

## GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Northeastern

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character  
Limit/Count**

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

2000

The Center continues to provide basic services to all members of the community regardless of individual funding. Basic services included therapist evaluations, individual therapy and medication management where possible. 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.

532

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

2000

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. **MAT services are available regardless of funding when clinically indicated.** As also noted in the Mental Health and Substance Abuse narratives the Center serves individuals in crisis regardless of funding.

437

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	The Center has a sliding fee scale that is submitted to the Division annually that is used to determine the amount the consumer would be responsible for.	156
	How is this amount of public subsidy determined?	2000
	Fees are based on family/individual income and the number of dependents.	76
	How is information about eligibility and fees communicated to prospective clients?	2000
	<p>The Center's support staff explains and presents the sliding fee scale as consumers apply for service admission.</p> <p>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.</p>	386

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at <a href="http://www.niatx.net/Home/Home.aspx">http://www.niatx.net/Home/Home.aspx</a> , or similar structured change model.	2000
	In the past year NCC did do a consumer test in both the Roosevelt and Vernal offices. NCC made arrangements with a non-employee/non-consumer to access initial services including phone and in person interaction with staff. The purpose was to assess communication quality with staff, ease of intake paper work, etc. Staff from both offices were compassionate and polite. Some minor intake paper work changes were made based on feedback provided.	454
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	The Center is a NHSC site and must verify with the program that it serves the underserved populations required by the program's regulations. The Center relies heavily on this program to attract therapists and it may also be used to recruit a prescriber in the future. Processes to maintain eligibility and provide employee an agency verification are outlined in detail on the NHSC website	392
	<b>2) Subcontractor Monitoring</b>	
	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 of each subcontractor. 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.	2000

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. NCC reviews San Juan cases and documentation as part of its Peer Review program.

FY18 Mental Health Area Plan & Budget													Local Authority: Northeastern			Form A	
State General Fund				County Funds													
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue				
FY2018 Mental Health Revenue by Source	78047	834254	78312	80668	117455	230000	44857		320000	225000	120000	180000	\$4,378,593				
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)		75000				375000							\$450,000	155	\$2,903.23		
Residential Care (171 & 173)	32000			25000									\$57,000	20	\$2,850.00		
Outpatient Care (22-24 and 30-50)	21047	320379	53312	310	117455	1060714	40371		112191	175000	100000	117653	\$2,118,432	2400	\$882.68		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		25000				50000							\$75,000	600	\$125.00		
Psychotropic Medication Management (61 & 62)	25000	135232	25000			303551				50000	20000		\$558,783	980	\$570.19		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		116485				121728							\$238,213	95	\$2,507.51		
Case Management (120 & 130)		72011				169295			100000				\$341,306	132	\$2,585.65		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)												60000	\$60,000	40	\$1,500.00		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)				7705					62295				\$70,000	55	\$1,272.73		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information							4486		45514				\$50,000				
Services to persons incarcerated in a county jail or other county correctional facility				47653								2347	\$50,000	50	\$1,000.00		
Adult Outplacement (USH Liaison)		10000				25000							\$35,000	10	\$3,500.00		
Other Non-mandated MH Services		80147				194712							\$274,859	150	\$1,832.39		
FY2018 Mental Health Expenditures Budget	78047	834254	78312	80668	117455	230000	44857	0	320000	225000	120000	180000	\$4,378,593				
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT		613948	39166	58087	84568	1814498	32857	0	160000	157500	90000	120000	\$3,170,624	1825	\$1,737.33		
YOUTH/CHILDREN	78047	220306	39146	22581	32887	485502	12000	0	160000	67500	30000	60000	\$1,207,969	997	\$1,211.60		
Total FY2018 Mental Health Expenditures	78047	834254	78312	80668	117455	230000	44857	0	320000	225000	120000	180000	\$4,378,593	2822	\$1,551.59		

**FY18 Proposed Cost & Clients Served by Population**

Local Authority: Northeastern Counseling Center

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
328500	ADULT	140	2346.428571
121500	CHILD/YOUTH	15	8100
<b>Residential Care Budget</b>			
54500	ADULT	18	3027.777778
2500	CHILD/YOUTH	2	1250
<b>Outpatient Care Budget</b>			
1301932	ADULT	1500	867.9546667
816500	CHILD/YOUTH	900	907.2222222
<b>24-Hour Crisis Care Budget</b>			
52500	ADULT	450	116.6666667
22500	CHILD/YOUTH	150	150
<b>Psychotropic Medication Management Budget</b>			
486448	ADULT	800	608.06
72335	CHILD/YOUTH	180	401.8611111
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
181213	ADULT	75	2416.173333
57000	CHILD/YOUTH	20	2850
<b>Case Management Budget</b>			
319124	ADULT	110	2901.127273
22182	CHILD/YOUTH	22	1008.272727
<b>Community Supports Budget (including Respite)</b>			
45000	ADULT (Housing)	25	1800
15000	CHILD/YOUTH (Respite)	15	1000
<b>Peer Support Services Budget</b>			
45000	ADULT	40	1125
25000	CHILD/YOUTH (includes FRF)	15	1666.666667
<b>Consultation &amp; Education Services Budget</b>			
10000	ADULT		
40000	CHILD/YOUTH		



**FY18 Mental Health Early Intervention Plan & Budget**

**Local Authority:** Northeastern Counseling Center

**Form A2**

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	48047	30000	17000		60000				\$155,047		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		#DIV/0!
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL	43242	27000	15300		54000				\$139,542		#DIV/0!
School Based Behavioral Health-ADMIN	4805	3000	1700		6000				\$15,505		
FY2018 Mental Health Expenditures Budget	48047	30000	17000	0	60000	0	0	0	\$155,047	0	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

## FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Northeastern

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
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**1a) Adult Inpatient**

Form A1 - FY18 Amount Budgeted:	328,500	Form A1 - FY18 Projected Clients Served:	140	
Form A1 - Amount Budgeted In FY17 Area Plan	261,215	Form A1 - Projected Clients Served In FY17 Area Plan	140	
Form A1 - Actual FY16 Expenditures Reported by Locals	284,290	Form A1 - Actual FY16 Clients Served as Reported By Locals	33	<b>Character Limit/Count</b>
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.				2,500
<p>Inpatient services utilized by Northeastern Counseling are predominantly provided at Provo Canyon Behavioral Hospital. <b>The ARTC is utilized to a lesser extent. Access to the ARTC has been limited during the past year and that is expected to continue in the coming year.</b> Given the continued increased demand for inpatient services, other hospitals are also utilized in the IHC/Morning Star systems, University of Utah Neuropsychiatric Institute, etc. As NCC provides admission services for unfunded, insured, Medicare and Medicaid the Center will use 9 to 10 different inpatient providers each year due to beds being full, insurance coverage, or special needs e.g. geriatric. NCC employs a liaison that lives in Utah County. The liaison provides discharge planning, some utilization review for Utah county admissions and USH clients. In addition to admission services for all payers, NCC staff provide discharge planning and follow up services regardless of payer.</p> <p>Difference in "Projected" verses "Actual" or "mental health score card" inpatient numbers: Throughout the years NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is being given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the "Score Card". NCC facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through NCC office locations. Challenging discharges are also facilitated by NCC regardless of payer. The majority of these admissions and discharges include individuals that are not covered under Medicaid. However, only Medicaid admissions paid for by NCC are entered into the NCC EMR and subsequently reported to the Division. All admissions and many discharges (regardless of payer) require additional non billable time by NCC that is not captured by CPT billable crisis or other service data. NCC projects facilitating admissions for 140 individuals in the coming year with the adult Medicaid clients paid for projected at 40.</p>				2,152

	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).			1,000	
	Inpatient fees per bed day have increased. In addition, the number of bed days funded by NCC has increased requiring a budget adjustment.			142	
	Describe any significant programmatic changes from the previous year.			400	
	None			4	
<b>1b) Children/Youth Inpatient</b>					
	Form A1 - FY18 Amount Budgeted:	121,500	Form A1 - FY18 Projected Clients Served:	15	
	Form A1 - Amount Budgeted In FY17 Area Plan	96,614	Form A1 - Projected Clients Served In FY17 Area Plan	15	
	Form A1 - Actual FY16 Expenditures Reported by Locals	121,839	Form A1 - Actual FY16 Clients Served as Reported By Locals	14	<b>Character Limit/Count</b>
	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.			2,500	

	<p>Northeastern Counseling Center has an inpatient contract for youth at Provo Canyon. Children may also be admitted 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. Difference in "Projected" verses "Actual" or "mental health score card" inpatient numbers: Throughout the years NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is being given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the "Score Card". NCC facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through NCC office locations. These admissions and discharges include individuals that are not covered under Medicaid. However, only Medicaid admissions paid for by NCC are entered into the NCC EMR and subsequently reported to the Division. All admissions and many discharges (regardless of payer) require additional non billable time by NCC that is not captured by a CPT billable service. This budget item includes some of those costs.</p>	1,464	
	<p>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).</p>	1,000	
	<p>Fees or inpatient bed days have increased. In addition, the number of bed days funded by NCC has increased requiring a budget adjustment.</p>	143	
	<p>Describe any significant programmatic changes from the previous year.</p>	500	
	<p>none</p>	4	

1c) Adult Residential Care						
Form A1 - FY18 Amount Budgeted:	54,500	Form A1 - FY18 Projected Clients Served:	18			
Form A1 - Amount Budgeted In FY17 Area Plan	22,500	Form A1 - Projected Clients Served In FY17 Area Plan	18			
Form A1 - Actual FY16 Expenditures Reported by Locals	67,521	Form A1 - Actual FY16 Clients Served as Reported By Locals	25		<b>Character Limit/Count</b>	
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.					3,000	
<p>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. However, the Center believes it does prevent inpatient admissions through its housing and support services for the SMI population. Those in one of NCC's 20 apartments that have 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.</p>					1,672	
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).					1,000	
The budget has been increased to reflect actual expenses from the previous year.					82	
Describe any significant programmatic changes from the previous year.					400	

