

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!**

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

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

The Center continues to provide basic services to all members of the community regardless of individual funding. Basic services included therapist evaluations, limited individual therapy and medication management where possible. As can be seen in the Division's data Northeastern Counseling has long served a higher percentage of the community than most areas of the State. This is due to the Center's commitment to be a community resource and to not limit admission into services based on payer. At present, the largest limiting factor in continuing to serve the entire community, is the dearth of therapy resources compared to demand. The Center has lost several therapists over the past year, to individuals moving out of the area to be closer to family, to local therapy jobs and private practice ventures that don't require on call, evening hours or the pace of a community mental health center. The Center remains committed to being a community provider. However, the Center cannot serve all community individuals with regular individual therapy within the current resources available. All adult, children, youth and families are a priority to Northeastern Counseling Center. However, with limited therapy resources compared to demands, some priority populations have been established. Priority resource populations include: individuals living with a Serious Emotional Disorder SED or a Serious Mental Illness SMI, medicaid enrollees per contract standards, school therapy services, individuals/families requiring crisis services, committed individuals, Drug Court and the other required Substance Use Disorder populations. Consumers that may not fall into the priorities will not be turned away from services. They will be notified that individual therapy services may not be available on a frequent basis. They will then be given options for community referral for those with financial resources or the option of individual therapy on a less frequent basis. Medication services will remain available to the community without priority. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment program and working with the local Masters of Social Work program to increase therapy resources for the community and participation in the National Health Service Corp program. However, it may not always be possible to replace all positions lost or that will be lost in the future. The Center will continue its recruitment and retention efforts. With fewer therapists working for the agency that also means more days for therapists on the 24 hour on call schedule which can also negatively affect some providers long term as it affects after hours lifestyle. The Center will continue to think out of the box and explore all options to secure resources needed to serve the entire community. Telehealth is used by the Center for limited medication services and may help with some therapy services in the future. However, it is not anticipated that telehealth or contracting will provide sufficient provider hours to serve all populations at the desired level. Given the Center's size and additional mandated service requirements and obligations including 24 hour on call for therapists, one to three position changes is significant for those being served. Those changes are also significant for community stakeholders and the remaining providers. These challenges are not new to Northeastern Counseling or most agencies around the State, especially those in rural areas. However, the challenges appear to be increasing due to market factors, other employment options for therapists locally and around the State that do not require 24 hour on call rotations, evening group hours and the busy pace of the public provider. The Center also has many positive and attractive opportunities for therapists that we hope to capitalize on in our recruitment efforts.

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

The Center continues to provide basic services to all members of the community regardless of funding. Basic services included therapist evaluations, individual therapy and group services related to substance abuse treatment. Medication Assisted Treatment 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. As noted in the previous section the Center continues to serve all community members. Services related to individual therapy will first be provided to priority populations as identified above.

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

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.

How is this amount of public subsidy determined?

Fees are based on family/individual income and the number of dependents.

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

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

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

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

The Center is a National Health Service Corp (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 possibly to recruit and retain prescribers. The Center sincerely appreciates the Division of Substance Abuse and Mental Health assistance in raising the HPSA/Health Professional Shortage Area score for our area by assisting with needed data. Processes to maintain eligibility and provide employee an agency verification are outlined in detail on the NHSC website

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review 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.

With the exception of inpatient services, Northeastern Counseling Center rarely utilizes subcontracted services for individuals within the catchment area. At present Northeastern Counseling Center has one inpatient contract and one outpatient contract with the local Federally Qualified Health Clinic and one telehealth contract with UNI. Northeastern Counseling Center meets with contracting agencies annually to verify insurance coverage and any specific contract monitoring unique to that contract. Throughout the year, Northeastern Counseling Center conducts monthly Federal Exclusion searches for federal debarment on all subcontract hospitals and providers. Prior to paying for any outside services, those services are verified and documentation obtained.

