

## 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.

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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 per service.

### **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.

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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 services, 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 - FY16 Amount Budgeted: 319,579*

*Form A1 - FY17 Amount Budgeted: 261,215*

*Form A – FY16 Projected Clients Served: 130*

*Form A – FY17 Projected Clients Served: 140*

**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.**

Inpatient services utilized by Northeastern Counseling are predominantly provided at Provo Canyon Behavioral Hospital and the ARTC. However, given the continued increased demand for inpatient services, other hospitals are also utilized in the IHC system, University of Utah Neuropsychiatric Institute, etc. As NCC provides admission services for unfunded, insured, Medicare and Medicaid the Center will use 8 to 9 different inpatient providers each year due to beds being full, insurance coverage, or special needs e.g. geriatric. NCC has been forced to utilize beds as far away as St. George during the spring of 2016 due to no other available beds at the previous 14 hospitals contacted. NCC employs a liaison that lives in Utah County. The liaison provides discharge planning for Utah county admissions and USH clients.

In addition to admission services for all payers, 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 at the time of admission or upon discharge.

NCC arranges all psychiatric care needed at local Emergency Rooms, etc. regardless of payer and receives no reimbursement from hospitals for these services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

A difference in allocation methodology is being used this year based on Cost Study data. Overall the inpatient budget has remained similar to last fiscal year. However, more money has been allocated to youth from the adult budget due to an increase in Medicaid adolescent inpatient costs over the past year.

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

None

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

*Form A1 - FY16 Amount Budgeted: 36,870*

*Form A1 - FY17 Amount Budgeted: 96614*

*Form A – FY16 Projected Clients Served: 15*

*Form A – FY17 Projected Clients Served: 15*

**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 FY2016, 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.

During the last fiscal year the Center has experienced an increase in adolescent admissions to the psychiatric units for both Medicaid and insured youth.

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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

During the last fiscal year the Center has experienced an increase in adolescent admissions to the psychiatric units for both Medicaid and insured youth. The budget has been increased to cover anticipated Medicaid youth hospitalized in the coming year based on last year's utilization.

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

None

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

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

*Form A1 - FY17 Amount Budgeted: 22,500*

*Form A – FY16 Projected Clients Served: 18*

*Form A – FY17 Projected Clients Served: 18*

**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 SMI 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change

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

None

Form A – Mental Health Budget Narrative

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

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

*Form A1 - FY17 Amount Budgeted: 2,500*

*Form A – FY16 Projected Clients Served: 2*

*Form A – FY17 Projected Clients Served: 2*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The budget has been reduced to reflect actual costs for the past year.

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

None

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

*Form A1 - FY16 Amount Budgeted: 1,134,543*

*Form A1 - FY17 Amount Budgeted: 1419599*

*Form A – FY16 Projected Clients Served: 1250*

*Form A – FY17 Projected Clients Served: 1300*

**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 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. The Center believes that its Mental Health First Aid program, school treatment programs and community efforts regarding suicide prevention and other national trends have reduced stigma and increased awareness locally. More individuals are seeking outpatient services than ever before. This increase in demand and limited therapist capacity is a growing challenge that NCC is managing and adapting on a daily basis to remain a community mental health center.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

A difference in allocation methodology is being used this year based on Cost Study data to more accurately reflect costs associated with these services. The Basin's population is anticipated to decrease this year with the serious economic down turn. However, it is also anticipated that demand for services will continue to increase slightly based on trends over the past two years.

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

The Center remains committed to serve the entire community and does not wish to implement any significant treatment program changes related to outpatient services. However, this is becoming increasingly difficult with other treatment obligations such as substance use disorder treatment, School Services, PMHP Contract obligations and funding, sustained increases in crisis services provided by therapists and challenges in recruiting therapists. The Center enjoys a low turnover rate. However, when turnover occurs and demands increase simultaneously, recruitment of individuals from outside the area is needed. The Center continues to offer signing bonuses with a two year commitment, a fair salary package and NHSC.

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 833732*

*Form A – FY16 Projected Clients Served: 818*

*Form A – FY17 Projected Clients Served: 850*

**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 and UT YES funding. The Center sends a therapist to Manila, UT one day week which has provided access to the community's children and youth. The Center is now providing services in the two largest high schools in the Basin.

The Center also provides a therapist to the Vernal FQHC 12 hours a week where children and youth may also be seen for health care and therapy services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

A difference in allocation methodology is being used this year based on Cost Study data to more accurately reflect costs associated with these services. The Basin's population is anticipated to decrease this year with the serious economic down turn. However, it is also anticipated that demand for services from the population present will continue to increase slightly based on trends over the past two years.

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

The Center remains committed to serve the entire community and does not wish to implement any significant treatment program changes related to outpatient services for children and youth that are not covered by Medicaid. However, this is becoming increasingly difficult with other treatment obligations such as substance use disorder treatment, School Services, PMHP Contract obligations and funding, sustained increases in crisis services provided by therapists and challenges in recruiting therapists. The Center enjoys a low turnover rate. However, when turnover occurs and demands increase simultaneously, recruitment of individuals from outside the area is needed. The Center continues to offer signing bonuses with a two year commitment, a fair salary package and NHSC.

Form A – Mental Health Budget Narrative

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

*Form A1 - FY16 Amount Budgeted: 101,090*

*Form A1 - FY17 Amount Budgeted: 109500*

*Form A – FY16 Projected Clients Served: 444*

*Form A – FY17 Projected Clients Served: 450*

**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 to 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The Center hopes that the demand for crisis services has peaked and will level off in the coming year. The Center's population will have some decrease in the coming year but stressors and other factors will remain and possibly increase demand for crisis services among the remaining population. The number of clients served was based on data for the last 12 months.

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

The Center hopes to avoid any significant program changes in crisis services over the coming year. The increased demand for these services over the past two years is taxing NCC treatment resources on several fronts as therapist time dedicated to outpatient services is diverted to accommodate for day time emergencies provided in the office, Emergency Rooms, Schools and Jails/Detention. A myriad of options have been and will continue to be explored and implemented to increase efficiency and encourage other entities to become more self-reliant. The majority of these services are not scheduled. Over half of the adult crisis services are provided in community settings requiring travel to Jails and Emergency Rooms. Where possible during day time hours, cancellation and no show hours are utilized prior to cancelling and rescheduling of existing consumers. The majority of these services are not provided to Medicaid recipients.

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 40500*

*Form A – FY16 Projected Clients Served: 190*

*Form A – FY17 Projected Clients Served: 150*

**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.

These services for youth have included and will continue to include post suicide interventions at schools and other trauma crisis related interventions with the schools.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We overestimated the unduplicated number of youth for this service last year and the number of children and youth served is being adjusted to match the last 12 months. Last year's guestimate was based on a sharp increase in children youth crisis services the previous year. Crisis services for children and youth have not decreased and only the unique client count is being reduced.

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

The Center hopes to avoid any significant program changes in crisis services over the coming year. The increased demand for these services over the past two years is taxing NCC treatment resources on several fronts as therapist time dedicated to outpatient services is diverted to accommodate for day time emergencies provided in the office, Emergency Rooms, Schools and Jails/Detention. A myriad of options have been and will continue to be explored and implemented to increase efficiency and encourage other entities to become more self-reliant. The report card data does not reflect the actual number of children/youth emergency service clients. The number unduplicated client counts found on the report card for emergency services does not match the data submitted to the Division. We believe the reason for this is that services provided at the JJS facility are coded as Jail and are not counted under emergency services. Over half of the children/youth crisis services are provided in community settings requiring travel to the Split Mountain YDC, schools and Emergency Rooms. Where possible during day time hours, cancellation and no show hours are utilized prior to cancelling and rescheduling of existing consumers.

Form A – Mental Health Budget Narrative

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY16 Amount Budgeted: 393,813*

*Form A1 - FY17 Amount Budgeted: 455103*

*Form A – FY16 Projected Clients Served: 808*

*Form A – FY17 Projected Clients Served: 772*

**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. For example, NCC has entered into a contract with RISE to provide medication services to that special population with co-occurring disorders.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The client count has been reduced based on actual numbers from the past 12 months. Costs have increased due to nurse and physician contract increases and more accurately reflect cost study data.