None				4	
<b>1d) Children/Youth Residential Care</b>					
Form A1 - FY18 Amount Budgeted:	2,500	Form A1 - FY18 Projected Clients Served:	2		
Form A1 - Amount Budgeted In FY17 Area Plan	2,500	Form A1 - Projected Clients Served In FY17 Area Plan	2		
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		<b>Character Limit/Count</b>	
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.				3,000	
<p>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.</p> <p>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.</p>				694	
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).				1,000	

	No change. The budget has been set based on past utilization.				67	
	Describe any significant programmatic changes from the previous year.				500	
	None				4	
<b>1e) Adult Outpatient Care</b>						
	Form A1 - FY18 Amount Budgeted:	1,290,943	Form A1 - FY18 Projected Clients Served:	1,500		
	Form A1 - Amount Budgeted In FY17 Area Plan	1,441,998	Form A1 - Projected Clients Served In FY17 Area Plan	1,300		
	Form A1 - Actual FY16 Expenditures Reported by Locals	1,397,146	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,446	<b>Character Limit/Count</b>	
	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.				5,000	

	<p>The Center will continue to provide Assessment, Individual and Group Therapy services out of the Duchesne, Roosevelt and Vernal sites. The Center also provides a couple of service appointments in Manila every week of the school year at the health clinic and this will continue in the coming year. The P.A. provider in the Manila clinic is able to refer for therapy services provided in either the clinic or at the NCC Vernal office. The Center serves all adults regardless of funding. The Center also provides a therapist to the Vernal FQHC 12 hours a week and this may increase depending on the intregation grant application being completed by the FQHC. The Center believes that the 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 daily to remain a community mental health center that serves the entire population regardless of funding source.</p>	1,168	
	<p>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).</p>	1,000	
	<p>Clients served has been increased based on acutal annual numbers for the past 12 months. A proposed decrease in Medicaid rates will effect the budget for the coming year and the amount must be reduced accordingly.</p>	221	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	
	<p>None</p>	4	

1f) Children/Youth Outpatient Care						
Form A1 - FY18 Amount Budgeted:	816,500	Form A1 - FY18 Projected Clients Served:	900			
Form A1 - Amount Budgeted In FY17 Area Plan	846,888	Form A1 - Projected Clients Served In FY17 Area Plan	850			
Form A1 - Actual FY16 Expenditures Reported by Locals	893,257	Form A1 - Actual FY16 Clients Served as Reported By Locals	910		<b>Character Limit/Count</b>	
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.					5,000	
The Center will continue to provide assessment, individual/family therapy out of the Duchesne, Roosevelt and Vernal offices. The Center has expanded some therapy outpatient services to youth 15-17 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 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 been seen for health care and therapy services.					637	
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).					1,000	
Decrease in proposed Medicaid rates have resulted in a lower budget.					70	
Describe any significant programmatic changes from the previous year.					1,000	

None					4
<b>1g) Adult 24-Hour Crisis Care</b>					
Form A1 - FY18 Amount Budgeted:	52,500	Form A1 - FY18 Projected Clients Served:	450		
Form A1 - Amount Budgeted In FY17 Area Plan	109,500	Form A1 - Projected Clients Served In FY17 Area Plan	450		
Form A1 - Actual FY16 Expenditures Reported by Locals	50,025	Form A1 - Actual FY16 Clients Served as Reported By Locals	371	<b>Character Limit/Count</b>	
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,500

	<p>The Center has one therapist on call in the Duchesne County area and one therapist on call for Uintah and Daggett Counties anytime NCC offices are closed to regular business. During non-business hours the on call therapist carries and answers a cell phone which allows for direct contact by consumers and stake holders.</p> <p>Crisis services include evaluation, consultation, therapy and NCC housing support. Services are accessed in wide variety of ways including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Local Emergency Rooms contacting the crisis worker for consultation in the E.R. (for open consumers and those not open NCC services)</li> <li>• Calls initiated by law enforcement or Central Dispatch for emergency evaluation or consultation. (for open consumers and those not open NCC services)</li> <li>• Calls from jails or the Youth Detention Center for crisis evaluation. (for open consumers and those not open NCC services)</li> <li>• Calls or walk in crisis' initiated by consumers, family or others. (for open consumers and those not open NCC services)</li> <li>• Calls or walk in consumers referred from an outpatient physician office. (for open consumers and those not open NCC services)</li> </ul> <p>All crisis services are provided without any compensation from the local hospitals, jails, or other institutions.</p>	1,327	
	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).	1,000	
	Budget has been changed to match actual expences for the past year.	68	
	Describe any significant programmatic changes from the previous year.	400	

None				4	
<b>1h) Children/Youth 24-Hour Crisis Care</b>					
Form A1 - FY18 Amount Budgeted:	22,500	Form A1 - FY18 Projected Clients Served:	150		
Form A1 - Amount Budgeted In FY17 Area Plan	40,500	Form A1 - Projected Clients Served In FY17 Area Plan	150		
Form A1 - Actual FY16 Expenditures Reported by Locals	22,475	Form A1 - Actual FY16 Clients Served as Reported By Locals	160	<b>Character Limit/Count</b>	
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500	
<p>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 through local emergency rooms or at NCC offices.</p> <p>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 for individuals they serve. <i>Services to the YDC have decreased recently and are expected to decrease further with JJS hiring an internal clinical therapist. However, the scope of the impact is not fully known at this time.</i></p> <p>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.</p>				1,050	
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).				1,000	

	Budget has been changed to match actual expences for the past year.				68	
	Describe any significant programmatic changes from the previous year.				1,000	
	JJS has been proviiding some services via video in the past year and has recently hired a clinical therapist at the Vernal YDC. This will result in fewer crisis services provided by NCC at the YDC. However, it has been communicated to NCC that the YDC therapist will not generally be working after hour's emergencies and that NCC staff may still be asked to cover the YDC.				374	
<b>1i) Adult Psychotropic Medication Management</b>						
	Form A1 - FY18 Amount Budgeted:	486,448	Form A1 - FY18 Projected Clients Served:	800		
	Form A1 - Amount Budgeted In FY17 Area Plan	455,103	Form A1 - Projected Clients Served In FY17 Area Plan	772		
	Form A1 - Actual FY16 Expenditures Reported by Locals	426,160	Form A1 - Actual FY16 Clients Served as Reported By Locals	670	<b>Character Limit/Count</b>	
	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.				2,000	

	<p>The Center currently employs a physician who has attended several psychiatric trainings and consultations but is not a board certified psychiatrist. The physician sees consumers in Roosevelt two days a week and Vernal two days a week. The Center has more demand for services than capacity. The plan is to hire an additional prescriber in the coming year so that capacity can be increased. Given the shortage of psychiatric specific providers nationwide and statewide, it is likely that a mid-level provider with informal psychiatric training with consultation assistance may be the option utilized. In addition, the Center anticipates needing to replace its current prescriber in the next two years due to retirement. The Center has been in discussions with the University of Utah APRN psychiatric program and the psychiatric residency program to explore options for placement or distance learning of local APRN's that may want pursue psychiatric training and possible training/consultation options if a non-psychiatrist physician could be found. These discussions will not produce options in the short term but may in 3-5 years. Telehealth for the volume of patients anticipated doesn't seem feasible or available from either a psychiatrist or psychiatric APRN but options will continue to be explored. Finding prescribing coverage for what is anticipated to be approximately 800 adult patients is one of the greatest challenges the Center faces in the coming year. The Center is actively attempting to recruit a psychiatric certified APRN at the present time but no immediate options appear forthcoming.</p> <p>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.</p>	1,904	
	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).	1,000	
	The budget has been increased to hire an additional prescriber.	63	
	Describe any significant programmatic changes from the previous year.	400	

None except hiring an additional prescriber				43
<b>1j) Children/Youth Psychotropic Medication Management</b>				
Form A1 - FY18 Amount Budgeted:	72,335	Form A1 - FY18 Projected Clients Served:	180	
Form A1 - Amount Budgeted In FY17 Area Plan	34,255	Form A1 - Projected Clients Served In FY17 Area Plan	180	
Form A1 - Actual FY16 Expenditures Reported by Locals	113,283	Form A1 - Actual FY16 Clients Served as Reported By Locals	170	<b>Character Limit/Count</b>
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.				2,500
<p>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. <b>The Center has more demand for services than capacity. The plan is to hire an additional prescriber in the coming year so that capacity can be increased. Given the shortage of psychiatric specific providers nationwide and statewide, it is likely that a mid-level provider with informal psychiatric training with consultation assistance may be the option utilized. In addition, the Center anticipates needing to replace its current prescriber in the next two years due to retirement. The Center has been in discussions with the University of Utah APRN psychiatric program and the psychiatric residency program to explore options for placement or distance learning of local APRN's that may want pursue psychiatric training and possible training/consultation options if a non-psychiatrist physician could be found. These discussions will not produce options in the short term but may in 3-5 years. Telehealth for the volume of patients anticipated doesn't seem feasible or available but options will continue to be explored. Finding prescribing coverage for what is anticipated to be approximately a 180 youth is one of the greatest challenges the Center faces in the coming year.</b></p>				1,823
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).				1,000

	The budget has been increased to hire an additional prescriber.					63	
	Describe any significant programmatic changes from the previous year.					1,000	
	None					4	
<b>1k) Adult Psychoeducation Services &amp; Psychosocial Rehabilitation</b>							
	Form A1 - FY18 Amount Budgeted:	181,213	Form A1 - FY18 Projected Clients Served:	75			
	Form A1 - Amount Budgeted In FY17 Area Plan	235,039	Form A1 - Projected Clients Served In FY17 Area Plan	88			
	Form A1 - Actual FY16 Expenditures Reported by Locals	193,302	Form A1 - Actual FY16 Clients Served as Reported By Locals	87		<b>Character Limit/Count</b>	
	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.					2,500	