Northeastern Counseling Center is under contract with San Juan Counseling for Medicaid services. This contract is monitored regularly regarding data, Medicaid policy, External Quality Review Organization compliance, Access Performance Standards, Performance Improvement Project compliance, etc. Northeastern Counseling Center credentials Providers that are employed by San Juan to provide Medicaid services. A formal onsite review occurs annually and the agency is part of the Northeastern Counseling Center Internal Quality Review program. Northeastern Counseling Center reviews San Juan cases and documentation as part of its Peer Review program.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Mental Health Early Intervention Plan & Budget

Local Authority: Northeastern

Form A2

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match					
FY2019 Mental Health Revenue									
FY2019 Mental Health Revenue by Source	\$44,933	\$30,000	\$17,000	\$60,000					\$151,933

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match							
FY2019 Mental Health Expenditures Budget											
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	\$40,440	\$27,000	\$15,300	\$54,000					\$136,740	50	\$2,734.80
School Based Behavioral Health-ADMIN	\$4,493	\$3,000	\$1,700	\$6,000					\$15,193		
FY2019 Mental Health Expenditures Budget	\$44,933	\$30,000	\$17,000	\$60,000	\$0	\$0	\$0	\$0	\$151,933	50	#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 Counseling Center

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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$330,000	Form A1 - FY19 Projected clients Served:	140
Form A1 - Amount budgeted in FY18 Area Plan	\$328,500	Form A1 - Projected Clients Served in FY18 Area Plan	140
Form A1 - Actual FY17 Expenditures Reported by Locals	\$343,826	Form A1 - Actual FY17 Clients Served as Reported by Locals	21

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

Inpatient services utilized by Northeastern Counseling are predominantly provided at Provo Canyon Behavioral Hospital. **The Acute Psychiatric unit at the Utah State Hospital is now closed and that resource will be significantly missed for those individuals that need longer stays in a secured environment. This may result in more inpatient funds being utilized for Medicaid enrollees as they remain in an inpatient hospital with Northeastern Counseling Center paying for the stay. It may take a full year to realize the impact of the loss at the Utah State Hospital.** Given the continued demand for inpatient services, other hospitals are also utilized in the Intermountain Health Care/Morning Star systems, University of Utah Neuropsychiatric Institute, etc. As Northeastern Counseling Center 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. Northeastern Counseling Center employs a liaison that lives in Utah County. The liaison provides discharge planning, some utilization review for Utah county admissions and Utah State Hospital clients. In addition to admission services for all payers, Northeastern Counseling Center staff provide discharge planning and follow up services regardless of payer.

Difference in "Projected" versus "Actual" or "mental health scorecard" inpatient numbers: Throughout the years Northeastern Counseling Center 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 "Scorecard". Northeastern Counseling Center facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through Northeastern Counseling Center office locations. Challenging discharges are also facilitated by Northeastern Counseling Center 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 Northeastern Counseling Center are entered into the Northeastern Counseling Center Electronic Medical Record and subsequently reported to the Division. All admissions and many discharges (regardless of payer) require additional non billable time by Northeastern Counseling Center that is not captured by Current Procedural Terminology (CPT) billable crisis or other inpatient service data. Northeastern Counseling Center projects facilitating admissions for 140 individuals in the coming year with the adult Medicaid clients paid for projected at 40.

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

No significant changes. [Please see explanation in the narrative sections above.](#)

Describe any significant program Medication Assisted Treatment changes from the previous year.