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

The Center anticipates needing to make additional changes in the coming year as to whom will be served by the Center's prescriber. This is necessary due to the patient load verses available service time. NCC continues to serve a disproportionate amount of individuals for Medication services compared to any other area of the State. Changes will need to be made to ensure adequate access for mandated populations. One example of a change may be individuals receiving therapy services that are also referred for medication management and that have insurance. These individuals may be referred to their primary care provider when it's anticipated that mood stabilizers and antipsychotics will not be part of treatment. The Center will make this and other changes incrementally so that resources will first go to SMI, individuals at immediate risk, MAT, individuals no other access and Medicaid enrollees.

Form A – Mental Health Budget Narrative

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

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

*Form A1 - FY17 Amount Budgeted: 34255*

*Form A – FY16 Projected Clients Served: 164*

*Form A – FY17 Projected Clients Served: 180*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The budget amount change is based on the cost report and more accurately reflects the percentage of adult verses youth services. Less cost allocated to youth based on percentages of cost.

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

The Center anticipates using tele psychiatry more in the coming year for Medicaid enrollees with more complicated needs. This will depend on the availability of the service and parent/guardian choice. The Center feels that this service will continue to grow as access to child psychiatry in both urban and rural areas remains difficult.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: 319,667*

*Form A1 - FY17 Amount Budgeted: 235039*

*Form A – FY16 Projected Clients Served: 80*

*Form A – FY17 Projected Clients Served: 88*

**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 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.

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 has and provided some rehabilitation services to adults under 25 years of age that do not have Medicaid.

Day treatment programs also include group therapy on a limited basis however, those services are not included in this budget.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The budget amount change is based on the cost report and more accurately reflects skill services provided and the actual cost to provide those services.

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

None

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 15,002*

*Form A – FY16 Projected Clients Served: 10*

*Form A – FY17 Projected Clients Served: 26*

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

The Center made efforts to develop additional skill groups in the past year for Medicaid eligible youth and more individual skill youth have been served. 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

A newly formed summer time group and increased individual skills to youth explains the increase in the projected clients for the coming year. The budget difference is based on Cost Study numbers that more accurately reflect the cost to provide the services. The increase in client count is based on actual numbers for past 12 months.

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

None

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY16 Amount Budgeted: 299,000*

*Form A1 - FY17 Amount Budgeted: 330810*

*Form A – FY16 Projected Clients Served: 136*

*Form A – FY17 Projected Clients Served: 110*

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

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

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

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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The client count has been adjusted to reflect actual individuals served over the past 12 months. Budget reflects cost study data adjustments.

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

None

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: 62,000*

*Form A1 - FY17 Amount Budgeted: 21116*

*Form A – FY16 Projected Clients Served: 22*

*Form A – FY17 Projected Clients Served: 22*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The anticipated clients served has not been changed for the coming year. The Budget difference was made based on updated Cost Study Data for this service.

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

None

Form A – Mental Health Budget Narrative

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

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

*Form A1 - FY17 Amount Budgeted: 45,000*

*Form A – FY16 Projected Clients Served: 25*

*Form A – FY17 Projected Clients Served: 25*

**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 SMI 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 or evicted 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, substance use, ongoing property damage, etc. 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. The Center subsidizes both housing programs.

The Center provides in home housing supports for the majority of individuals in NCC housing and to other individuals living in housing not associated with NCC. The Center works with housing authorities and owners to help clients be compliant with housing standards so that their housing is not at risk.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

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

One of NCC's Roosevelt TLC apartments was destroyed by fire. The occupying client was not home at the time and fortunately adjoining apartments were spared from direct fire, smoke and water damage. For approximately, two months in the current year, this apartment will not be available.

With the significant down turn in the local economy the apartment industry has changed immediately. This has opened some opportunities for more affordable rent for a limited number of individuals.

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 15000*

*Form A – FY16 Projected Clients Served: 17*

*Form A – FY17 Projected Clients Served: 17*

**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. As the Center continues to provide services to all children/youth regardless of payer source and SED status, the percentage of NCC consumers eligible for respite will remain low compared to the overall number of consumers served. If it becomes necessary in the future to focus treatment resources on SED youth only, the Center would anticipate the percentage of respite services to increase relative to the number of youth/children served.

The Center also refers younger children to the Family Support Center for respite. Adolescents may be referred to the receiving center under certain circumstances.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We anticipate providing more respite services per client but the count of clients remaining at or around 17.

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

None

Form A – Mental Health Budget Narrative

**1q) Adult Peer Support Services**

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

*Form A1 - FY17 Amount Budgeted: 44100*

*Form A – FY16 Projected Clients Served: 40*

*Form A – FY17 Projected Clients Served: 40*

**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 hired a Peer Support person who has completed the Peer Support Training and certification as of April 2015. 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. The majority of the services are provided in Duchesne county.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Actual numbers served has been lower during the initial year but the hope is to increase to projected numbers. Costs are more closely in line with cost study data.

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

None

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 25900*

*Form A – FY16 Projected Clients Served: 17*

*Form A – FY17 Projected Clients Served: 15*

**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. During FY16 there has not been substantial Peer support services recorded by the FRF in the EMR but this will improve in the coming year. The FRF is located in Roosevelt and actively seeks referrals and opportunities to provide Peer Support. Recently this has included expanding services to the Vernal location for two high risk children that will provide additional Peer Support opportunities. The Center's adult Peer Support provider has also provided Peer Support to 16 and 17 years olds under the UT YES grant. That provider has completed both youth and adult training.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The budget amount has been adjusted to more accurately reflect cost.

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

none

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: 26,204*

*Form A1 - FY17 Amount Budgeted: 25,000*

*Form A – FY16 Projected Clients Served:*

*Form A – FY17 Projected Clients Served:*

**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 5 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 Manila, UT. Over 600 hundred community members have been trained in Mental Health First Aid in the Uintah Basin. The Center on average is providing two to three public safety trainings a year where all jurisdictions are invited and attend.

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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No Significant Change

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

None

Form A – Mental Health Budget Narrative

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

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

*Form A1 - FY17 Amount Budgeted: 25,000*

*Form A – FY16 Projected Clients Served:*

*Form A – FY17 Projected Clients Served:*

**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 5 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 even more school support services in the coming year. In the past year this also included consultation and education services to the area's largest charter school. Suicide education required for teachers is provided by NCC in two of the three local districts including being involved in the parent suicide education meetings. 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 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change

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

No significant change

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

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

*Form A1 - FY17 Amount Budgeted: 50,000*

*Form A – FY16 Projected Clients Served: 133*

*Form A – FY17 Projected Clients Served: 133*

**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 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant change

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

No change

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

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

*Form A1 - FY17 Amount Budgeted: 35,000*

*Form A – FY16 Projected Clients Served: 10*

*Form A – FY17 Projected Clients Served: 10*

**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 or rent free housing with NCC for those with no entitlements, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center recently provided emergency housing, food, bedding, and house hold items for an individual released from a psychiatric hospital with no other housing options and no immediate funding available. 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 or awarded 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No Change

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

None

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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 - FY16 Amount Budgeted: 392,757*

*Form A1 - FY17 Amount Budgeted: 389095*

*Form A – FY16 Projected Clients Served: 904*

*Form A – FY17 Projected Clients Served: 1,150*

**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 as there are limited options for these individuals locally. This commitment is becoming increasingly difficult due to payer mix, therapist shortages and increased demand in mental health services. The Center will serve adults regardless of funding source as far as resources allow.

The Center uses the funding to provide outpatient services at current service locations to adults that have inadequate or no funding and would otherwise discontinue or not have access mental health services. The Center continues to serve adults that have no coverage for services. Unfunded services may include therapy, limited case management, crisis services, medication services and ongoing treatment.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The Center has continued to see an increase of unfunded/underfunded individuals. A small part of this may be due to economic circumstances locally and at the same time increased demand for mental health services. Even as the numbers of unfunded/underfunded increase the amount available to serve the population will remain the same.

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

No significant change

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: 200,000*

*Form A1 - FY17 Amount Budgeted: 189095*

*Form A – FY16 Projected Clients Served: 317*

*Form A – FY17 Projected Clients Served: 456*

**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. This is becoming increasingly difficult due to payer mix and a lack of therapist time while there is an increase demand in services being provided. The Center will serve children and youth regardless of funding source as far as resources allow.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The increased number of projected clients is based on the last 12 months of data.