	<p>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. 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.</p>	964	
	<p>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).</p>	1,000	
	<p>The projection has been decreased based on year to date numbers.</p>	65	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	
	<p>None</p>	4	

1I) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation						
Form A1 - FY18 Amount Budgeted:	57,000	Form A1 - FY18 Projected Clients Served:	20			
Form A1 - Amount Budgeted In FY17 Area Plan	15,002	Form A1 - Projected Clients Served In FY17 Area Plan	26			
Form A1 - Actual FY16 Expenditures Reported by Locals	57,739	Form A1 - Actual FY16 Clients Served as Reported By Locals	25		<b>Character Limit/Count</b>	
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.					2,500	
The Center made efforts to develop additional skill groups in the past year for Medicaid eligible youth. Efforts will continue in identifying youth that may be eligible for group skills and in some cases individual skills. Transportation and distance to services continue to be a challenge for youth services in the rural areas of the Basin. The Center will continue its efforts in the coming year to expand this service for children and youth.					455	
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).					1,000	
The number of unduplicated youth has been reduced to reflect the number served in the past year. The Budget has been changed to align with actual expences.					158	
Describe any significant programmatic changes from the previous year.					1,000	

None				4
<b>1m) Adult Case Management</b>				
Form A1 - FY18 Amount Budgeted:	319,124	Form A1 - FY18 Projected Clients Served:	110	
Form A1 - Amount Budgeted In FY17 Area Plan	330,810	Form A1 - Projected Clients Served In FY17 Area Plan	110	
Form A1 - Actual FY16 Expenditures Reported by Locals	342,809	Form A1 - Actual FY16 Clients Served as Reported By Locals	102	<b>Character Limit/Count</b>
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.				2,500
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 as does UT-YES funding. 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.				1,408
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).				1,000

	None				4	
	Describe any significant programmatic changes from the previous year.				400	
	None				4	
<b>1n) Children/Youth Case Management</b>						
	Form A1 - FY18 Amount Budgeted:	22,182	Form A1 - FY18 Projected Clients Served:	22		
	Form A1 - Amount Budgeted In FY17 Area Plan	21,116	Form A1 - Projected Clients Served In FY17 Area Plan	22		
	Form A1 - Actual FY16 Expenditures Reported by Locals	29,810	Form A1 - Actual FY16 Clients Served as Reported By Locals	9	<b>Character Limit/Count</b>	
	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.				2,500	

	<p>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.</p>	586	
	<p>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).</p>	1,000	
	<p>None</p>	4	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
	<p>None</p>	4	

<b>1o) Adult Community Supports (housing services)</b>						
Form A1 - FY18 Amount Budgeted:	45,000	Form A1 - FY18 Projected Clients Served:	25			
Form A1 - Amount Budgeted In FY17 Area Plan	45,000	Form A1 - Projected Clients Served In FY17 Area Plan	25			
Form A1 - Actual FY16 Expenditures Reported by Locals	60,000	Form A1 - Actual FY16 Clients Served as Reported By Locals	20		<b>Character Limit/Count</b>	
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.					2,000	
<p>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. 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 number of individuals needing housing after being evicted from low income housing continues to grow. The Center works with housing authorities and provides in home services in efforts to maintain housing. However, 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., even with daily in home supports. 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.</p>					1,751	
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).					1,000	
None					4	
Describe any significant programmatic changes from the previous year.					400	

None				4
<b>1p) Children/Youth Community Supports (respite services)</b>				
Form A1 - FY18 Amount Budgeted:	15,000	Form A1 - FY18 Projected Clients Served:	15	
Form A1 - Amount Budgeted In FY17 Area Plan	15,000	Form A1 - Projected Clients Served In FY17 Area Plan	17	
Form A1 - Actual FY16 Expenditures Reported by Locals	20,289	Form A1 - Actual FY16 Clients Served as Reported By Locals	12	<b>Character Limit/Count</b>
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.				2,500
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.				901
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).				1,000

	None						4	
	Describe any significant programmatic changes from the previous year.						1,000	
	None						4	
<b>1q) Adult Peer Support Services</b>								
	Form A1 - FY18 Amount Budgeted:	45,000	Form A1 - FY18 Projected Clients Served:	40				
	Form A1 - Amount Budgeted In FY17 Area Plan	44,100	Form A1 - Projected Clients Served In FY17 Area Plan	40				
	Form A1 - Actual FY16 Expenditures Reported by Locals	14,528	Form A1 - Actual FY16 Clients Served as Reported By Locals	23			<b>Character Limit/Count</b>	
	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.						2,000	

	<p>The Center lost its experienced Peer Support provider recently due to family changes. <a href="#">The Center has hired a new Peer Support provider who is in the process of being trained and certified.</a> 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. The Center hopes to increase the number of enrollees receiving Peer Support. The projected number was not realized in the past year but remains as a goal.</p>	582	
	<p>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).</p>	1,000	
	<p>None</p>	4	
	<p>How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>Supervision is provided by the Clinical Director and on a daily basis by the clinical Roosevelt Site Supervisor who provides consumer specific guidance. In the past this has included being part of mentoring training provided under the UT YES grant by NAMI.</p>	258	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	

None				4
<b>1r) Children/Youth Peer Support Services</b>				
Form A1 - FY18 Amount Budgeted:	25,000	Form A1 - FY18 Projected Clients Served:	15	
Form A1 - Amount Budgeted In FY17 Area Plan	25,900	Form A1 - Projected Clients Served In FY17 Area Plan	15	
Form A1 - Actual FY16 Expenditures Reported by Locals	7,823	Form A1 - Actual FY16 Clients Served as Reported By Locals	12	<b>Character Limit/Count</b>
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.				2,500
The Center's FRF is fully trained and certified as a Peer Support provider. The Center is actively seeking families that are in services with NCC that could benefit from this specific service. The FRF is located in Roosevelt and actively seeks referrals and opportunities to provide Peer Support. This includes services to the Vernal location. The Center's adult Peer Support provider has also provides Peer Support to 16 and 17 years olds under the UT YES grant.				476
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).				1,000

	None	4	
	How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?	1,000	
	Supervision is provided by the Clinical Director and on a daily basis by the clinical Roosevelt Site Supervisor who provides consumer specific guidance. In the past this has included being part of mentoring training provided under the UT YES grant by NAMI.	257	
	Describe any significant programmatic changes from the previous year.	1,000	
	With the systems of care role out in the Eastern region there may be some changes that cannot be anticipated at this time. The Human Services employees for the Basin will be housed in the NCC office with the Center's FRF employee. Northeastern Counseling attended the intitial orientation meeting at the NCC Roosevelt offices. The Center looks forward to providing additional referrals and support to the Systems of Care. The Center will participate as resources allow in planning, staffing/consulting and treating those involved in the Systems of Care. The Center feels it is esential to work with JJS, DCFS, DSPD and other community stake holders to provide what children, youth and families need.	717	

1s) Adult Consultation & Education Services							
	Form A1 - FY18 Amount Budgeted:	10,000					
	Form A1 - Amount Budgeted In FY17 Area Plan	25,000					
	Form A1 - Actual FY16 Expenditures Reported by Locals	10,000				<b>Character Limit/Count</b>	
	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.					2,000	
	<p>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 800 hundred community members have been trained in Mental Health First Aid in the Uintah Basin. The Center on average is providing two public safety trainings a year where all jurisdictions are invited and attend.</p> <p>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.</p>					1,038	
	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).					1,000	
	The Budget has been changed to align with expences.					53	
	Describe any significant programmatic changes from the previous year.					400	



	The budget has been changed to align with expences.				52	
	Describe any significant programmatic changes from the previous year.				1,000	
	None				4	
<b>1u) Services to Incarcerated Persons</b>						
	Form A1 - FY18 Amount Budgeted:	50,000	Form A1 - FY18 Projected Clients Served:	50		
	Form A1 - Amount Budgeted In FY17 Area Plan	50,000	Form A1 - Projected Clients Served In FY17 Area Plan	133		
	Form A1 - Actual FY16 Expenditures Reported by Locals	41,504	Form A1 - Actual FY16 Clients Served as Reported By Locals	112	<b>Character Limit/Count</b>	
	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.				2,000	

	<p>The Center has and will continue to respond to emergency calls involving potential danger to self or others in local county jails as requested and negotiated with those jails. During the past year the major Jails in the area have been handling their own in house suicide watch and release services using the same medical contract group. This is the reason for the drop in services in the current and coming year. The Center also provides furlough services arranged with the Court, attorneys and the jail as needed. Furlough services are provided at NCC office locations with the inmate returning to jail following the service.</p> <p>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.</p>	867	
	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).	1,000	
	<p>The number of youth served in the local detention center will decrease in the coming year due to JJS having their own in house provider. Services in local Jails is expected to decrease with in house medical services providing the majority of crisis interventions. However, there are still costs especially for after hour crisis services that are part of this budget item.</p>	376	
	Describe any significant programmatic changes from the previous year.	400	
	None	4	

1v) Adult Outplacement						
Form A1 - FY18 Amount Budgeted:	35,000	Form A1 - FY18 Projected Clients Served:	10			
Form A1 - Amount Budgeted In FY17 Area Plan	35,000	Form A1 - Projected Clients Served In FY17 Area Plan	10			
Form A1 - Actual FY16 Expenditures Reported by Locals	32,500	Form A1 - Actual FY16 Clients Served as Reported By Locals	10		<b>Character Limit/Count</b>	
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.					1,000	
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 household 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.					976	
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).					1,000	
None					4	
Describe any significant programmatic changes from the previous year.					400	

	None	4
	<b>1w) Children/Youth Outplacement</b>	<b>Character Limit/Count</b>
	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.	2,000
	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.	181
	Describe any significant programmatic changes from the previous year.	1,000

none					4
1x) <b>Unfunded Adult Clients</b>					
Form A1 - FY18 Amount Budgeted:	389,166	Form A1 - FY18 Projected Clients Served:	1,155		
Form A1 - Amount Budgeted In FY17 Area Plan	389,095	Form A1 - Projected Clients Served In FY17 Area Plan	1,150		
Form A1 - Actual FY16 Expenditures Reported by Locals	434,318	Form A1 - Actual FY16 Clients Served as Reported By Locals	904	<b>Character Limit/Count</b>	
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.					2,000
<p>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 does not want to be known as a Medicaid only provider.</p> <p>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.</p>					918
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).					1,000

