. 100)   |                    | 87,323                                     |                          |                        |                             |                         | 254,344      |                                     |   |   |                         |   |                    | \$ 341,667                       | 90                   |
| Case Management (120 & 130)   |                    |  |                          |                        |                             |                         | 295,000      |                                     |   | 66,000  |                         |   |                    | \$ 361,000                       | 158                  |
| Community Supports, including - Housing (174) (Adult)<br>- Respite services (150) (Child/Youth)   |                    |  |                          |                        |                             |                         |              |                                     |   |   |                         |   | 60,000             | \$ 60,000                        | 42                   |
| Peer Support Services (140):<br>- Adult Peer Specialist<br>- Family Support Services (FRF Database)   |                    |  |                          |                        | 10,000                      |                         | 15,000       |                                     |   | 45,000  |                         |   |                    | \$ 70,000                        | 57                   |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information |                    |  |                          |                        |                             |                         |              |                                     | 2,204                                     | 50,000  |                         |   |                    | \$ 52,204                        |                      |
| Services to persons incarcerated in a county jail or other county correctional facility   |                    |  |                          |                        | 50,000                      |                         |              |                                     |   |   |                         |   |                    | \$ 50,000                        | 133                  |
| Adult Outplacement (USH Liaison)  |                    |  |                          |                        |                             |                         | 35,000       |                                     |   |   |                         |   |                    | \$ 35,000                        | 10                   |
| Other Non-mandated MH Services  |                    |  |                          |                        |                             | 27,228                  | 222,772      |                                     |   |   |                         |   |                    | \$ 250,000                       | 141                  |
| FY2016 Mental Health Expenditures Budget  | \$ 32,298          | \$ 712,772                                 | \$ 24,043                | \$ 92,757              | \$ 145,145                  | \$ 27,228               | \$ 2,260,000 | \$ 41,873                           | \$ 2,204                                  | \$ 300,000  | \$ 200,000              | \$ 130,000  | \$ 135,000         | \$ 4,103,320                     |                      |

| FY2016 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 FY2016 Expenditures Budget | Total FY2016 Clients Served |
|--|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|-----------------------------|
|  | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |              |                                     |   |   |                         |   |                    |                                  |                             |
| ADULT                                    | -                  | 534,579                                    | 24,043                   | 42,757                 | 123,359                     | 20,421                  | 1,687,394    | 33,765                              |   | 150,000   | 150,000                 | 97,500  | 101,250            | \$ 2,965,068                     | 2,097                       |
| YOUTH/CHILDREN                           | 32,298             | 178,193                                    |                          | 50,000                 | 21,786                      | 6,807                   | 572,606      | 8,108                               | 2,204                                     | 150,000   | 50,000                  | 32,500  | 33,750             | \$ 1,138,252                     | 1,163                       |
| Total FY2016 Mental Health Expenditures  | \$ 32,298          | \$ 712,772                                 | \$ 24,043                | \$ 92,757              | \$ 145,145                  | \$ 27,228               | \$ 2,260,000 | \$ 41,873                           | \$ 2,204                                  | \$ 300,000  | \$ 200,000              | \$ 130,000  | \$ 135,000         | \$ 4,103,320                     | 3,260                       |

| FY2016 Mental Health Revenue           | State General Fund |  | County Funds                |                         | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Revenue | TOTAL FY2016 Revenue |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|---------------|----------------------|
|  | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                         |   |               |                      |
| FY2016 Mental Health Revenue by Source | \$ 32,298          | \$ 53,525                                  | \$ 17,165                   |                         | \$ 75,000    |                         |   |               | \$ 177,988           |

| FY2016 Mental Health Expenditures Budget | State General Fund |  | County Funds                |                         | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Expenditures | TOTAL FY2016 Expenditures Budget | Total Clients Served | TOTAL FY2016 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  | 29,068             | 48,172                                     | 15,449                      |                         | 67,500       |                         |   |                    | \$ 160,189                       | 92                   | \$ 1,741                        |
| School Based Behavioral Health-ADMIN     | 3,230              | 5,353                                      | 1,716                       |                         | 7,500        |                         |   |                    | \$ 17,799                        |                      |                                 |
| FY2016 Mental Health Expenditures Budget | \$ 32,298          | \$ 53,525                                  | \$ 17,165                   | \$ -                    | \$ 75,000    | \$ -                    | \$ -  | \$ -               | \$ 177,988                       | 92                   | \$ 1,935                        |