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

No significant change

**Form A – Mental Health Budget Narrative**

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

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

*Form A1 - FY17 Amount Budgeted: 314305*

*Form A – FY16 Projected Clients Served: 141*

*Form A – FY17 Projected Clients Served: 161*

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

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

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

There has been an increase in the transportation demands over the past 12 months and the amount budgeted has been adjusted for this change.

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

No significant change

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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 now has a half time employment specialist that will be providing evidence based employment services. That employee has completed initial training and is continuing to progress with clients. In addition, 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, interacting with employers as issues arise, 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.

**• 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 Basin's serious economic downturn in the past year will significantly limit available options for competitive employment.

**• Employment of consumers as staff**

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

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

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

The Center employs a Peer Support Person that is certified to serve adult and youth. The employee is not an active consumer at NCC. The Center employs a FRF whose dependent is actively involved in NCC services.

**• Evidence-Based Supported Employment**

The Center has a half time employee that attended the March 2016 training and will implement the evidence based program in the coming year.

### **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 and consultations. The Center has three therapists that have completed EMDR. One therapist is certified and a supervisor in EMDR in the near future. The Center provides an annual training budget and hours for all therapists and case managers. The Center will be expanding the training and use of DBT in the coming year and it is hoped that two to three therapists may be able to attend Cognitive Processing Therapy. Ten therapists in the coming year will complete the CAMS training.

- **Outcome Based Practices**

The Center is actively attempting to increase the number of YOQ and OQ measures completed. Completing the measure is only one part of the practice and training to therapists have been provided on using the measure as feedback. The Center has implemented the CSSRS and is actively involved in the State Wide PIP.

- **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 has seen increased consumer requests over the past several years as can be identified on the report cards. NCC is serving an extremely high ratio of consumers for the population. The Center hopes to remain a community service provider regardless of funding for the individual but resources are being challenged. It will be essential for the Center to recruit therapists to maintain capacity.

- **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. The challenge currently is finding available appointment slots for non-Medicaid individuals following evaluation with the significant increase in non-Medicaid individuals seeking services over the past three years. As a rural Center, therapists must treat a variety treatment populations, complete training for those populations, cover on call, day time emergencies and fill special assignments at other locations or programs such as Drug Court, JRI, School Services, FQHC, Medicaid contract obligations etc. This increased demand for mental health services while having decreased available therapist time due to unfilled therapist slots as well as increased evaluation demands, less therapist time due to program commitments, etc. is being watched and managed as much as possible to serve community. Medication resources are also being stretched with increased non Medicaid consumer demand. As mentioned earlier in this plan, adjustments in the coming year will be implemented.

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

Where possible within available resources, special service needs suggested by individuals or stake holders are addressed. The Center has at least annual meetings with the Ute Tribe, Sherriff Departments, Hospitals, school districts, etc. to talk about services need coordination and quality. Special service needs are also discussed as part of several coalitions NCC participates in.

**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 such as the current suicide coalition. The Center participates in community boards and partnerships such as CJC, SART, etc.

**• 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 4 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.

**• Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

NCC does not have therapists scheduled to be at nursing homes for blocks of time. The Center does respond to emergency requests to local nursing homes but these are not frequent. Recently, one of local nursing homes has requested that their licensed therapist participate in NCC suicide training so that those assessments can be completed readily on site during business hours and NCC will provide consultation and back up as needed. The Center does provide limited therapy for select residents that meet criteria. The Center's prescriber has also been utilized occasionally for SMI residents where their physician has requested consultation.

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

None

**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 population. 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 that accept Medicaid and Medicare 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 2016. Efforts are being made to increase awareness and opportunities for cessation for NCC consumers. For many this requires ongoing motivational interviewing to progress in the stages of change. 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.

**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 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 position has changed in the last year and is now located in Duchesne County. The FRF continues efforts to solicit referrals from both within the NCC consumer pool and from other agencies such as DCFS, Juvenile Court, Schools, etc. More referrals are received than families that chose to participate in ongoing services. Recently, the FRF has started providing services in Uintah County to high risk parents and youth that are appreciative of the FRF services and support from someone that also has a child receiving services.

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

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

We do anticipate additional Peer Support Services being provided by the FRF in the coming year.

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

Yes

**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.

n/a

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

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

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

**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 with six being funded with early intervention funds. The Center will serve children and youth regardless of funding source as far as resources allow. 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 by therapists, school counselors, etc.

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 over the past year FY2016. There is more need than capacity within the school sites currently served. Other schools have expressed the need for therapists in their schools which cannot be met by NCC with the available resources. 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 over 15%.**

**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.)**

Changes have been previously reported

**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, providing paper copies to be filled out and entered later and allowing students over 12 to access through the KIOSK during sessions. The Center will attempted to collect grades, attendance and Office referrals to measure outcomes. This practice will continue, however, it is not always possible to show aggregate change using this data.

**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. To date over 600 hundred community members have completed Mental Health first aid classes in the Uintah Basin. In addition, the Center is involved in a variety of community events during the year on suicide prevention including radio talk shows, school presentations, teacher education, etc.

The Center is involved in hundreds of crisis services a year as the only provider of this service in the area including in hospital settings. 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 has also implement the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown format.

The Center has also been involved in postvention services with individual families as requested by families or community partners. The center hosted postvention training in the past year. 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 Coalition.

**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.**

Even among clinicians it was identified that a common language was needed. The Columbian Screening has improved that common denominator. The Center provides crisis services on a daily basis with most of those services related to suicide or self-harm. The Center believes that additional training will always be warranted for this important area of assessment and treatment. A minimum two hours of training specifically related to suicide assessment, crisis planning and intervention is provided each year to employees. In addition, 10 employees will have the opportunity to complete the CAMS training. The Center also attended the Zero Suicide Academy and has met as an administrative team in April 2016 to identify the priority policies to completed and trained on in the coming year. The Center continues to participate with the State Wide PIP.

**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 FY2016 NCC has had continued to be involved with the Ute Tribe suicide prevention committee.

**Form A – Mental Health Budget Narrative**

**7. Justice Reinvestment Initiative Identify the members of your local JRI Implementation Team.**

Initially JRI had significant momentum in the Uintah Basin and a tri-county approach was instigated. NCC had four formal meetings hosted at the Uintah County Building regarding JRI implementation under the Tri-County model. The Center also participated in the September 2015 matrix meeting presented by AP&P in Vernal. Initial Stake Holders included the following individuals.

Judge Ed Peterson	Presiding 8 <sup>th</sup> District Court Judge
Judge Clark McClellan	8 <sup>th</sup> District Court Judge Uintah/Daggett
Comm. Mark Raymond	Uintah
Mark Thomas	Uintah County Attorney
Mike Drechsel	Deputy Uintah County Attorney
Vance Norton	Uintah County Sherriff
Ed Spann	Uintah County Under Sherriff
Travis Clark	AP&P Supervisor
Bart Mortensen	AP&P
Robert Hall	NCC Clinical Director
Heather Hoyt	Uintah County Grant Department
Kyle Snow	NCC CEO
Judge Sam Chiara	8 <sup>th</sup> District Court Judge Duchesne
Greg Lamb	Defense counsel
Sadie Norton	Private Probation
Jack Lytle	Daggett County Commissioner
Jerry Jorgensen	Daggett County Sherriff
Niel Lund	Daggett County Attorney (contract)
Russ Pearson	8 <sup>th</sup> District Court Administrator
Lance Dean	Defense Council
David Boren	Duchesne County Sherriff
Jason Curry	Duchesne County Jail
Ron Winterton	Duchesne County Commissioner
Ken Burdick	Duchesne County Commissioner
Stephen Foote	Duchesne County Attorney

JRI continued:

The majority of the discussion at all meetings has focused on Substance Use Disorder Assessment, initial Screening, Treatment resources, supervision, levels of care and support services as these will demand the most resources and will be the most utilized by the criminal justice system. Mental Health services are part of the services that can and are provided by NCC for “compelled” individuals but the demand for JRI services to date for MH is significantly smaller and have been discussed to a lesser extent. NCC is at an advantage in that individuals with co-occurring disorders can receive treatment including MAT and traditional psychiatric medications as needed.