None

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$120,000	Form A1 - FY19 Projected clients Served:	20
Form A1 - Amount budgeted in FY18 Area Plan	\$121,500	Form A1 - Projected Clients Served in FY18 Area Plan	15
Form A1 - Actual FY17 Expenditures Reported by Locals	\$180,099	Form A1 - Actual FY17 Clients Served as Reported by Locals	11

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

Northeastern Counseling Center has an inpatient contract for youth at Provo Canyon. Children may also be admitted University of Utah Neuropsychiatric Institute. On occasion in SFY i.e. State Fiscal Year 2017, the Center has utilized non contract hospitals such as Wasatch Canyons and [McKay Dee](#). 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" versus "Actual" or "mental health scorecard" inpatient numbers: Throughout the years Northeastern Counseling Center 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 "Scorecard". Northeastern Counseling Center facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through Northeastern Counseling Center office locations. These admissions and discharges include individuals that are not covered under Medicaid. However, only Medicaid admissions paid for by Northeastern Counseling Center are entered into the Northeastern Counseling Center Electronic Medical Record and subsequently reported to the Division. All admissions and many discharges (regardless of payer) require additional non billable time by Northeastern Counseling Center that is not captured by a Current Procedural Terminology (CPT) billable service. This budget item includes some of those costs.

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

[The client count has been increased. Some years, select youth may be admitted several times a year. Other years more unduplicated youth are admitted which raises the client count. The count has been changed on the anticipated utilization of the current SFY. The key budget issue is bed days not client count.](#)

Describe any significant program changes from the previous year.

None

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$52,668	Form A1 - FY19 Projected clients Served:	18
Form A1 - Amount budgeted in FY18 Area Plan	\$54,500	Form A1 - Projected Clients Served in FY18 Area Plan	18
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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 Utah State Hospital 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 Northeastern Counseling Center 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 Northeastern Counseling Center. 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 those living with a SMI i.e Serious Mental Illness. Those in one of Northeastern Counseling Center's 20 apartments that have significant needs have nearly daily contact with Northeastern Counseling Center 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 Utah State Hospital and acute admissions for adults living with a serious mental illness that require more community support.

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).

Residential is service we don't provide, but need to have some money budgeted so that we can help subsidize residential when appropriate.

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	\$2,500	Form A1 - FY19 Projected clients Served:	2
Form A1 - Amount budgeted in FY18 Area Plan	\$2,500	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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

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

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

We feel there needs to be a minimal budget amount, in case we need to help pay for that level of care.

Describe any significant programmatic changes from the previous year.

None

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$1,301,163	Form A1 - FY19 Projected clients Served:	1400
Form A1 - Amount budgeted in FY18 Area Plan	\$1,290,943	Form A1 - Projected Clients Served in FY18 Area Plan	1,500
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,666,636	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	1,384

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

The Center will continue to provide Assessment, Individual and Group Therapy services out of the Duchesne, Roosevelt and Vernal sites. The Center also provides a couple of service appointments in Manila every week of the school year at the health clinic or at the school and this will continue in the coming year. The Physician Assistance provider in the Manila clinic is able to refer for therapy services provided in either the clinic or at the Northeastern Counseling Center Vernal office. The Center serves all adults regardless of funding. The Center also provides a therapist to the Vernal Federally Qualified Health Clinic 8 hours a week. *At present the single largest limiting factor in serving the community, is the dearth of therapist time available at Northeastern Counseling Center. The Center has lost several therapists over the past year, to individuals moving out of the area to be closer to family, to local therapy jobs that don't require on call or the pace of a community Mental Health Center and to local private practice ventures. The Center cannot presently serve all community individuals with regular and consistent individual therapy. All adult, children, youth and families are a priority to Northeastern Counseling Center. However, with limited therapy resources compared to demands, some priority populations have been established. Priority resource populations include: individuals living with a Serious Emotional Disorder SED or a Serious Mental Illness SMI, medicaid enrollees per contract standards, school therapy services, individuals/families requiring crisis services, committed individuals, Drug Court and the other required Substance Use Disorder populations. Consumers that may not fall into the priorities will not be turned away from services. They will be*

notified that individual therapy services may not be available on a frequent basis. They will then be given options for community referral for those with financial resources or the option of individual therapy on a less frequent basis. Medication services will remain available to the community without priority.