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

**FY2016 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>FY2016 Expected Cost/Client Served</b> |
|---|----------------------------|-----------------------|---|
| <b>Inpatient Care Budget</b>                                  |                            |                       |   |
| \$ (36,870)   | ADULT                      | 130                   | \$ (284)                                  |
| \$ 36,870   | CHILD/YOUTH                | 15                    | \$ 2,458                                  |
| <b>Residential Care Budget</b>                                |                            |                       |   |
| \$ (5,000)  | ADULT                      | 18                    | \$ (278)                                  |
| \$ 5,000  | CHILD/YOUTH                | 2                     | \$ 2,500                                  |
| <b>Outpatient Care Budget</b>                                 |                            |                       |   |
| \$ (708,644)  | ADULT                      | 1,250                 | \$ (567)                                  |
| \$ 783,644  | CHILD/YOUTH                | 818                   | \$ 958                                    |
| <b>24-Hour Crisis Care Budget</b>                             |                            |                       |   |
| \$ (43,910)   | ADULT                      | 444                   | \$ (99)                                   |
| \$ 43,910   | CHILD/YOUTH                | 190                   | \$ 231                                    |
| <b>Psychotropic Medication Management Budget</b>              |                            |                       |   |
| \$ (45,000)   | ADULT                      | 808                   | \$ (56)                                   |
| \$ 45,000   | CHILD/YOUTH                | 164                   | \$ 274                                    |
| <b>Psychoeducation and Psychosocial Rehabilitation Budget</b> |                            |                       |   |
| \$ (22,000)   | ADULT                      | 80                    | \$ (275)                                  |
| \$ 22,000   | CHILD/YOUTH                | 10                    | \$ 2,200                                  |
| <b>Case Management Budget</b>                                 |                            |                       |   |
| \$ (62,000)   | ADULT                      | 136                   | \$ (456)                                  |
| \$ 62,000   | CHILD/YOUTH                | 22                    | \$ 2,818                                  |
| <b>Community Supports Budget (including Respite)</b>          |                            |                       |   |
| \$ 45,000   | ADULT (Housing)            | 25                    | \$ 1,800                                  |
| \$ 15,000   | CHILD/YOUTH (Respite)      | 17                    | \$ 882                                    |
| <b>Peer Support Services Budget</b>                           |                            |                       |   |
| \$ (35,000)   | ADULT                      | 40                    | \$ (875)                                  |
| \$ 35,000   | CHILD/YOUTH (includes FRF) | 17                    | \$ 2,059                                  |
| <b>Consultation &amp; Education Services Budget</b>           |                            |                       |   |
| \$ (26,000)   | ADULT                      |                       |   |
| \$ 26,000   | CHILD/YOUTH                |                       |   |
| <b>Services to Incarcerated Persons Budget</b>                |                            |                       |   |
| \$ -  | ADULT Jail Services        | 133                   | \$ -                                      |
| <b>Outplacement Budget</b>                                    |                            |                       |   |
| \$ -  | ADULT                      | 10                    | \$ -                                      |
| <b>Other Non-mandated Services Budget</b>                     |                            |                       |   |
| \$ (63,828)   | ADULT                      | \$ 105                | \$ (608)                                  |
| \$ 63,828   | CHILD/YOUTH                | \$ 36                 | \$ 1,773                                  |

**Summary**

|                |                      |
|----------------|----------------------|
| <b>Totals</b>  |                      |
| \$ (1,003,252) | Total Adult          |
| \$ 1,138,252   | 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> |             |        |
| \$ 42,757                       | ADULT       | \$ 142 |
| \$ 50,000                       | CHILD/YOUTH | \$ 625 |
| <b>Unfunded (all other)</b>     |             |        |
| \$ 350,000                      | ADULT       | \$ 581 |
| \$ 150,000                      | CHILD/YOUTH | \$ 633 |