The tri-county approach dissolved with differences among stake holders. NCC met with Duchesne County AP&P Vida Betz, Duchesne County Sherriff Dave Boren (and DCSD staff), Judge Sam Chiara, Steven Foote DC Att., Kyle Snow and Robert Hall of NCC to discuss specifics for the Duchesne County Court, Jail and AP&P system. These relationships have continued including AP&P interaction and communication.

Meetings with other areas have not been as formal in the past six months. NCC has met with AP&P in Vernal (who also covers Daggett) including their newly hired therapist and have discussed treatment issues, information sharing, and who the AP&P therapist will be serving in house as opposed to who will be referred to NCC.

We expect the program to continue to evolve and improve over time.

**Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

This will continue to be an area of development training and information sharing. NCC did send four therapists to LSI-RNR training. The Center has also purchased the instruments which are completed on individuals that need updates or have somehow not received one from AP&P. Where possible risk assessments completed by AP&P are provided to NCC at the time of assessment so that these are not completed twice. To date the Center is not receiving screening results to be completed in the Jails but we are hopeful that will occur in the coming year.

**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 however, this has proven complicated when discussed with stake holders. NCC has implemented State required JRI data as part of its EMR. We are open to Division input and other State stake holders on this issue related to outcomes and measuring recidivism accurately.

## Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

### 1) Screening and Assessment

*Form B - FY16 Amount Budgeted: \$85,000*

*Form B - FY17 Amount Budgeted: \$107,500*

*Form B – FY16 Projected Clients Served: 422*

*Form B – FY17 Projected Clients Served: 590*

**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. Where possible LS-RNR results are collected from AP&P. The center does have four LS-RNR trained evaluators and the Center has begun completing the risk assessment on individuals under the compelled system when it is not available from another source. Even with the idea of assessment being ongoing there are additional start to finish assessment requirements to be completed initially to determine risk level and medical necessity for Medicaid and other payers. NCC will continue to look at ways to adjust the assessment process and to be as engaging as possible with the consumer while meeting requirements.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Increase has been allotted based on number of evaluations and costs over the past twelve months at the Center.

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

LS-RNR along with MRT have been implemented at the both the Roosevelt and Vernal sites.

Additional training and implementation will be performed in the coming year with women specific to trauma.

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

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

*Form B - FY16 Amount Budgeted: 0*

*Form B - FY17 Amount Budgeted: 0*

*Form B – FY16 Projected Clients Served:*

*Form B – FY17 Projected Clients Served:*

**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. 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. These programs are generally very short in duration and are covered under the Medicaid Health Plan for enrollees. The Center works with the consumer and the program to ensure follow up care is available upon discharge from detoxification.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

n/a

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

n/a

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

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

*Form B - FY16 Amount Budgeted: 90000*

*Form B - FY17 Amount Budgeted: 30000*

*Form B – FY16 Projected Clients Served: 10*

*Form B – FY17 Projected Clients Served: 5*

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

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, women 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.

In the past year several admissions were began that did not come fruition based on the individual consumer's situation and self-determination. This is not uncommon at this level of treatment. Numbers have been reduced for the coming year based on last year's utilization.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

In the past year several admissions were began that did not come fruition based on individual consumer's situation and self-determination. This is not uncommon at this level of treatment. Numbers have been reduced for the coming year based on last year's utilization.

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

None

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

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

*Form B - FY16 Amount Budgeted:*

*Form B - FY17 Amount Budgeted:*

*Form B – FY16 Projected Clients Served*

*Form B – FY17 Projected Clients Served:*

**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.**

n/a

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

n/a

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

n/a

## Form B – Substance Abuse Treatment Budget Narrative

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

*Form B - FY16 Amount Budgeted: \$1,175,432*

*Form B – FY16 Projected Clients Served: 702*

*Form B - FY17 Amount Budgeted: \$1,029,088*

*Form B – FY17 Projected Clients Served: 499*

**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 8 hours of week that combines individual and group services. The programs include DCFS parents, criminal justice consumers and occasionally voluntary consumers. Sex offender/violent offender treatment access at NCC community sites is *extremely rare*. An exception may be determined on a case by case basis based on legal restrictions, AP&P input, nature of the crime(s), can services be provided after regular business hours, risk to the general treatment population and staff, etc. The Center will not knowingly allow access at its community sites for individuals that may place the general treatment population at risk. In 2015, NCC was approached by Federal Probation and Parole to provide treatment to Federal Sex Offenders/Violent offenders living in the community. NCC chose not to provide those services as this is a community treatment setting. The Center recognizes that treatment for this population is a need but the Center feels that this population is best served at other locations not accessed by the general public. 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 but the Center does serve consumers referred from that agency.

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 currently has six MRT trained individuals. Two levels of treatment are provided in the group format for High Risk and Medium. Low risk is provided at an individual level when therapy is prescribed.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The number of clients projected to be served in FY17 has been reduced based on numbers served over the past 12 months. With AP&P also providing clinical services out of their Vernal and Roosevelt offices and others receiving services from private providers, admissions are not expected to rise in the coming year. Some costs of running a program at NCC remain in place regardless of the number of individuals served. The largest gate keeper of services locally is AP&P and trends will be influenced by their referral processes and policies. NCC will continue its dialog with AP&P and other community Stake Holders on treatment needs, quality and access.

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

The Center has added additional groups serving difference risk/need areas as sited above. The Center will also be implementing trauma specific services using the Seeking Safety and/or MRT Trauma program.

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

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

***Form B - FY16 Amount Budgeted:***

***Form B - FY17 Amount Budgeted:***

***Form B – FY16 Projected Clients Served:***

***Form B – FY17 Projected Clients Served:***

**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 8 hours a week combining group and individual therapy.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

n/a

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

n/a

## Form B – Substance Abuse Treatment Budget Narrative

### 7) Recovery Support Services

*Form B - FY16 Amount Budgeted: 7000*

*Form B – FY16 Projected Clients Served:*

*Form B - FY17 Amount Budgeted: 7000*

*Form B – FY17 Projected Clients Served: 10*

**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 remains a resource 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 also provides limited dental services to adults. The Center hopes to have more consumers engaged in case management type services in the coming year and to better coordinate with services provided by AP&P. The Drug Court Case Manager also provides access to recovery support services. Bus passes may be provided and on rare occasions taxi fees may be provided by the Center for treatment access. The family Support Center or other private individuals/businesses provide day care as needed as arranged on an individual basis.

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. Where possible referrals to local housing authorities and low income options are made.

The budget also 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.

The Center also recognizes the overdose concerns related to Heroin and other opioids. The Center is providing training to all staff in June 2016 on Narcan-naloxone laws, access and education for users, families and other concerned individuals. A pharmacist will be providing the training. In the coming year, policy and a distribution plan will be put into place for the Center. The Center anticipates being able to provide prescriptions for individuals in recovery or as requested by family/others. Kits will be available for use in the treatment setting in the near future for overdoses that may occur in the treatment setting. Determining how kits can be accessed for individuals with no or little funding will be a point of discussion in the coming year. The Center will also be participating in local public awareness campaigns in the coming year. This issue will be on the PAC agenda.

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

The Center's TLC housing is for mental health consumers with housing needs. However, the Center does provide housing to limited individuals through its four plex with dual diagnosis substance use disorder needs.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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

None

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

**8) Drug Testing**

**Form B - FY16 Amount Budgeted: 40,000**

**Form B - FY17 Amount Budgeted: 40,000**

**Form B – FY16 Projected Clients Served:**

**Form B – FY17 Projected Clients Served: 36**

**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 directly. 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. . The following is from the testing policy, “If the Participant contests the positive result, arrangements will be made to immediately send the sample out for GC/MS (Gas Chromatography/Mass Spectrometry) confirmation testing at an independent lab.” The contract lab is certified and provides **LC-MS and GC-MS verification.**

The following is from the Drug Court Policy on Frequency. Other testing may be conducted and utilized by probation/parole agencies but that testing is not funded through NCC.

**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.

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

**9) Quality and Access Improvements**

**Describe your Quality and Access Improvements**

The Center is hopeful that increased supervision and support will be provided under JRI that will help sustain engagement in treatment and subsequently increase successful completions of treatment. The Center is continually striving to implement ROSC principles e.g. of engagement while collecting needed information for payers and stake holders.

The Center trained a total of 6 therapists in the evidenced based MRT model and this is being provided out of the Vernal and Roosevelt office.