	None					4		
	Describe any significant programmatic changes from the previous year.					400		
	None					4		
	<b>1y) Unfunded Children/Youth Clients</b>							
	Form A1 - FY18 Amount Budgeted:	189,146	Form A1 - FY18 Projected Clients Served:	500			#NAME?	
	Form A1 - Amount Budgeted In FY17 Area Plan	189,095	Form A1 - Projected Clients Served In FY17 Area Plan	456				
	Form A1 - Actual FY16 Expenditures Reported by Locals	208,433	Form A1 - Actual FY16 Clients Served as Reported By Locals	317		<b>Character Limit/Count</b>		
	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.						2,500	

		<p>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. The Center does not want to be known as a Medicaid only provider in the community. This is becoming increasingly difficult due to payer mix and a lack of therapist and prescriber time while there is a steady increase in demand for services being provided. The Center will serve children and youth regardless of funding source as far as resources allow.</p>	939	
		<p>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).</p>	1,000	
			0	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
			0	

1z) Other non-mandated Services						
Form A1 - FY18 Amount Budgeted:	274,859	Form A1 - FY18 Projected Clients Served:	150			
Form A1 - Amount Budgeted In FY17 Area Plan	314,305	Form A1 - Projected Clients Served In FY17 Area Plan	161			
Form A1 - Actual FY16 Expenditures Reported by Locals	353,152	Form A1 - Actual FY16 Clients Served as Reported By Locals	213		<b>Character Limit/Count</b>	
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.					3,000	
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. 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. <b>Medicaid is to be removing transportation requirements from the PMHP contract for the coming year. However, given the lack of local transportation services the Center anticipates that the contract change will have little effect on current practice for mental health services.</b>					676	
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).					1,000	
none					4	
Describe any significant programmatic changes from the previous year.					400	

	none		4
	<b>2) Client Employment</b>		
	<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with <b>Employment First 62A-15-105.2</b></p>	<b>Character Limit/Count</b>	
	Competitive employment in the community (include both adults and transition aged youth).		2,000
	<p>NCC believes that employment is an integral part of recovery and positive growth. The Center now has a half time employment specialist that has completed training and is providing evidence based employment services. 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. Tthe main focus for the employment specialist is transition youth.</p>		823
	Collaborative efforts involving other community partners.		1,500

	<p>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. <a href="#">The Basin's economic downturn has significantly limited available options for competitive employment. However, the employment specialist has made individual arrangements with local businesses for specific individuals.</a></p>	689	
	<p>Employment of people with lived experience as staff.</p>	1,500	
	<p><a href="#">The Center has several staff with lived experience that provide services.</a></p>	75	
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500	
	<p><a href="#">The Center's Peer Support provider along with the Center's FRF have both lived and living experience that is valuable in the daily interactions they have with the families they serve.</a></p>	183	
	<p>Evidence-Based Supported Employment.</p>	1,500	

	<p>The Center's specialist is participating in mentoring program and is completing necessary training to provide evidenced based services. Online IPS training is completed. Northeastern Counseling welcomes additional IPS training and mentoring in addition to what has already been received. This position is .5 a FTE and we hope to have 2-4 active participants at all times. The current emphasis is on serving transition age youth 16-25.</p>	449	
	<p><b>3) Quality &amp; Access Improvements</b></p>		
	<p>Identify process improvement activities including implementation and training of:</p>	<p><b>Character Limit/Count</b></p>	
	<p>Describe access and quality improvements</p>	1,500	
	<p>The Center has made some process improvements including adding intake paper work to the Center's website and accepting that paper work by email. Initial Paper work has also been reviewed to remove as much redundancy as possible and to ask for necessary information only. These efforts will be ongoing. The Center has also conducted "secret shopper" evaluations to survey the process leading up to making an appointment.</p>	428	
	<p>Identify process improvement activities - Implementation</p>	1,500	

	<p>The Center has successfully implemented the Credible software system and updates and improvements continue to be made. This has included increasing remote access for therapists that practice outside the NCC office.</p>	215	
	Identify process improvement activities - Training of Evidence Based Practices	1,000	
	<p>The Center will have all therapists that work with youth trained in TF-CBT including select therapists that have attended in person trainings and participate in ongoing phone consultations. The Center has four therapists that have completed EMDR. One therapist is certified and a supervisor in EMDR. The Center provides an annual training budget and hours for all therapists and case managers. The Center plans to host a CPT training in its office for therapists and other community partners. Sixty percent of the therapists have completed CAMS training. Trauma training for both adults and youth continue to be a major focus.</p>	642	
	Identify process improvement activities - Outcome Based Practices	1,000	
	<p>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. The LS-RNR is used in select situations involving compelled consumers including measuring improvement over time.</p>	436	
	Identify process improvement activities - Increased service capacity	1,000	

	<p>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. <b>In the coming year it is essential for the Center to be able to recruit one and possibly two prescribers to meet community need. The Center will not be able to continue providing medication services regardless of payer the without being able to recruit and/or train prescribers as needed.</b></p>	938	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000	
	<p>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.</p>	684	
	Identify process improvement activities - Efforts to respond to community input/need	1,000	
	<p>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 including JRI groups.</p>	410	
	Identify process improvement activities - Coalition Development	1,000	

		<p>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. We anticipate being an integral part of the systems of care groups, staffings and services.</p>	714	
		<p>Describe how mental health needs for people in Nursing Facilities are being met in your area</p>	1,000	
		<p>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. 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.</p>	396	
		<p>Other Quality and Access Improvements (not included above)</p>	1,000	
		<p>none</p>	4	

4) Integrated Care	Character Limit/Count	
Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	1,500	
<p>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. <a href="#">The Center has several interactions with TriCounty health for prevention, coalition and other activities and referrals.</a> <a href="#">The Center provides crisis intervention in both hospitals.</a> A therapist also provides services at the Manila health clinic once a week during the school year. The therapist travels to Manila once a week during the school year and after providing services at the school site would have two hours of service time available at the health clinic in town. The Manila Health Clinic offers outpatient services by a P. A. In the past the Center has attempted to continue services at the clinic when school is not in session. However, demand for services in the summer did not justify sending a therapist from a resource perspective. The Center will continue to monitor this need and has also discussed providing telehealth and video therapy services through the site in the future.</p>	1,102	
Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	1,500	
<p>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.</p>	430	
Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500	

		<p>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.</p> <p>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.</p>	430	
		<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a <b>tobacco free environment</b>. SUD Target= reduce tobacco and nicotine use by 5%.</p>	1,500	
		<p>The Center's campus has been tobacco free by policy for many years. We have also been fortunate to have several success stories that involved individuals that have quit tobacco products as part of their recovery. However, challenges will continue to exist but the culture is slowly changing in the treatment population.</p> <p>For most consumers the desire to quit tobacco products requires ongoing motivational interviewing to progress in the stages of change and to see motivation to change. Services are available for those that reach that stage including NRT and Recovery Plus.</p>	590	
			<b>Character Limit/Count</b>	
		<p><b>5a) Children/Youth Mental Health Early Intervention</b></p> <p>Describe the <b>Family Resource Facilitation with Wraparound</b> activities you propose to undertake and identify where services are provided. <b>Describe how you intend to partner with other Department of Human Services child serving agencies.</b> For each service, identify whether you will provide services directly or through a contracted provider.</p>	2,500	

	<p>The Center's FRF position 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. At the time of this plan development the FRF is near capacity. Services can be provided in all three counties. More referrals are received than families that chose to participate in ongoing services. As previously noted in this plan the SOC care coordinator and Peer Support provider employed by DHS will be housed in the NCC Roosevelt office. It is hoped this will facilitate communication and cooperation towards improved family outcomes. How having two providers of a similar service will effect utilization is unknown. The Center believes there are many youth and families in need that will benefit from increased service capacity.</p>	867	
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000	
	<p>None</p>	4	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
	<p>none</p>	4	

	<p><b>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</b></p>	<p>[1]</p>	
	<p><b>5b) Children/Youth Mental Health Early Intervention</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>Describe the <b>Mobile Crisis Team</b> activities you propose to undertake and identify where services are provided. <b>Please note the hours of operation.</b> For each service, identify whether you will provide services directly or through a contracted provider.</p>	<p>5,000</p>	
	<p>NA</p>	<p>2</p>	
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	<p>1,000</p>	
		<p>0</p>	
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>1,500</p>	



	<p>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.</p> <p>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 FY2017. 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.</p>	1,249	
	Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000	
	None	4	
	Describe any significant programmatic changes from the previous year, including TANF. <b>(Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</b>	1,500	
	None	4	
	Describe outcomes that you will gather and report on.	1,500	

	<p>The Center will continue to report on YOQ data for school based services. The Center will also collect GPA data however, in the past this data when used in aggregate has not been a good indicator of improvement. Indeed, the Center believes the best outcomes are measured on individual basis'. Office referrals and attendance will also be gathered but do not always match in ways that can be used to show positive outcomes for a given group. However, data will be gathered and compiled into outcome format.</p>	516	
	<p><b>6) Suicide Prevention, Intervention &amp; Postvention</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>Describe the current services in place in suicide prevention, intervention and postvention.</p>	3,000	
	<p>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. For the past two years NCC has also began teaching the public safety MH first aid classes. Crisis services and access are covered in these presentations. To date over 800 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.</p> <p>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 other related clinical presentations. 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 including offering and providing discharge follow up after inpatient care. NCC has also implement the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown format.</p> <p>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.</p>	1,851	
	<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	1,500	