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Northeastern

Local Authority

Form B

| FY2016 Substance Use Disorder Treatment Revenue       | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2016 Revenue |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|--|----------------------|
| Drug Court  | 118,584                                 | 20,000                              |                   |  |                                      | 40,000           |                        |                                  |   |                                       |   |  | \$178,584            |
| Drug Offender Reform Act                              |   |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |  | \$0                  |
| Local Treatment Services                              | 191,064                                 | 100,000                             | 136,242           | 85,461                                   |                                      | 240,000          | 224,357                | 44,667                           |   | 50,000                                | 115,000   |  | \$1,186,791          |
| Total FY2016 Substance Use Disorder Treatment Revenue | \$309,648                               | \$120,000                           | \$136,242         | \$85,461                                 | \$0                                  | \$280,000        | \$224,357              | \$44,667                         | \$0   | \$50,000                              | \$115,000   | \$0  | \$1,365,375          |

| FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care               | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2016 Expenditures | Total FY2016 Client Served |
|--|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|---------------|---------------------------|----------------------------|
| Assessment Only  | 25,000                                  |                                     | 50,000            |  |                                      | 25,000           | 25,000                 |                                  |   |                                       | 10,000  |               | \$135,000                 | 422                        |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)                     |   |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |               | \$0                       |                            |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)                       |   | 30,000                              |                   |  |                                      | 60,000           |                        |                                  |   |                                       |   |               | \$90,000                  | 10                         |
| Outpatient (Methadone: ASAM I)   |   |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |               | \$0                       |                            |
| Outpatient (Non-Methadone: ASAM I)   | 237,648                                 | 90,000                              | 86,242            | 85,461                                   |                                      | 195,000          | 199,357                | 44,667                           |   | 50,000                                | 105,000   |               | \$1,093,375               | 702                        |
| Intensive Outpatient (ASAM II.5 or II.1)   |   |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |               | \$0                       |                            |
| Recovery Support (includes housing, peer support, case management and other non-clinical ) | 7,000                                   |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |               | \$7,000                   |                            |
| Drug testing   | 40,000                                  |                                     |                   |  |                                      |                  |                        |                                  |   |                                       |   |               | \$40,000                  |                            |
| FY2016 Substance Use Disorder Treatment Expenditures Budget                                | \$309,648                               | \$120,000                           | \$136,242         | \$85,461                                 | \$0                                  | \$280,000        | \$224,357              | \$44,667                         | \$0   | \$50,000                              | \$115,000   | \$0           | \$1,365,375               | 1,134                      |

| FY2016 Substance Use Disorder Treatment Expenditures Budget By Population                         | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2016 Expenditures |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|---------------|---------------------------|
| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | 50,893                                  | 28,723                              | 33,788            | 20,330                                   |                                      | 67,021           | 53,704                 | 44,667                           |   | 11,968                                | 27,526  |               | \$338,621                 |
| All Other Women (18+)   | 46,459                                  | 24,077                              | 24,524            | 17,042                                   |                                      | 56,179           | 45,017                 |                                  |   | 10,032                                | 23,074  |               | \$246,403                 |
| Men (18+)   | 184,827                                 | 60,000                              | 77,930            | 42,989                                   |                                      | 140,000          | 112,175                |                                  |   | 25,000                                | 57,500  |               | \$700,421                 |
| Youth (12- 17) (Not Including pregnant women or women with dependent children)                    | 27,469                                  | 7,200                               |                   | 5,100                                    |                                      | 16,800           | 13,461                 |                                  |   | 3,000                                 | 6,900   |               | \$79,930                  |
| Total FY2016 Substance Use Disorder Expenditures Budget by Population Served                      | \$309,648                               | \$120,000                           | \$136,242         | \$85,461                                 | \$0                                  | \$280,000        | \$224,357              | \$44,667                         | \$0   | \$50,000                              | \$115,000   | \$0           | \$1,365,375               |

| Total FY2016<br>Cost/ Client<br>Served |
|--|
| \$320                                  |
| #DIV/0!                                |
| \$9,000                                |
| #DIV/0!                                |
| \$1,558                                |
| #DIV/0!                                |
| #DIV/0!                                |
| #DIV/0!                                |
| \$1,204                                |