The Center has sent four therapists to LSI-RNR assessment training. When AP&P RNR(s) have not been available the Center has begun completion of the tool.

As of the date of this plan, Jail screening information under JRI are not available for consumers seeking treatment and NCC. However, this may become available in the coming months.

**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 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, and the courts. The Center is striving to improve communication with AP&P and to discern who that system will treat verses who NCC will treat. The Center feels that progress is being made in this area and efforts will continue.

The Center is fortunate to have low turnover rates. However, when a provider leaves or resources need enhanced due to capacity it is a challenge to maintain adequate treatment staff even with generous recruitment efforts. This is a common challenge in many rural areas but has become increasingly difficult in the past two years. With the increased resources required to train providers in MRT or other evidence based interventions it is critical that sufficient qualified providers can be recruited to provide needed services. The Center will continue its efforts to recruit qualified providers.

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

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

**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 when requested. 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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

AP&P has hired a full time therapist in the Vernal office and has contracted with a private group to provide treatment services including evaluations in the jails setting when deemed appropriate by AP&P.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

No SAPT funds will be used to provide services in the Jails.

**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 and out of necessity need to complete both Mental Health and Substance Abuse assessments (with the exception of LSI-RNR tools) 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 medication services in addition to MAT services.

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

A FQHC is operating in the Vernal area. This is now a primary care option for those in treatment that do not 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. In addition, two Family Practice Physicians are providing Suboxone services in the community.

**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.**

Treatment staff has been educated in addressing nicotine dependence as part of the recovery process. In group treatment 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 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**

***Form B - FY16 Amount Budgeted: \$595,024    Form B - FY17 Amount Budgeted: \$430,794***

**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 will be providing a MRT trauma group and/or Seeking Safety group in the coming year and adjusting programming where possible to separate treatment for these groups. The Center also has three female therapists that are 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. There are two current options for younger and older dependent children. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Women treatment services have declined over the past year as a percentage of total treatment services. Amounts have been adjusted to reflect this change.

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

MRT trauma group will be provided and programming changes made to form a women’s only group if possible based on consumer needs.

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

**13) Adolescent (Youth) Treatment**

*Form B - FY16 Amount Budgeted: 79930*

*Form B - FY17 Amount Budgeted: 87378*

**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 always and will continue to provide individual evaluation and treatment for youth with every effort to involve the family as appropriate with Substance Use Disorder 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 the 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. For adolescents, it is common that services are provided under a co-occurring format and may be included under the mental health program when mental health needs are primary.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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

The Center is participating in the Division's TRI project.

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

**14) Drug Court**

*Form B - FY16 Amount Budgeted: \$ 178,584*

*Form B - FY17 Amount Budgeted: \$182,414 Felony*

*Form B - FY17 Amount Budgeted: Family Dep.*

*Form B - FY17 Amount Budgeted: Juvenile*

**Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

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 in Uintah County. The program is a Felony Drug Court for High Risk High Need individuals.

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.

**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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

Case management/tracking and other support services are provided by Uintah county as administered through the county attorney's office with an additional County allotment not covered by State funding. Some additional tracking is provided by AP&P as resources permit. Testing is done out of the Uintah County Jail which has its own testing equipment and contracted lab services when verification is needed (See Testing section for details). 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).**

none

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Northeastern Counseling does not assess any fees to Drug Court participants.

Weekly Drug Court Fees assessed by the County attorney's office are \$35.00, \$30.00, or \$25.00 per week per participant, depending on individual household income levels. Fees collected included all program fees for the participant. No additional fees are charged or collected by NCC.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

MRT trauma group will be provided and programming changes made to form a women's only group if possible based on consumer needs and numbers.

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

**15) Justice Reinvestment Initiative**

**Form B - FY16 Amount Budgeted: \$192,342**

**Form B - FY17 Amount Budgeted: \$170,343**

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

Initially JRI had significant momentum in the Uintah Basin and a tri-county approach was instigated. NCC had four formal meetings hosted at the Uintah County Building regarding JRI implementation under the Tri-County model. The Center also participated in the September 2015 matrix meeting presented by AP&P in Vernal. Initial Stake Holders included the following individuals.

Judge Ed Peterson	Presiding 8 <sup>th</sup> District Court Judge
Judge Clark McClellan	8 <sup>th</sup> District Court Judge Uintah/Daggett
Comm. Mark Raymond	Uintah
Mark Thomas	Uintah County Attorney
Mike Drechsel	Deputy Uintah County Attorney
Vance Norton	Uintah County Sherriff
Ed Spann	Uintah County Under Sherriff
Travis Clark	AP&P Supervisor
Bart Mortensen	AP&P
Robert Hall	NCC Clinical Director
Heather Hoyt	Uintah County Grant Department
Kyle Snow	NCC CEO
Judge Sam Chiara	8 <sup>th</sup> District Court Judge Duchesne
Greg Lamb	Defense counsel
Sadie Norton	Private Probation
Jack Lytle	Daggett County Commissioner
Jerry Jorgensen	Daggett County Sherriff
Niel Lund	Daggett County Attorney (contract)
Russ Pearson	8 <sup>th</sup> District Court Administrator
Lance Dean	Defense Council
David Boren	Duchesne County Sherriff
Jason Curry	Duchesne County Jail
Ron Winterton	Duchesne County Commissioner
Ken Burdick	Duchesne County Commissioner
Stephen Foote	Duchesne County Attorney

JRI continued:

The majority of the discussion at all meetings has focused on Substance Use Disorder Assessment, initial Screening, Treatment resources, supervision, levels of care and support services as these will demand the most resources and will be the most utilized by the criminal justice system. Mental Health services are part of the services that can and are provided by NCC for “compelled” individuals but the demand for JRI services to date for MH is significantly smaller and have been discussed to a lesser extent. NCC is at an advantage in that individuals with co-occurring disorders can receive treatment including MAT and traditional psychiatric medications as needed at the Center.

The tri-county approach dissolved with differences among stake holders. NCC met with Duchesne County AP&P Vida Betz, Duchesne County Sherriff Dave Boren (and DCSD staff), Judge Sam Chiara, Steven Foote DC Att., Kyle Snow and Robert Hall of NCC to discuss specifics for the Duchesne County Court, Jail and AP&P system. These relationships have continued including AP&P interaction and communication.

Meetings with other areas have not been as formal in the past six months. NCC has met with AP&P in Vernal (who also covers Daggett County) including their newly hired therapist and have discussed treatment issues, information sharing, and who the AP&P therapist will be serving in house as opposed to who will be referred to NCC.

We expect the program to continue to evolve and improve over time.

**Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

This will continue to be an area of development training and information sharing. NCC did send four therapists to LSI-RNR training. The Center has also purchased the instruments which are completed on individuals that need updates or have somehow not received one from AP&P. Where possible risk assessments completed by AP&P are provided to NCC at the time of assessment so that these are not completed twice at admission. To date the Center is not receiving screening results to be completed in the Jails but we are hopeful that will occur in the coming year.

**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 under the “compelled” data category. NCC is willing to work with agencies that have access to criminal data to develop a plan for measuring recidivism. However, this has proven complicated for a variety of reasons when discussed with stake holders in the past. NCC has implemented State required JRI data as part of its EMR. We are open to Division input and other State stake holders on this issue related to outcomes and measuring recidivism accurately.

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

**16) Drug Offender Reform Act**

*Form B - FY16 Amount Budgeted:*                      0

*Form B - FY17 Amount Budgeted:*                      0

*Northeastern Counseling does not receive DORA funding*

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Uintah Basin	Depressive Symptoms Adult Depressive Symptoms Favorable attitudes Poor family management	Community Readiness	N/A It is our plan to develop a Strategic Plan with the help of our Regional Director in FY17

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Northeastern Counseling Center’s prevention team continues to work with the Prevention Advisory Coalition (PAC) when completing the assessment process. The latest community assessment is a work progress and should be completed June 2016.

Together with the PAC 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 constant changing. We also participate on different boards including the 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 and the Duchesne County Children’s Justice Center to gain a bigger perspective of our community and increase capacity with persons of like goals.

Members of the PAC will continue to participate in the Utah Coalition Summit Conference to increase prevention knowledge and build capacity of the coalition. Members of PAC and select staff of Northeastern Counseling Center will attend Fall Conference to increase knowledge in prevention science and programs. Northeastern Counseling Center will also look into the possibility of sending select staff to the National Prevention Network Conference in 2017 to increase prevention knowledge of the latest research in the substance abuse prevention field.