Therapist time is further limited by day time emergencies, jail services, school services, Federally Qualified Health Clinic services and other required programs that take the therapist off the general schedule. The Center will continue exploring group services for mental health adults with similar needs as consistent individual therapy won't be possible for all consumers. However, traditionally these mental health groups have not been well attended by lower priority populations for a variety of reasons, including the individual's preference of individual therapy. Consumers in this population will be notified that individual therapy services cannot be provided frequently and then given options for group or community referral or individual therapy on a less frequent basis. The Center will always provide crisis services including crisis therapy to all adults. Ironically, with Northeastern Counseling Center hiring a Nurse Practitioner in the past six months, it is generally easier to get an individual into see a prescriber than into a Northeastern Counseling Center therapist under the current resource constraints. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment and retention program and working with the local Master of Social Work, i.e. MSW program to increase therapy resources. However, it may not be possible to replace all positions lost or that will be lost in the coming year. With decreased therapists working for the agency that also means more days for therapists on the 24 hour on call schedule which is viewed negatively by some providers as it affects their after hours lifestyle. The Center will continue to think out of the box and explore all options including telehealth. Northeastern Counseling has utilized the University of Utah Neuropsychiatric Institute children and youth telehealth medication services for several years. Telehealth is always an option for some services and some specific populations. Telehealth for therapy services will require identifying providers from out of the area that are willing to provide services at a reasonable rates. Telehealth delivery of therapy will obviously require individuals willing to participate in this type of delivery as opposed to face to face. Some consumers would be comfortable with this method of delivery. Unfortunately, Telehealth cannot alleviate the majority of the local demands for therapy services in a variety of Adult, Youth, School, Substance Use Disorder, ,etc., programs. Telehealth will not solve the decreasing number of therapists in the on call rotation i.e for 24 hour call coverage, etc. Nevertheless, telehealth will continued to be explored by Northeastern Counseling in the changing market and culture of service delivery. 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 Northeastern Counseling Center is managing and adapting to daily to remain a community mental health center that serves the entire population regardless of funding source. However, how the community is served is changing in regards to individual therapy.

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

Clients served has been decreased based on actual annual numbers for the past 12 months. The Basin's population has decreased which is also a factor in reducing the numbers.

Describe any significant programmatic changes from the previous year.

No significant changes.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

Northeastern Counseling Center strives to serve civilly committed individuals in the least restrictive environment for two prominent reasons. First, is the Center's philosophy of wanting these individuals to live in the community whenever possible (when they are not an imminent safety risk to self and others)- even when there may be community or family pressure for the individual to not to be in a community setting. Second, the Center rarely has the option to place these individuals in more restrictive settings, e.g. the Utah State Hospital. This requires, daily creativity by Northeastern Counseling Center and at times other stakeholders to keep individuals out of longer term restrictive settings. The Center's treatment teams, including case managers, rehabilitation providers, nurses, peer support, prescribers and therapists are striving daily to keep individuals out of inpatient settings, out of

incarceration, in their community housing, having basic needs met, and in the best health possible. This requires patience, diligence and a separation of problematic behaviors versus safety concerns and constant community and family education about the less restrictive philosophy.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$743,521	Form A1 - FY19 Projected clients Served:	800
Form A1 - Amount budgeted in FY18 Area Plan	\$816,500	Form A1 - Projected Clients Served in FY18 Area Plan	900
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,088,612	Form A1 - Actual FY17 Clients Served as Reported by Locals	904