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Northeastern Counseling Center  
Local Authority

Form B1

| FY2016 DORA and Drug Court Expenditures Budget by Level of Care                            | Drug Offender Reform Act( DORA) | Felony Drug Court | Family Drug Court | Juvenile Drug Court | TOTAL FY2016 Expenditures |
|--|---------------------------------|-------------------|-------------------|---------------------|---------------------------|
| Assessment Only  |                                 |                   |                   |                     | 0                         |
| Detoxification:<br>ASAM IV-D or III.7-D) (ASAM III.2-D)<br>ASAM I-D or II-D)               |                                 |                   |                   |                     | 0                         |
| Residential Services<br>(ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)                    |                                 |                   |                   |                     | 0                         |
| Outpatient<br>(Methadone: ASAM I)  |                                 | 131,584           |                   |                     | 131,584                   |
| Outpatient<br>(Non-Methadone: ASAM I)  |                                 |                   |                   |                     | 0                         |
| Intensive Outpatient<br>(ASAM II.5 or II.1)  |                                 |                   |                   |                     | 0                         |
| Recovery Support (includes housing, peer support, case management and other non-clinical ) |                                 | 7,000             |                   |                     | 7,000                     |
| Drug testing   |                                 | 40,000            |                   |                     | 40,000                    |
| <b>FY2016 DORA and Drug Court Expenditures Budget</b>                                      | <b>0</b>                        | <b>178,584</b>    | <b>0</b>          | <b>0</b>            | <b>178,584</b>            |

| FY2016 Substance Abuse Prevention Revenue | State Funds                             |                                     |                   | County Funds                             |                                      | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2016 Revenue |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|----------------------|
|   | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match |                  |                         |                                    |   |                                       |   |  |                      |
| FY2016 Substance Abuse Prevention Revenue |   |                                     |                   |  |                                      |                  | \$ 115,296              | \$ 17,364                          |   |                                       | \$ 17,000   | \$ 20,000                                      | \$ 169,660           |

| FY2016 Substance Abuse Prevention Expenditures Budget | State Funds                             |                                     |                   | County Funds                             |                                      | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | Projected number of clients served | TOTAL FY2016 Expenditures | TOTAL FY2016 Evidence-based Program Expenditures |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|
|   | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match |                  |                         |                                    |   |                                       |   |  |                                    |                           |  |
| Universal Direct                                      |   |                                     |                   |  |                                      |                  | 85,000                  | 7,364                              |   |                                       | 2,000   |  | 30,700                             | \$ 94,364                 | \$ 80,000  |
| Universal Indirect                                    |   |                                     |                   |  |                                      |                  | 8,684                   |                                    |   |                                       |   |  | 30,000                             | \$ 8,684                  | \$ 8,684   |
| Selective Services                                    |   |                                     |                   |  |                                      |                  |                         |                                    |   |                                       |   |  |                                    | \$ -                      |  |
| Indicated Services                                    |   |                                     |                   |  |                                      |                  | 21,612                  | 10,000                             |   |                                       | 15,000  | 20,000   | 200                                | \$ 66,612                 | \$ 66,812  |
| FY2016 Substance Abuse Prevention Expenditures Budget | \$ -                                    | \$ -                                | \$ -              | \$ -                                     | \$ -                                 | \$ -             | \$ 115,296              | \$ 17,364                          | \$ -  | \$ -                                  | \$ 17,000   | \$ 20,000                                      | \$ 60,900                          | \$ 169,660                | \$ 155,496                                       |

| SAPT Prevention Set Aside       | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total      |
|---------------------------------|---------------------------|-----------|--------------|-----------------------------------|-------------------------|---------------|------------|
| Primary Prevention Expenditures | \$ 8,684                  | \$ 66,812 | \$ 9,364     | \$ 2,800                          | \$ 22,636               | \$ 5,000      | \$ 115,296 |