3. Attach Logic Models for each program or strategy.

Program Name Parents Empowered		Cost to run program 40,000	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	Poor family management	Community wide- Approximately 15000 parents/guardians of youth ages 10-16			<p>Present Parent Empowered presentations to groups in Uintah, Duchesne and Daggett Counties, requesting information on alcohol and the teenage brain</p> <p>Collaborate with local businesses, non-profits, government agencies and local civic groups to create opportunities to distribute Parents</p>	<p>Decrease region poor family management from 35.8% in 2015 by 15% to 30.4% in 2021.</p>	<p>Decrease 2015 30 day use rates by 10% by 2025.</p> <p>6<sup>th</sup> 1.4% to 1.26%</p> <p>8<sup>th</sup> 9.0% to 8.1%</p> <p>10<sup>th</sup> 13.8% to 12.42%</p>

				<p>Empowered collateral items at a minimum of 10 events in Uintah, Duchesne and Daggett Counties such as health fairs, town hall meetings, parades.</p> <p>Collaborate with local businesses, non-profits, governments agencies and local civic groups to distribute Parents Empowered collateral items (pencils, brains, pamphlets) at key locations in our community— Uintah Duchesne, and Daggett Counties.</p> <p>Participate in state-wide radio commercials, television/theatre</p>		<p>12<sup>th</sup> 18.0% to 16.2%</p>
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				commercials, garbage truck wraps, etc.		
Measures & Sources	SHARP Survey	SHARP Survey	Data forms by staff conducting presentation	Data forms by staff conducting presentations and distributing information	SHARP Survey	SHARP Survey

Program Name SMART		Cost to run program 4,000	Evidence Based: Yes –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 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-</p>	<p>Reduce underage sales by 2019</p> <p>In Uintah County- Maintain 92.5% compliance rate for 2013</p> <p>In Duchesne County- Increase 77.8% compliance rate from 2013 by</p>	<p>Decrease 2015 30 day use rates by 10% by 2025.</p> <p>6<sup>th</sup> 1.4% to 1.26%</p> <p>8<sup>th</sup> 9.0% to 8.1%</p> <p>10<sup>th</sup> 13.8% to 12.42%</p>

				<p>renewable every 3 years.</p> <p>Encourage State Alcohol Task Force to provide regular checks.</p>	<p>10% to 85.6%</p>	<p>12<sup>th</sup> 18.0% to 16.2%</p> <p>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 2022, in Duchesne County reduce Alcohol Related Motor</p>
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						Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022
Measures & Sources	Utah Crash Summary  SHARP	EASY Checks	Data forms by staff conducting training	Data forms by staff conducting training  Compliance checks	EASY Checks	Utah Crash Summary  SHARP

Program Name SMART EASY			Cost to run program 3,500		Evidence Based: Yes-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 hours-</p>	<p>Reduce underage sales by 2019</p> <p>In Uintah County- Maintain 92.5% compliance rate for 2013</p> <p>In Duchesne County- Increase 77.8% compliance rate from 2013 by</p>	<p>Decrease 2015 30 day use rates by 10% by 2025.</p> <p>6<sup>th</sup> 1.4% to 1.26%</p> <p>8<sup>th</sup> 9.0% to 8.1%</p> <p>10<sup>th</sup> 13.8% to 12.42%</p>

				<p>renewable every 5years.</p> <p>Encourage local law enforcement to provide regular checks.</p>	<p>10% to 85.6%</p>	<p>12<sup>th</sup> 18.0% to 16.2%</p> <p>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 2022, in Duchesne County reduce Alcohol Related Motor</p>
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						<p>Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022</p>
Measures & Sources	<p>Utah Crash Summary</p> <p>SHARP</p>	EASY Checks	Data forms by staff conducting training	<p>Data forms by staff conducting training</p> <p>EASY Check data</p>	EASY Checks	<p>Utah Crash Summary</p> <p>SHARP</p>

Program Name		Cost to run program		Evidence Based: Yes				
PRI Teen		15,500						
Agency Northeastern Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	Indicated		Short	Long
Logic	Reduce underage drinking.	Favorable attitudes	Indicated-- approximately 50 people  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 class each quarter in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes or four-two hour classes, depending on	Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.	Decrease 2015 30 day use rates by 10% by 2025.  6 <sup>th</sup> 1.4% to 1.26%  8 <sup>th</sup> 9.0% to 8.1%  10 <sup>th</sup> 13.8% to 12.42%

				school hours and availability of instructor.		12 <sup>th</sup> 18.0% to 16.2%
Measures & Sources	SHARP DATA	PRI Pre/Post Tests  SHARP DATA	Credible attendance data. Data tracking sheets.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	SHARP DATA

Program Name PRI Under 21			Cost to run program 15,500		Evidence Based: Yes			
Agency Northeastern Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	Indicated		Short	Long
Logic	Reduce alcohol related motor vehicle crashes	Favorable attitudes	Indicated—approximately 40 persons  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 class each quarter in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes or four-two hour classes, depending on	Decrease favorable attitudes by increasing posttest scores from the pretest scores 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 2022, in

				availability of instructor.		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 2022, Maintain Daggett County at 3.3 in 2022
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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
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Program Name PRI DUI			Cost to run program 36,000		Evidence Based: Yes			
Agency Northeastern Counseling Center			Tier Level: 4					
	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>			<p>Provide PRI class at Northeastern Counseling Center, one time a month, alternating between Roosevelt and Vernal. Class includes two hour assessment and 4 four hour classes, once a week for 4 weeks. Must be taken in order, must have 100% attendance.</p> <p>****A class will be offered to</p>	<p>Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.</p>	<p>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 2022, in</p>

			<p>***16-18 year olds as needed</p> <p>***18-21 year olds as needed</p>	<p>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 2022, Maintain Daggett County at 3.3 in 2022</p>
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Measures & Sources	PRI Data 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
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Program Name Prevention Dimensions		Cost to run program 3,000	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	Favorable attitudes  Pro social involvement	School age youth, ages 4-19, and adults, ages 18-99, working with school age youth in the schools.			Provide Prevention Dimension trainings for teachers as requested by Uintah, Duchesne, Daggett or Uintah River School Districts.  Provide door prizes for teachers to attend trainings in Uintah, Duchesne, Daggett or Uintah	Decrease region attitudes favorable to drug use by 10% from 22.0% in 2015 to 19.8% by 2021.  Increase region prosocial involvement by 10% from 50.1% in 2015 to 55.11% by 2021.	Decrease 2015 30 day use rates by 10% by 2025.  6 <sup>th</sup> 1.4% to 1.26%  8 <sup>th</sup> 9.0% to 8.1%  10 <sup>th</sup> 13.8% to 12.42%

				<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>PD the Woolley Mammoth will attend various community activities to increase awareness of Prevention Dimensions in Uintah, Duchesne, Daggett Counties.</p>		<p>12<sup>th</sup> 18.0% to 16.2%</p>
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Measures & Sources	SHARP	SHARP	Data Tracking Sheets	Data Tracking Sheets	SHARP	SHARP
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Program Name Coalition/Committee participation			Cost to run program 37,000		Evidence Based: Yes, part of capacity building process			
Agency Northeastern Counseling Center			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	Reduce ATOD use in our communities	Favorable attitudes Pro social involvement Community Readiness	Universal—approximately 300 people  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 cultural competence.	Decrease region attitudes favorable to drug use by 10% from 22.0% in 2015 to 19.8% by 2021.  Increase region prosocial involvement by 10% from 50.1% in 2015 to 55.11% by 2021.  Increase prevention readiness from Stage TO BE	Decrease 2015 30 day use rates by 10% by 2025.  6 <sup>th</sup> 1.4% to 1.26%  8 <sup>th</sup> 9.0% to 8.1%  10 <sup>th</sup> 13.8% to 12.42%

					<p>DETERMINED in 2016 to TO BE DETERMINED in 2019.</p>	<p>12<sup>th</sup> 18.0% to 16.2%</p> <p>30 day tobacco use from 3.7% in 2015 to 3.0% in 2025</p> <p>30 day ecig use from 10.8% in 2015 to 9.72% in 2025</p>
Measures & Sources	SHARP	SHARP Community Readiness Survey	Data tracking sheets, attendance sheets	Coalition minutes	SHARP Community Readiness Survey	SHARP