	<p>At present sixty percent of the therapists beginning CAMS have completed and this number will increase. Annual c-ssrs training is held including suicide specific training and safety planning. The Center's data for the Performance Improvement Project were as follows: Indicator 1, The percentage of members who received a C-SSRS screening during a face to face outpatient visit. Baseline 17.4%. At remeasurment X 1 57.9%. For indicator 2, The percentage of members with a C-SSRS endorsing question 2 or higher who receive a same day safety plan. Baseline 84.6% and Remeasurment X 1, 77.1% with a significant increase in N for Remeasurment X 1 period.</p>	670	
	<p>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 as specific efforts for your clients.</p>	1,500	
	<p>The Center provides crisis services in local emergency rooms in 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 including offering and providing discharge follow up after inpatient care. NCC has also implement the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown format.</p>	450	
	<p><b>7) Justice Reinvestment Initiative</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>Identify the members of your local JRI implementation Team.</p>	1,500	

	<p>Judge Ed Peterson  Presiding 8th District Court Judge  Judge Clark McClellan 8th District Court Judge Uintah/Daggett  Comm. Brad Horrocks Uintah  Mark Thomas Uintah County Attorney  Judge Samual Chiara 8th District Court Judge Duchesne  Vance Norton Uintah County Sherriff  Ed Spann Uintah County Under Sherriff  Vernal and Roosevelt offices.  AP&amp;P Supervisors  Robert Hall NCC Clinical Director  Randy Asay Daggett Commissioner  Kyle Snow NCC CEO  Greg Lamb Defense counsel  Russ Pearson 8th 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</p>	869	
	Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.	1,500	
	<p>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. The Center has the ability to utilize the LS-RNR as needed but usually the initial LS-RNR is completed by AP&amp;P and the results provided to NCC as treatment begins. 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.</p>	842	
	Identify your proposed outcome measures.	1,000	

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.

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Northeastern		Form B	
FY2018 Substance Use Disorder Treatment 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	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2018 Revenue				
Drug Court	83061					17545						\$100,606				
Drug Offender Reform Act												\$0				
JRI	176944		35389									\$212,333				
Local Treatment Services	168782	120000	57756		280000	253146	44667		25000	60000		\$1,009,351				
Total FY2018 Substance Use Disorder Treatment Revenue	\$428,787	\$120,000	\$93,145	\$0	\$280,000	\$270,691	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,322,290				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	10000				10000	10000						\$30,000	5	\$6,000		
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!		
Outpatient (Non-Methadone: ASAM I)	386787	120000	93145		270000	260691	44667		25000	60000		\$1,260,290	825	\$1,528		
Intensive Outpatient (ASAM II.5 or II.1)												\$0		#DIV/0!		
Recovery Support (includes housing, peer support, case management and other non-clinical )	7000											\$7,000	12	\$583		
Other (Screening & Assessment, Drug testing, MAT)	25000											\$25,000	60	\$417		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$428,787	\$120,000	\$93,145	\$0	\$280,000	\$270,691	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,322,290	902	\$1,466		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	18755	15742	10349		35200	21486	44667		5000	6423		\$157,622				
All Other Women (18+)	106475	29855	19210		58650	66967			5000	22586		\$308,743				
Men (18+)	277746	64881	57128		163700	163346			10000	24531		\$761,332				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	25811	9522	6458		22450	18892			5000	6460		\$94,593				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$428,787	\$120,000	\$93,145	\$0	\$280,000	\$270,691	\$44,667	\$0	\$25,000	\$60,000	\$0	\$1,322,290				



## FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Northeastern

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0	
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan		
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals		<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
There are occasions where referrals are made for this level of care by the Center but the service is not funded by NCC. 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.				534
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).				2000

	None				4
	Describe any significant programmatic changes from the previous year.				2000
	None				4
<b>2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)</b>					
	Form B - FY18 Amount Budgeted:	\$30,000	Form B - FY18 Projected Clients Served:	5	
	Form B - Amount Budgeted In FY17 Area Plan	30,000	Form B - Projected Clients Served In FY17 Area Plan	5	
	Form B - Actual FY16 Expenditures Reported by Locals	17,500	Form B - Actual FY16 Clients Served as Reported By Locals	2	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p> <p>In the past year several admissions were began that did not come fruition based on the individual consumer's situation and self-determination.</p>	777
	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).	2000
	None	4
	Describe any significant programmatic changes from the previous year.	2000
	None	4

<b>3) Outpatient (Methadone - ASAM I)</b>					
Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0		
Form B - Amount Budgeted In FY17 Area Plan	0	Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals	1,218,690	Form B - Actual FY16 Clients Served as Reported By Locals	18		<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.					2000
The Center does not provide Methadone services. It is not clear why the data listed above is showing. The Center does provide MAT Suboxone/Subutex services but these are included under the Outpatient section.					215
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).					2000
None					4
Describe any significant programmatic changes from the previous year.					2000

None				4
<b>4) Outpatient (Non-methadone – ASAM I)</b>				
Form B - FY18 Amount Budgeted:	\$1,260,290	Form B - FY18 Projected Clients Served:	825	
Form B - Amount Budgeted In FY17 Area Plan	1,029,088	Form B - Projected Clients Served In FY17 Area Plan	499	
Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals	386	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>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.</p> <p>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.</p> <p>The Center's physician is certified to provide Suboxone (buprenorphine and naloxone) evaluation and services. This service is provided out of the Vernal and Roosevelt offices.</p>				858
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).				2000

		<p>The difference in clients served from past years includes Assessment Only clients that have been added to the Outpatient numbers for this years plan. In the past these numbers have been listed separately. This explains the majority of the increase in outpatient numbers served.</p>			283
		<p>Describe any significant programmatic changes from the previous year.</p>			2000
		<p>The Center has increased training on the LS-RNR and MRT. Additional groups have been developed for both Truama specific treatment and to separate need and risk levels. The Center plans on providing MAT to additional individuals in the coming year.</p>			249
		<p><b>5) Intensive Outpatient (ASAM II.5 or II.1)</b></p>			
		Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0
		Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan	
		Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals	56.00
		<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			2000

	<p>The Center does not provide IOP and clients showing in the report card as served appear to be the result of a Data error. These individuals should be part of the OP level of service.</p>	187
	<p>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).</p>	2000
	<p>none</p>	4
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>none</p>	4

<b>6) Recovery Support Services</b>				
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.				
Form B - FY18 Amount Budgeted:	\$7,000	Form B - FY18 Projected Clients Served:	12	
Form B - Amount Budgeted In FY17 Area Plan	7,000	Form B - Projected Clients Served In FY17 Area Plan	10	
Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals	0	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>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&amp;P. The Drug Court Case Manager also provides access to recovery support services. Bus passes 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 and 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.</p>				1482
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).				2000

	<p>The Center plans on increasing the number of individuals receiving recovery services substantially in the coming year provided the JRI application process is successful. Most of the increase will be provided under JRI with the proposed hiring of two case manager/recovery service coordinators. Additional JRI consumers that will be served are not counted in this section nor is the hoped increase in funding under the JRI application process.</p>				451
	Describe any significant programmatic changes from the previous year.				2000
	<p>Two additional positions to provide and coordinate recovery support services will be applied for under the JRI application process.</p>				135
7) Peer Support Services					
	Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:		
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		<b>Character Limit/Count</b>
	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.				2,000

	<p>The Center lost its experienced Peer Support provider recently due to family changes. The Center has hired a new Peer Support provider who is in the process of being trained and certified. 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 including individuals with Substance Use Disorder needs. The majority of the services are provided in Duchesne county. The Center hopes to increase the number of enrollees receiving Peer Support related to both substance use disorder and mental health populations. The current emphasis is for youth 16-25. No money is budgeted under the SA form specific to SA Peer Support.</p>	726
	<p>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).</p>	1,000
	<p>None</p>	4
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000
	<p>none</p>	4

	Describe any significant programmatic changes from the previous year.	400
		0
	<b>8) Opioid Treatment and Recovery Support Formula Funds</b>	
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> <li>1. Contract with Opioid Treatment Programs (OTP);</li> <li>2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);</li> <li>3. Provision of evidence based-behavioral therapies for individuals with OUD;</li> <li>4. Support innovative telehealth in rural and underserved areas;</li> <li>5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;</li> <li>6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;</li> <li>7. Enhance or support the provision of peer and other recovery supports.</li> </ol>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided.	2000

	<p>Northeastern counseling currently provides medication assisted treatment in the form of buprenorphine for 30 to 45 individuals at any given time out of the Vernal or Roosevelt offices. The Center's prescriber can serve double this population under the DATA 2000 program. However, due to mental health treatment demands it is not possible to expand medication assisted treatment services with only one prescriber for the agency. The center proposes using these funds to pay a portion of a new full time prescriber with a portion of the prescriber's time devoted to MAT. It is estimated that approximately 20% of the new prescribers time would be dedicated to medication assisted treatment under this proposal. Supportive services including increased nurse and wellness services would also be provided. The center continues to see a demand that cannot be met. The Center feels it is in a good place to provide both MAT, case management, recovery support and behavioral therapies to address opioid addiction in a coordinated manner. In many cases the prescription can be written as appropriate, however, the medication may never be filled and induction never began due to the consumer not having means to purchase the medication. There is a high dropout rate or a lack of initial treatment engagement in these circumstances. Northeastern counseling may expend some of these funds to purchase medications for those that are unable to pay for medications especially at the beginning of MAT. Pharmacy/drug company subsidies and indigent programs will also be accessed where possible. Case managers will explore benefits the participant may be eligible for on an ongoing basis. The Center will develop a written policy on eligibility for medication purchase by the agency. Voucher arrangements will be made with local pharmacies and each prescription tracked and monitored once in the possession of the consumer. MAT medications under this proposal include buprenorphine products and Naltrexone products.</p>	2022
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
	<p>The Center is hiring two Substance Use Disorder Case Managers/Recovery Coordinators as part of the additional JRI funds. As outlined in those applications, there will be increased communication, coordination and recovery service emphasis with these two new positions. Engagement, monitoring and follow up will be provided and documented on individuals receiving MAT and other service related to OUD. This will include support from other agencies when the individual is compelled. The Center will also provide services to community members that are not compelled to treatment.</p>	587
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000