Program Name Youth Mental Health First Aid		Cost to run program 4,000	Evidence Based: Yes					
Agency Northeastern Counseling Center			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	Reduce underage drinking	Depressive Symptoms	Universal Provide YMHFA to a minimum of 50 Uintah, Duchesne, and Daggett County community members ages 16-99			Provide YMHFA classes a minimum of three classes a year in Uintah, Duchesne, and Daggett Counties to any community members with the intent to target those that work with youth. Classes will be held in Northeastern Counseling Center's group rooms in both Roosevelt and Vernal, and	Reduce depressive symptoms for LSAA All Grades by 5% from 26.7% in 2015 to 25.37% in 2019.	Decrease 2015 30 day use rates by 10% by 2025. 6 <sup>th</sup> 1.4% to 1.26% 8 <sup>th</sup> 9.0% to 8.1% 10 <sup>th</sup> 13.8% to 12.42%

				occasionally at Ute Crossings at the request of the Ute Indian Tribe. Class will be taught in a one day, eight hour class.		12 <sup>th</sup> 18.0% to 16.2%
Measures & Sources	SHARP	SHARP	Data Tracking sheets	Data Tracking sheets	SHARP	SHARP

Program Name Mental Health First Aid			Cost to run program 4,000		Evidence Based: Yes			
Agency Northeastern Counseling Center			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Binge Drinking rates in adults	Adult Depressive Symptoms	Universal Provide MHFA to a minimum of 50 Uintah, Duchesne, and Daggett County community members ages 16-99			Provide MHFA classes a minimum of three classes a year in Uintah, Duchesne, and Daggett Counties to any community members with the intent to target those that work with high-risk adults. Classes will be held in Northeastern Counseling Center's group rooms in both Roosevelt and Vernal, and	Reduce depressive symptoms for LSAA by 5% -30 Mental Health from 16.84% 7+ days "Not good" in 2012 to 16.76% in 2017	Reduce Binge Drinking in adults by 10% from 13.34% in 2012 to 13.21% in 2022

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

Program Name		Cost to run program		Evidence Based: Yes				
Public Safety Mental Health First Aid		2,000						
Agency Northeastern Counseling Center			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	Reduce Binge Drinking rates in adults	Adult Depressive Symptoms	Provide PSMHFA to a minimum of 30 Uintah, Duchesne, and Daggett County community members ages 16-99			Provide PSMHFA classes a minimum of two classes a year in Uintah, Duchesne, and Daggett Counties to any community members with the intent to target those that work in law enforcement and other high-stress public safety careers. Classes will be held in Northeastern Counseling Center's group	Reduce depressive symptoms for LSAA by 5% -30 Mental Health from 16.84% 7+ days "Not good" in 2012 to 16.76% in 2017	Reduce Binge Drinking in adults by 10% from 13.34% in 2012 to 13.21% in 2022

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

Program Name Alternatives			Cost to run program 10,000		Evidence Based: only as part of a comprehensive approach. Alternatives alone have not been shown to be effective at prevention substance abuse.			
Agency Northeastern Counseling Center			Tier Level:1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking	Increase community readiness  Favorable attitudes towards ATOD use.	Universal—15000 persons  Community groups in Uintah, Duchesne, and Daggett Counties requesting ATOD information and local resources from Northeastern Counseling Center’s staff			Provide or attend one-time events at local health fairs, tribal panels, town meetings, parades, reality towns, awareness walks/runs and other alcohol and drug-free community events in Uintah, Duchesne, and Daggett Counties to present consistent, community wide	Increase prevention readiness from Stage XXXXin 2016 to XXXXin 2019.  Decrease region attitudes favorable to drug use from 31.4% in 2015 to 28.26% by 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025.  6 <sup>th</sup> 1.4% to 1.26%  8 <sup>th</sup> 9.0% to 8.1%  10 <sup>th</sup> 13.8% to 12.42%

				prevention messages.		12 <sup>th</sup> 18.0% to 16.2%
Measures & Sources	SHARP	SHARP	Data Tracking sheets	WITS Tracking sheets	SHARP	SHARP

Program Name Strengthening Families-Roosevelt		Cost to run program 5,000	Evidence Based: Yes					
Agency Northeastern Counseling Center			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use.	Family Management Skills	Universal At least 40 people: Youth ages 10-14 and their parent/parents/guardian.			Northeastern Counseling Center will be partnering with OJJS to hold classes at Northeastern Counseling Center in Roosevelt, at least three times a year. This program runs for 10 weeks .	Decrease poor family management skills 8% from 38.5% in the 2015 SHARP to 35.4% in 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 <sup>th</sup> 1.4% to 1.26% 8 <sup>th</sup> 9.0% to 8.1% 10 <sup>th</sup> 13.8% to 12.42%

						12 <sup>th</sup> 18.0% to 16.2%
Measures & Sources	SHARP	SHARP	Data Tracking sheets	WITS Tracking sheets	SHARP	SHARP

Program Name Strengthening Families-Vernal		Cost to run program 5,000	Evidence Based: Yes					
Agency Northeastern Counseling Center			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			Universal	S	I		Short	Long
Logic	Reduce ATOD use.	Family Management Skills	At least 40 people: Youth ages 10-14 and their parent/parents/guardian.			Northeastern Counseling Center will be partnering with OJJS to hold classes Vernal, at least three times a year. This program runs for 10 weeks .	Decrease poor family management skills 8% from 38.5% in the 2015 SHARP to 35.4% in 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 <sup>th</sup> 1.4% to 1.26% 8 <sup>th</sup> 9.0% to 8.1% 10 <sup>th</sup> 13.8% to 12.42%

						12 <sup>th</sup> 18.0% to 16.2%
Measures & Sources	SHARP	SHARP	Data Tracking sheets	WITS Tracking sheets	SHARP	SHARP

FY2017 Mental Health Area Plan and Budget

Form A

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 829,008	\$ 78,189	\$ 83,759	\$ 108,394	\$ 2,506,000	\$ 40,045	\$ 4,450	\$ 315,000	\$ 225,000	\$ 120,000	\$ 182,500	\$ 4,492,345	

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		107,349				250,480							\$ 357,829	155	\$ 2,309
Residential Care (171 & 173)				25,000									\$ 25,000	20	\$ 1,250
Outpatient Care (22-24 and 30-50)		305,972	78,189		100,547	1,260,577	40,045		106,056	175,000	100,000	122,500	\$ 2,288,886	2,150	\$ 1,065
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		45,000				105,000							\$ 150,000	600	\$ 250
Psychotropic Medication Management (61 & 62)		125,807				293,551				50,000	20,000		\$ 489,358	952	\$ 514
Psychoeducation Services (Vocational 80)		75,012				175,029							\$ 250,041	114	\$ 2,193
Psychosocial Rehabilitation (Skills Dev. 100)		75,577				176,349			100,000				\$ 351,926	132	\$ 2,666
Community Supports, including -Housing (174) (Adult) -Respite services (150) (Child/Youth)												60,000	\$ 60,000	42	\$ 1,429
Peer Support Services (140): -Adult Peer Specialist -Family Support Services (FRF Database)				6,606					63,394				\$ 70,000	55	\$ 1,273
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information								4,450	45,550				\$ 50,000		
Services to persons incarcerated in a county jail or other county correctional facility				42,153	7,847								\$ 50,000	133	\$ 376
Adult Outplacement (USH Liaison)				10,000		25,000							\$ 35,000	10	\$ 3,500
Other Non-mandated MH Services		94,291				220,014							\$ 314,305	161	\$ 1,952
FY2017 Mental Health Expenditures Budget	\$ -	\$ 829,008	\$ 78,189	\$ 83,759	\$ 108,394	\$ 2,506,000	\$ 40,045	\$ 4,450	\$ 315,000	\$ 225,000	\$ 120,000	\$ 182,500	\$ 4,492,345		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		632,755	39,094	91,606	108,394	1,855,233	35,301		65,000	225,000	120,000	182,500	\$ 3,354,883	1,779	\$ 1,886
YOUTH/CHILDREN		196,253	39,095			650,767	4,744	4,450	250,000				\$ 1,145,309	964	\$ 1,188
Total FY2017 Mental Health Expenditures	\$ -	\$ 829,008	\$ 78,189	\$ 91,606	\$ 108,394	\$ 2,506,000	\$ 40,045	\$ 4,450	\$ 315,000	\$ 225,000	\$ 120,000	\$ 182,500	\$ 4,500,192	2,743	\$ 1,641