	<p>The Center continues 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 is also meeting with and working with AP&amp;P on who they will provide clinical services to, as opposed to whom NCC will provide services. AP&amp;P has two clinical programs in the Uintah Basin. At present NCC will serve whoever AP&amp;P refers to NCC. Individuals referred to NCC will vary as to risk and need. This is seen as a quality issue by NCC to avoid provider treatment changes that would not be indicated as best practice. These discussions have included AP&amp;P clinical staff, clinical administration and AP&amp;P supervisors. In the future it is hoped that this can be further refined and become more consistent to avoid duplicate programing for the same risk and need levels. The Center trained a total of 7 therapists in the evidenced based MRT model and this is being provided out of the Vernal and Roosevelt office. The Center has sent five therapists to LS-RNR assessment training. When AP&amp;P RNR(s) have not been available the Center has began completion of the tool with individuals identified as compelled to treatment.</p>	1413
	Identify process improvement activities - implementation.	2000
	<p>The Center has met with community partners in both Duchesne and Uintah in the past month. Efforts continue to improve communication between agencies and individuals that will provide support for treatment and recovery support. This includes ensuring that legal releases are in place and that there is a shared agenda that will support those in treatment. Processes will be put in place in the coming year that will help everyone to have the same basic information for the individual being treated when legal information releases are in place. Processes are in place that work well for Drug Court consumers. However, individuals not participating in Drug Court need process improvement and technology interventions will assist in these efforts. The Center participated in the University of Utah CPC project in the past year.</p>	827
	Identify process improvement activities - Training of Evidence Based Practices.	2000
	<p>The Center does hope to train additional therapists in the coming year in specific practices including Seeking Safety, MRT and LS-RNR training. The Center continues to provide therapists with an annual training budget and paid days to access trainings related to substance use disorders, trauma, etc. The Center has traditionally allowed therapists to chose their training opportunities with supervisor approval. Trainings are now screened for content, evidenced based value, etc. The Center also assigns therapists and other providers to attend specific evidenced based trainings.</p>	641
	Identify process improvement activities - Outcome Based Practices.	2000

	<p>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&amp;P, County Attorneys, Law Enforcement, and the courts. The Center is striving to improve communication with AP&amp;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. <a href="#">The Center is actively striving to improve treatment engagement, time in treatment and other outcome measures as found on the score card.</a> Consumer tracking, follow up after no shows, positive engagement and building recovery capital are goals for the coming year.</p>	727
	<p>Identify process improvement activities - Increased Service Capacity.</p>	2000
	<p>The Center hopes to hire two additional therapists in the coming year. Part of that time will be for SUD treatment. In addition, the Center hopes to hire two case manager/recovery support positions as part of the JRI application. The center also has the need to hire another prescriber. The prescriber will be required to complete DATA 2000 certification.</p>	366
	<p>Identify process improvement activities - Increased Access for Medicaid &amp; Non-Medicaid Funded Individuals</p>	2000
	<p>The majority of individuals served for SUD are not Medicaid enrollees and these individuals will continue to be served.</p>	121
	<p>Identify process improvement activities - Efforts to respond to community input/need.</p>	2000

	As previously described the Center is actively engaged in community stake holder meetings and one on one conversations as part of the JRI, Drug Court, DCFS, JJS, etc. processes.	179
	Identify process improvement activities - Coalition Development	2000
	NCC is an active member of the PAC. NCC is also involved in the SOC development and will support future efforts to establish the system in the coming years.	159
	Other Quality and Access Improvements (not included above)	2000
	None	4

	<b>10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility</b>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	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.	390
	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).	2000
	None	4
	Describe any significant programmatic changes from the previous year.	2000

	None	5
	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.	2000
	No SAPT funds will be used to provide services in the Jails.	63
	<b>11) Integrated Care</b>	<b>Character Limit/Count</b>
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000

	<p>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. The Center has several interactions with TriCounty health for prevention, coalition and other activities and referrals. The Center provides crisis intervention in both hospitals. A therapist also provides services at the Manila health clinic once a week during the school year.</p>	476
	<p>Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	2000
	<p>The Center feels it is at an advantage with co-occurring treatment as both the Mental Health and Substance Abuse provider. All therapists are able to complete both Mental Health and Substance Abuse assessments and provide basic treatment within both populations. Each assigned therapist is expected to ensure that both needs are met. In addition, the Center's physician is able to provide both Mental Health and MAT services. <a href="#">The Center recognizes that several challenges exist in the community for those in recovery including housing, employment, medical coverage, transportation, etc. However, the communities also have several assets including now having a FQHC, some public transportation and community partners that do care about recovery. Efforts will continue in enhancing recovery services, capital and hope.</a></p>	826
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000



	<p>The Center may provide or arrange for a variety of women services including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• As both the Substance Abuse and Mental Health provider NCC provides dual diagnosis treatment including medication services as needed for women and their children.</li> <li>• The Center has been providing a MRT trauma group and hopes to expand Seeking Safety group and individual therapy in the coming year and adjusting programming where possible to create gender specific groups. The Center also has three female therapists that are providing evidenced based EMDR as part of the Substance Program for women with trauma treatment needs.</li> <li>• 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.</li> <li>• 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.</li> </ul>	1472
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000
	<p>NCC can and does evaluate and treat youth and children whose parents or family members are in SUD treatment. Where needed referrals to Early intervention 0-3 or to needed medical services are made. The Center provides TF-CBT and other treatment modalities based on the child's need. The Center participates in Family Team meetings when possible, provides treatment updates and input and works with DCFS on reunification and efforts to keep children in the home while parent(s) are involved in treatment/recovery.</p>	518
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000



	<p>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. Therapists are also able to assess for mental health needs at the time of substance use evaluation including completing a suicide risk assessment (C-SSRS) and the A-SASSI. Youth can receive both mental health and substance use disorder treatment from NCC.</p> <p>The Center is open to providing group services if a sufficient number of youth with the same level of need, risk and age levels exist at the same time. 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 finds it challenging to form or train to a specialty program for adolescents with the limited number of youth that are involved in treatment. The Center has participated in the TRI project and is open to suggestions on how implement an evidence based program that can be provided on an individual treatment basis that is resource feasible.</p> <p>The Center is providing the PRI 18- 21 and PRI 17 and under classes in both the Roosevelt and Vernal offices.</p>	1263
	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).	2000
	Not significant	15
	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.	2000

	<p>NCC has been and will be participating in the SOC process and as part of individual teams. The SOC employees for the Uintah Basin are housed with NCC. NCC participates in team meetings and staffings as needed on youth and their families.</p>				244
<b>14) Drug Court</b>					
	Form B - FY17 Amount Budgeted: Felony	182,414	Form B - FY18 Amount Budgeted: Felony	\$100,606	
	Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.		
	Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile		
	Form B - FY17 Recovery Support Budgeted	7,000	Form B - FY18 Recovery Support Budgeted		<b>Character Limit/Count</b>
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000
	<p>The Uintah County Felony Drug Court serves High Risk High Need individuals as determined by the LS-RNR. Clinical evaluation then determines the appropriateness of the admission to the Drug Court Program.</p>				207
	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).				2000

	<p>Case management/tracking and other recovery 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&amp;P. 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 main treatment module.</p>	666
	<p>Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).</p>	2000
	<p>NCC is a direct provider of MAT services in house. When clinically indicated the prescriber service is provided by the NCC prescriber. The Drug Court team understands that MAT cannot be prohibited.</p>	202
	<p>Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)</p>	2000

	<p>Testing is done out of the Uintah County Jail which has its own testing equipment, staff and contracted lab services when verification is needed. 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.</p> <p><b>TESTING SCHEDULE</b>  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:</p> <ul style="list-style-type: none"> <li>• RED = three times per week average;</li> <li>• BLUE = two times per week average;</li> <li>• GREEN or YELLOW = one time per week average;</li> <li>• BLACK = two times per month average;</li> <li>• PURPLE = one time per month average.</li> </ul>	899
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>NCC does not collect any fees for the Drug Court program. A weekly fee that includes treatment, testing, etc. are assessed and paid to the Uintah County Attorney's office based on a sliding fee scale.</p>	204
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000

	None					4
	Describe the Recovery Support Services you will provide with Drug Court RSS funding.					2000
	The Center has educated the treatment staff and the entire drug court team of additional services that can be covered in full by the Drug Court RSS funding. The most common of the recovery service choices is medication evaluation with the Center's prescriber. Prescriber services will be to assess and provide for medications as MAT or medications for other psychiatric needs. Other recovery service options may include bus passes, housing, etc.					453
	<b>15) Justice Reinvestment Initiative</b>					
	Form B - FY17 Amount Budgeted:	170,343	Form B - FY18 Amount Budgeted:			<b>Character Limit/Count</b>
	Identify the members of your local JRI Implementation Team.					2000

	<p>Judge Ed Peterson Presiding 8th District Court Judge Judge Clark McClellan 8th District Court Judge Uintah/Daggett Comm. Brad Horrocks Uintah Mark Thomas Uintah County Attorney Judge Samuel Chiara 8th District Court Judge Duchesne Vance Norton Uintah County Sherriff Ed Spann Uintah County Under Sherriff Vernal and Roosevelt offices. AP&amp;P Supervisors Robert Hall NCC Clinical Director Randy Asay Daggett Commissioner Kyle Snow NCC CEO Greg Lamb Defense counsel Russ Pearson 8th District Court Administrator Lance Dean Defense Council David Boren Duchesne County Sherriff Jason Curry Duchesne County Jail Ron Winterton Duchesne County Commissioner Stephen Foote Duchesne County Attorney</p>	687
	<p>Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	2000
	<p>This will continue to be an area of development training and information sharing. NCC did send five 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&amp;P. Where possible risk assessments completed by AP&amp;P are provided to NCC at the time of assessment so that these are not completed twice. <a href="#">The Center did not and does not have access to any screening information that was completed by the jails. It is anticipated that in the coming year more LS-RNR assessments will be completed on pre-trial individuals.</a></p>	641
	<p>Identify training and/or technical assistance needs.</p>	2000
	<p><a href="#">The Center appreciates training opportunities sponsored or arranged by the Division. With programs expanding and ever present staff changes we hope that additional LS-RNR trainings and other evidenced based trainings will continue to be offered.</a></p>	250

	<b>16) Drug Offender Reform Act</b>							
	In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:							
	Form B - FY18 Amount Budgeted:							
	Form B - Amount Budgeted In FY17 Area Plan							
	Form B - Actual FY16 Expenditures Reported by Locals						<b>Character Limit/Count</b>	
	<b>Local DORA Planning and Implementation Team:</b> List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.						2000	
	Not applicable, NCC does not receive DORA funds.						49	
	Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?						2000	

	Not applicable, NCC does not receive DORA funds.	49
	<b>Continuum of Treatment Services:</b> Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2018, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.	2000
	Not applicable, NCC does not receive DORA funds.	49
	<b>Evidence Based Treatment:</b> Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.	2000

Not applicable, NCC does not receive DORA funds.

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Northeastern				Form C						
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 FY2018 Revenue		
FY2018 Substance Abuse Prevention 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		127634	33349			13000		\$173,983		
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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
FY2018 Substance Abuse Prevention Expenditures Budget	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						94916	18349			13000			\$126,265	
Universal Indirect						9378	5000						\$14,378	
Selective Services													\$0	
Indicated Services						23340	10000						\$33,340	
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$127,634	\$33,349	\$0	\$0	\$13,000	\$0	\$0	\$173,983	\$0
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	9379	71738	11646	3024	26447	5400	\$127,634							

**FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE**

Local Authority:

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

**Executive Summary**

In this section, **please write an overview or executive summary of the entire plan.** Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

**Character Limit/Count**

**3,800**

This plan outlines the comprehensive strategic plan for Northeastern Counseling Center. The Prevention Advisory Coalition assisted in the development of this plan over the last 12 months. Northeastern Counseling Center and the Prevention Advisory Coalition utilizes the Strategic Prevention Framework (SPF) process. The SPF is a planning process for preventing substance use and misuse. The five steps of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The five steps include assessment, capacity, planning, implementation, and assessment, while adhering to the guiding principles of sustainability and cultural competence.

The Assessment process consists of assessing community needs and resources along with gathering available data and prioritizing our local needs to select prevention activities and programs. Northeastern Counseling Center's prevention staff reviewed data with the assistance of local PAC members. The problem behaviors prioritized are Underage Drinking/Over consumption by adults, E-cigs, and Marijuana use. The prioritized risk factors identified as impacting these problem behaviors for our community are perceived risk of drug use, early initiation of antisocial behavior, and low commitment to school.

The Strategic Plan was written by Robin Hatch, Prevention Coordinator with Northeastern Counseling Center. Contributors included prevention staff and administration and members of the Prevention Advisory Coalition. It was developed after analyzing our needs assessment, resources assessment, and our gaps assessment. During the planning process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Prime For Life DUI, Prime For Life education classes, Strengthening Families Parenting classes, End Nicotine Dependence classes, Mental Health First Aid classes, SMART and SMART EASY classes, Prevention Dimensions, Active Parenting, Kid's With Incredible Potential, ParentsEmpowered, Mental Health First Aid classes and increasing community readiness by participating in alternative activities.

The capacity needs were identified by completing a Gaps, Needs, and Resource Assessment. During this process, local resources were identified along with areas of need. This process was completed by the Prevention Advisory Coalition.

Northeastern Counseling Center will provide direct service for: Prime For Life DUI, Prime For Life education classes, Mental Health First Aid classes, SMART and SMART EASY classes, Prevention Dimensions, and ParentsEmpowered. Northeastern Counseling Center will assist Split Mountain Juvenile Justice Center in providing Strengthening Families Parenting classes, TriCounty Health Department will provide End Nicotine Dependence classes, and Family Support Center will provide Active Parenting and High Hopes classes. Members of the Prevention Advisory Coalition will continue to increase community readiness and increase awareness. With these partnerships, we are offering services for across the continuum of care for promotion and prevention.

Evaluation is the key to providing successful programs and strategies in our community. All programs will be evaluated using the programs pre-and post-tests and strategies will be evaluated by watching local data outcomes. Northeastern Counseling Center and the local Prevention Advisory Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make the Tri-County healthier.

3698

**1) Assessment**

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character Limit/Count**

**Things to Consider/Include:**

Methodology/what resources did you look at? What did it tell you?

Who was involved in looking at data?

How did you come up with the prioritization?

Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAA's did for this fiscal year.

1,000,000

	<p>A thorough assessment of our area includes a variety of data from the state, district, and local levels and includes community readiness assessments, environmental scans, and firsthand information from key informants. The state level data obtained included the Student Health And Risk Prevention (SHARP) survey, Utah Crash Summary, Eliminating Alcohol Sales to Youth (EASY) compliance check program summary, Utah Commission on Criminal and Juvenile Justice annual DUI report, Utah Health Department's SYNAR report, and the Utah Division of Substance Abuse and Mental Health Administration's Utah Epidemiological Searchable Database while local data was obtained from the Uintah Basin Association of Governments Community Action Plan, Utah State University's Mental Health Assessment (both state level and Uintah Basin level), along with community environmental scans completed by Northeastern Counseling Center's prevention staff, members of the local Prevention Advisory Coalition (PAC), and local volunteers. Data is presented to the Prevention Advisory Coalition as it is obtained. An effort is made to have the agency working closest to the data source, be the presenter of their data. The latest assessment was started in August 2015 with the release of the 2015 SHARP survey and has been ongoing, collecting data as it becomes available. It is our plan to complete a thorough assessment every two years, paralleling the release of the SHARP survey.</p> <p>The SHARP survey plays a key role in assessing what is happening with youth in our community. With the SHARP data, we can see how substance use rates in our area compare to other areas and to the state numbers, but more importantly, we are able to notice extreme spikes in our area as well as watching the trends. When looking at use rates, we value the 30 rates over the lifetime rates to get a more accurate picture of what is currently happening with our youth. The SHARP data also gives us the insight as to what risk factors and protective factors are present in our community. Risk factors are specific aspects in our community that can increase rates of youth engaging in problem behaviors and include community, family, school, and peer/individual domains. Protective factors are specific aspects in our community that can decrease rates of youth engaging in problem behaviors and includes community, family, school, and peer/individual domains.</p> <p>The Utah Crash Summary shows the trends for alcohol and drug related crashes. We can assess the alcohol related crashes and drug related crashes by property damage only, injury, or a fatality at the county level per 100 vehicle miles traveled. The Utah Crash Summary also shows hours of offenses, age of offenses, vehicle type, gender, month offense happened, and blood alcohol level at time of crash, and drug used at the time of crash at the State level. *with the recent lowering of the BAC to .05 in Utah, it may be important to note that 18.42% of alcohol related crash fatalities occurred with drivers with a BAC below .08.—2015 Utah Crash Summary.</p> <p>The Utah Commission on Criminal and Juvenile Justice Annual DUI Report is used to assess the alcohol and other substance related vehicle related offenses. DUI related arrests are separated by county and can be compared to other areas in relationship to both population and by total vehicle miles traveled in that county. Although the Annual DUI Report isn't as thorough as the Utah Crash Summary, we are usually able to obtain this data earlier, making it a useful assessment tool.</p> <p>The Eliminating Alcohol Sales to Youth (EASY) compliance check program summary is used to assess our local businesses with compliance of laws regarding the sales of alcohol, and the Utah Health Department's SYNAR report are used to assess our local businesses with compliance of laws regarding the sales of tobacco products in our area. These checks are completed with the assistance of local law enforcement.</p> <p>The Utah Division of Substance Abuse and Mental Health Administration's Utah Epidemiological Searchable Database contains the data from the following national sources: Alcohol Epidemiologic Data System, Behavioral Risk Factor Surveillance System, Drug Abuse Warning Network, Fatality Analysis Reporting System, Monitoring the Future Survey, National Survey on Drug use and Health, National Survey on Drug Use and Health, National Vital Statistics System, Uniform Crime Reporting Program, United States Census Bureau Population Projections, Web-based Injury Statistics Query and Reporting System, and the following Utah specific data sources: Student Health and Risk Prevention Survey, Utah Crash Summary Report Data, Utah Department of Health, Prescription Pain Medication Management and Education Program, Utah Higher Education Health Behavior Survey, and the Utah Indicator Based Information System for Public Health. The Epidemiological Searchable Database is an invaluable tool for updating our local numbers without having to access each individual data source.</p> <p>The Uintah Basin Association of Governments Community Action Plan was a useful tool in identifying gaps in our area. Through their survey, substance abuse was identified as a priority issue for our community and lack of community resources and knowledge of how to access services as a gap.</p> <p>The Utah State University's Mental Health Assessment (both state level and Uintah Basin level) showed prevalence of depression, generalized anxiety, social anxiety, eating disorders hostility, substance use/alcohol and academic distress, and suicidal ideation along with reasons preventing people from accessing services.</p> <p>The local community environmental scan paints the picture of what is happening in the community. Some of the activities included in our environmental scanning process are documenting alcohol and tobacco advertising, watching ID process to purchase alcohol and tobacco products, viewing alcohol serving, checking promotion of alcohol, location of outlets to schools, churches, and day care facilities. Documenting advertisement of alcohol and tobacco products on local radio stations and local newspapers. Informal interviews with local law enforcement, school personnel, medical personnel, court personnel, and mental health/substance abuse professionals are also part of our environmental scan.</p> <p>Community readiness is the degree to which a community is willing and prepared to take action on an issue. Northeastern utilizes the Tri-Ethnic Center's Community's Readiness for Community Change model to guide our community readiness process. Our latest community readiness showed a stage four; meaning that most community members have at least heard about local efforts, leadership is actively supportive of continuing or improving current efforts or in developing new efforts, community members have basic knowledge about causes, consequences, signs and symptoms, there are some resources identified that could be used for further efforts to address the issue. The general feeling of the community is that of we know this is a problem and we want to address it. After careful review of data obtained, we have prioritized e-cig use, the consumption of alcohol by minors, the misuse of alcohol by adults, and marijuana use.</p>	7321				
2)	<p><b>Capacity Building</b></p> <p>Example:</p>					
	<p>In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.</p>	<b>Character Limit/Count</b>				