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue									
FY2017 Mental Health Revenue by Source		\$ 84,970	\$ 17,000		\$ 60,000				\$ 161,970

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2017 Mental Health Expenditures Budget											
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		76,473	15,300		54,000				\$ 145,773	82	\$ 1,778
School Based Behavioral Health-ADMIN		8,497	1,700		6,000				\$ 16,197		
FY2017 Mental Health Expenditures Budget	\$ -	\$ 84,970	\$ 17,000	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 161,970	82	\$ 1,975

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

**FY2017 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>FY2017 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 261,215	ADULT	140	\$ 1,866
\$ 96,614	CHILD/YOUTH	15	\$ 6,441
<b>Residential Care Budget</b>			
\$ 22,500	ADULT	18	\$ 1,250
\$ 2,500	CHILD/YOUTH	2	\$ 1,250
<b>Outpatient Care Budget</b>			
\$ 1,441,998	ADULT	1,300	\$ 1,109
\$ 846,888	CHILD/YOUTH	850	\$ 996
<b>24-Hour Crisis Care Budget</b>			
\$ 109,500	ADULT	450	\$ 243
\$ 40,500	CHILD/YOUTH	150	\$ 270
<b>Psychotropic Medication Management Budget</b>			
\$ 455,103	ADULT	772	\$ 590
\$ 34,255	CHILD/YOUTH	180	\$ 190
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 235,039	ADULT	88	\$ 2,671
\$ 15,002	CHILD/YOUTH	26	\$ 577
<b>Case Management Budget</b>			
\$ 330,810	ADULT	110	\$ 3,007
\$ 21,116	CHILD/YOUTH	22	\$ 960
<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>			
\$ 44,100	ADULT	40	\$ 1,103
\$ 25,900	CHILD/YOUTH (includes FRF)	15	\$ 1,727
<b>Consultation &amp; Education Services Budget</b>			
\$ 25,000	ADULT		
\$ 25,000	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 50,000	ADULT Jail Services	133	\$ 376
<b>Outplacement Budget</b>			
\$ 35,000	ADULT	10	\$ 3,500
<b>Other Non-mandated Services Budget</b>			
\$ 286,018	ADULT	\$ 117	\$ 2,445
\$ 28,287	CHILD/YOUTH	\$ 44	\$ 643

**Summary**

<b>Totals</b>	
\$ 3,341,283	Total Adult
\$ 1,151,062	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>			
\$ 39,095	ADULT	326	\$ 120
\$ 39,095	CHILD/YOUTH	82	\$ 477
<b>Unfunded (all other)</b>			
\$ 350,000	ADULT	824	\$ 425
\$ 150,000	CHILD/YOUTH	374	\$ 401

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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,	TOTAL FY2017 Revenue
Drug Court	104,932	20,000			40,000	17,482						\$182,414
Drug Offender Reform Act												\$0
JRI	141,882		28,461									\$170,343
Local Treatment Services	196,829	70,000	57,281		170,000	244,901	44,667	0	25,000	60,000		\$868,678
Total FY2017 Substance Use Disorder Treatment Revenue	\$443,643	\$90,000	\$85,742	\$0	\$210,000	\$262,383	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,221,435

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	15,000	5,000	10,000		40,000	15,000			7,500	15,000		\$107,500	590	\$182
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or D)												\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	10,000				10,000	10,000						\$30,000	5	\$6,000
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	371,643	85,000	75,742		160,000	237,383	44,667		17,500	45,000		\$1,036,935	499	\$2,078
Intensive Outpatient (ASAM II.5 or II.1)												\$0	0	#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)	7,000											\$7,000	10	\$700
Drug testing	40,000											\$40,000	36	\$1,111
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$443,643	\$90,000	\$85,742	\$0	\$210,000	\$262,383	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,221,435	1,140	\$1,071

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	23,237	10,800	9,347	0	25,200	21,486	44,667		5,000	5,862		\$145,600
All Other Women (18+)	104,256	21,150	18,305	0	49,350	61,660			5,000	25,473		\$285,194
Men (18+)	284,207	51,570	52,481	0	120,330	160,345			10,000	24,329		\$703,263
Youth (12- 17) (Not Including pregnant women or women with dependent children)	31,942	6,480	5,608	0	15,120	18,892			5,000	4,336		\$87,378
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$443,643	\$90,000	\$85,742	\$0	\$210,000	\$262,383	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,221,435

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Northeastern Counseling Center  
Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only					0
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)					0
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)		182,414			182,414
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					0
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>0</b>	<b>189,414</b>	<b>0</b>	<b>0</b>	<b>189,414</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue						\$ 124,101	\$ 33,349			\$ 13,000	\$ 2,000	\$ 172,450

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct						91,383	18,349			13,000	2,000	34,000	\$ 124,732	\$ 115,000
Universal Indirect						9,378	5,000					30,000	\$ 14,378	\$ 14,378
Selective Services													\$ -	
Indicated Services						23,340	10,000					200	\$ 33,340	\$ 33,340
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,101	\$ 33,349	\$ -	\$ -	\$ 13,000	\$ 2,000	64,200	\$ 172,450	\$ 162,718

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 9,379	\$ 71,738	\$ 10,113	\$ 3,024	\$ 24,447	\$ 5,400	\$ 124,101

Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**Provisional MH/SUD Justice Certification Application Continued†**

**SITE 1:**

Site Name: \_\_\_\_\_ Northeastern Counseling Center Vernal Office \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_ Robert Hall LCSW \_\_\_\_\_

Address: \_\_\_\_\_ 1140 W 500 S Vernal, UT 84078 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ 435-789-6332 \_\_\_\_\_ Administrator's Email Address:

\_\_\_\_\_ roberth@nccutah.org \_\_\_\_\_

**Type of Services:**     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 2:**

Site Name: \_\_\_\_\_ Northeastern Counseling Center Roosevelt \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_ Robert Hall LCSW \_\_\_\_\_

Address: \_\_\_\_\_ 285 W 500 S Roosevelt, UT 84066 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ 435-789-6332 \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_ roberth@nccutah.org \_\_\_\_\_

**Type of Services:**     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

**SITE 3:**

Site Name: \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_

**Type of Services:**     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                          Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                          Residential

† Please copy this page and complete for additional sites being submitted in this request

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** \_\_\_\_\_ Northeastern Counseling \_\_\_\_\_

**Agency Director's Name:** \_\_\_\_\_ Kyle Snow \_\_\_\_\_

**Agency Director's Email Address:** \_\_\_\_\_ Kyles@nccutah.org \_\_\_\_\_

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified;  
For each site listed above Northeastern Counseling possesses an outpatient mental health and substance abuse treatment license.
- b. Accreditations; None
- c. Levels of care:
  - i. Criminogenic- High, Moderate, Low; Both sites provide services to high, moderate and low populations.
  - ii. Mental Health Disorders- Both sites provide outpatient treatment including medication services. Psychosocial Rehabilitation services are also provided to SMI individuals at both sites.
  - iii. Substance Use Disorders per ASAM; Both sites provide Education services (PRI) and outpatient services ranging from one to eight hours a week depending on Risk and Need.
- d. Population Capacity for Males and Females; for High Risk High Need individuals 15 and 15 at each site for a total of 30 at each site. For moderate and low each site can accommodate an additional 15 and 15.
- e. Evidence Based Practices currently being used: The Center has three PRI certified instructors for DUI and PRI-Teen Education services. The Center has six MRT trained clinicians and the program is operating at each site. The Center has trained 4 individuals to complete the LS/RNR when results are not available from AP&P.

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*

- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

4/30/16

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Signature of Authorizing Officer

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

**Client Information**

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

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

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

**Private Insurance/Medicaid/Medicare Information**

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

**Private Insurance/Medicaid/Medicare Information**

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

**IMPORTANT: PLEASE READ BEFORE SIGNING**

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

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

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

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

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

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

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

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

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

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

# FY 17 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	

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

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

NORTHEASTERN COUNSELING CENTER  
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.

# Northeastern Counseling

May 2, 2016