	<p><b>Things to Consider/Include:</b>          Did you need to do any training to prepare you/coalition(s) for assessment?          After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue?          What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)</p>	1,000,000					
	<p>In preparing for the Gaps, Needs, and Resource Assessment, the local Prevention Coordinator and Prevention Specialist used training from the Tri-Ethnic Center they had obtained earlier and guided members from the coalition and the community to gain the needed information. Additional training from the Tri Ethnic Center would be beneficial when, and if, that training becomes available.          The capacity needs after reviewing our Gaps, Needs, and Resource Assessment are trained staff to provide evidence-based programs and coalition members with adequate coalition training. The gaps are both financial and time commitment based with the heaviest need appearing on the time commitment. Members from the coalition will be attending the Bryce Canyon Prevention Summit, the Utah CADCA Coalition Academy. Staff from Northeastern will be attending the National Prevention Network conference. All trainers of programs will remain certified to teach programs and additional staff will be trained if needed. Our community readiness score is always being address by participating in community activities and engaging community partners. Regular meetings with administration from Northeastern, participating in local Chamber meetings, homeless boards, and community services throughout our Tri-County Region. Increasing awareness of problems and the local resources to address these problems, along with attempting to fill gaps in resources, will be a continual effort.</p>	1470					
	3) <b>Planning</b>						
	Example:						
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.						
	<p><b>Things to Consider/Include:</b>          Write in a logical format or In a narrative. Logical Format is:          Goal: 1              Objective: 1.1              Measures/outcomes              Strategies:              Timeline:              Responsible/Collaboration:</p>	<b>Character Limit/Count</b>					
	<p>What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?          What agencies and/or people assisted with this plan?</p>	1,000,000					
		0					

4) <b>Implementation</b>	Example:	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.	<b>Character Limit/Count</b>								1,000,000
<b>Things to Consider/Include:</b>	Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions? **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).	Northeastern Counseling Center will provide the following services for FY18: PRI Teen classes will be held every month alternating between Roosevelt and Vernal, PRI Under 21 will be held every month alternating between Roosevelt and Vernal SMART and SMART EASY classes will be available in all three counties as requested by local businesses, Mental Health First Aid classes will be offered 12 times a year. Parents Empowered activities and promotion will be available in all three counties with the assistance of the PAC members and community volunteers. It is the goal to host a minimum of 10 activities per year with a goal of 20 activities. Juvenile Justice Services will provide Strengthening Families Parenting classes in both Roosevelt and Vernal with Northeastern Counseling Center providing the meals for these classes. The goal will be to host a minimum of 6 sessions. Opportunities to present accurate information and increase awareness to the community and community leaders will be the responsibility of all Prevention Advisory Coalition Members.	1071								
5) <b>Evaluation</b>	Example:	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	<b>Character Limit/Count</b>								1,000,000
<b>Things to Consider/Include:</b>	What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	To ensure programs are delivered and implemented with fidelity, all instructors will be required to maintain programs training certification requirements. Instructors of programs will be reviewed a minimum of one time per year by their peers. Pre-tests and Post-tests will be given and scores monitored for acceptable level. Program evaluations by participants will be collected if available. Community changes in risk and protective factors will be monitored as will progress towards the goal outcomes. Updates on evaluations and progresses made will be reported at monthly Prevention Advisory Coalition meetings. Northeastern Counseling Center, in partnership with TriCounty Health Department, Family Support Center, and Juvenile Justice Center, will prepare an annual report, listing progress towards goals outlined in this Strategic Plan.	854								
6) Attach Logic Models for each program or strategy.	<b>Logic Model 1</b>										

Program Name			Cost to Run Program	Evidence Based: Yes or No		
Parents Empowered			40,000	Yes		
Agency			Tier Level:			
Agency Northeastern Counseling Center			Tier Level: 3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce Underage	Poor family man				
Measures & Sources						

**Logic Model 2**

Program Name			Cost to Run Program	Evidence Based: Yes or No		
Agency			Tier Level:			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic						
Measures & Sources						

**Logic Model 3**

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Agency			Tier Level:			
	Goal	Factors	Focus Population: U/S/I		Outcomes	
			Universal/Selective/Indicated	Strategies	Short	Long
Logic						
Measures & Sources						

<b>FY18 Substance Use Disorder Treatment Federal Opioid Grant</b>			<b>Local Authority:</b> Northeastern	<b>Form B-OG</b>
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FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	55095	\$55,095
<b>Total FY2018 Substance Use Disorder Treatment Revenue</b>	<b>\$55,095</b>	<b>\$55,095</b>

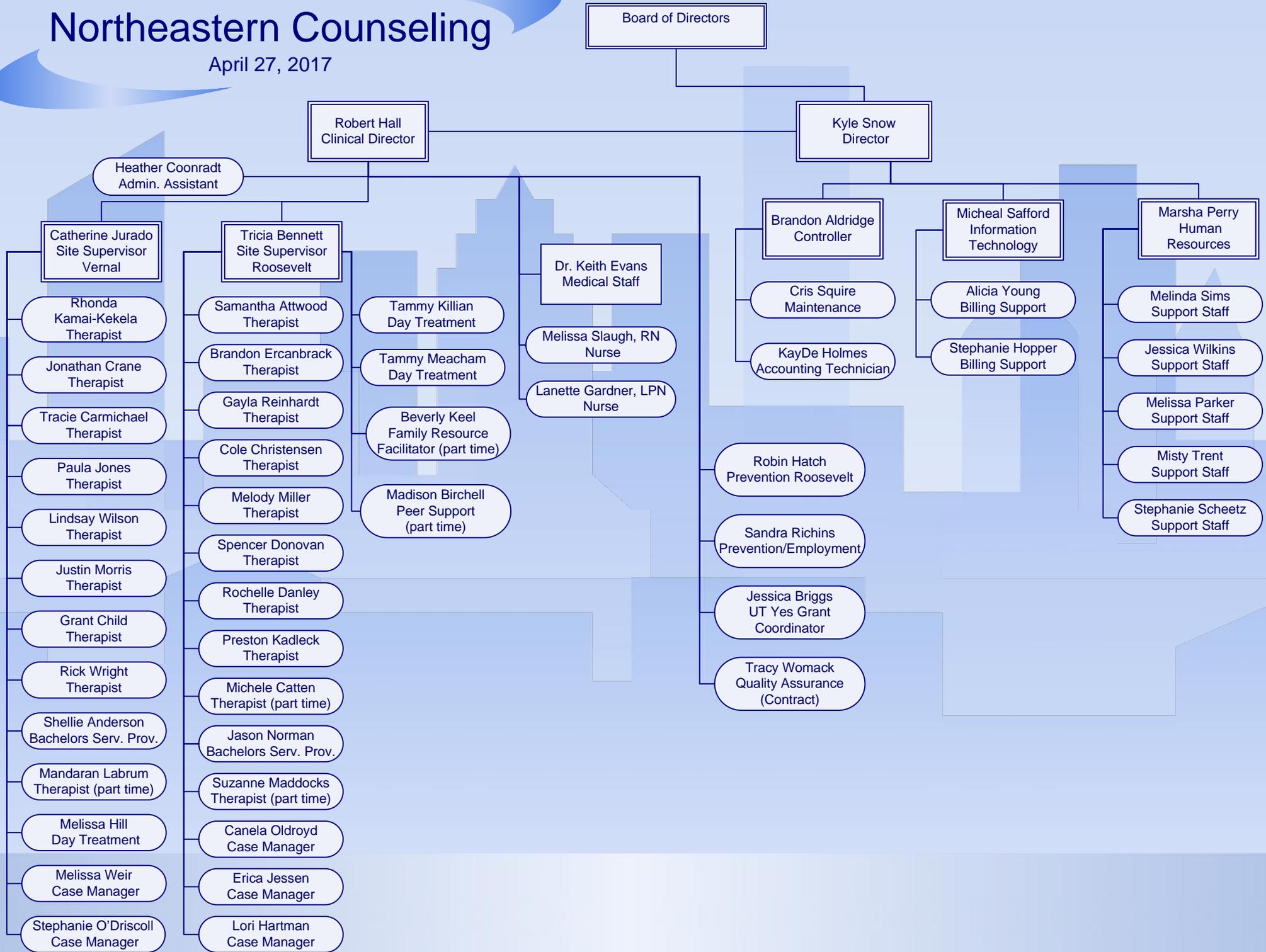
FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)	30095	\$30,095	25	\$1,204
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical )				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)	25000	\$25,000	50	\$500
<b>FY2018 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$55,095</b>	<b>\$55,095</b>	<b>75</b>	<b>\$735</b>

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	9949	\$9,949
All Other Women (18+)	17599	\$17,599
Men (18+)	27547	\$27,547
Youth (12- 17) (Not Including pregnant women or women with dependent children)		



# Northeastern Counseling

April 27, 2017



FY 18 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	

<b>\$3901-\$4231</b>	<b>Full Fee</b>	<b>\$ 630.00</b>	<b>\$ 560.00</b>	<b>\$ 490.00</b>	<b>\$ 420.00</b>	<b>\$ 350.00</b>	<b>\$ 280.00</b>	<b>\$ 210.00</b>
	<b>\$4232+</b>	<b>Full Fee</b>						
<i>** Max based on an equivalent of 6/7 outpatient visits per month</i>								

## 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.

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

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) #152251 152250, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** Northeastern Counseling Center

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

**PLEASE PRINT:**

**Name:** Bruce Guyman

**Title:** Board Chairman

**Date:** 4/27/17