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

The Center will continue to provide assessment, individual/family therapy out of the Duchesne, Roosevelt and Vernal offices. The Center sends a therapist to Manila, Utah one day week which has provided access to that community.. The Center is providing services in the two largest high schools in the Basin. The Center also provides a therapist to the Vernal Federally Qualified Health Clinic 8 hours a week where children and youth may also been seen for health care and therapy services. We work with the local early intervention programs serving ages 0-3 for developmental assessment and subsequent interventions. We have providers that have experience and training regarding early childhood diagnoses and treatment. When appropriate, we refer children to the University of Utah's outreach program that does have assessment specialists for infant children. At present the single largest limiting factor in serving the community, is the dearth of therapy resources. The Center has lost several therapists over the past year, to individuals moving out of the area to be closer to family, to local therapy jobs that don't require on call or the pace of a community mental health center and to local private practice ventures. The Center cannot serve all community individuals with regular individual therapy under the current resource challenges. All adult, children, youth and families are a priority to Northeastern Counseling Center. However, with limited therapy resources compared to demands, some priority populations have been established. Priority resource populations include: individuals living with a Serious Emotional Disorder SED or a Serious Mental Illness SMI, medicaid enrollees per contract standards, school therapy services, individuals/families requiring crisis services, committed individuals, Drug Court and the other required Substance Use Disorder populations. Consumers that may not fall into the priorities will not be turned away from services. They will be notified that individual therapy services may not be available on a frequent basis. They will then be given options for community referral for those with financial resources or the option of individual therapy on a less frequent basis. Medication services will remain available to the community without priority.

Therapist time is further limited by day time emergencies, and other required programs that take the therapist off the general schedule. The Center does provides group services for children and youth. Consumers that may not fall into the higher resource priorities will be notified that individual therapy services may not be provided frequently and then given options for group or community referral or individual therapy on a less frequent basis. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment program and working with the local Masters of Social Work, i.e. MSW program to increase therapy resources for the community. However, we do not anticipate being able to replace all positions lost or that will be lost in the coming year. With decreased therapists working for the agency that also means more days for therapists on the 24 hour on call schedule which can also negatively affect some providers long term. The Center will continue to think out of the box and explore all options to secure resources needed to serve the community.

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

Clients served has been decreased based on actual annual numbers for the past 12 months.

Describe any significant programmatic changes from the previous year.

None

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$55,000	Form A1 - FY19 Projected clients Served:	400
Form A1 - Amount budgeted in FY18 Area Plan	\$52,500	Form A1 - Projected Clients Served in FY18 Area Plan	450
Form A1 - Actual FY17 Expenditures Reported by Locals	\$80,787	Form A1 - Actual FY17 Clients Served as Reported by Locals	300

Describe access to crisis services during daytime work hours, after hours, 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.

The Center has one therapist on call in the Duchesne County area and one therapist on call for Uintah and Daggett Counties anytime Northeastern Counseling Center 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 stakeholders.

Crisis services include evaluation, consultation, therapy and Northeastern Counseling Center housing support. Services are accessed in wide variety of ways including but not limited to the following:

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

Changes regarding House Bill, HB 41 will be implemented as required. Northeastern Counseling Center anticipates that the cost of crisis services will increase with the new mandates that will require an additional line along with keeping the current system that Northeastern Counseling Center has in place. However, how this may affect the budget is unknown at the submission of this plan. The Center will continue efforts to fill open therapist positions so that therapists that are on call and working late or early a.m. hours can be spread out amongst more providers.

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

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

Individual numbers have been slightly reduced based on 12 months of data. This is our best estimate for cost, the actual cost can vary widely, depending on which therapist does the service, how many are done during business hours and how many after hour services.

Describe any significant programmatic changes from the previous year.

None

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$20,000	Form A1 - FY19 Projected clients Served:	150
Form A1 - Amount budgeted in FY18 Area Plan	\$22,500	Form A1 - Projected Clients Served in FY18 Area Plan	150
Form A1 - Actual FY17 Expenditures Reported by Locals	\$33,122	Form A1 - Actual FY17 Clients Served as Reported by Locals	123

Describe access to crisis services during daytime work hours, after hours, 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.

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 Northeastern Counseling Center offices.

For children and youth this includes crisis services provided at 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. With Juvenile Justice Services hiring an internal clinical therapist day time crisis demands have decreased for the local JJS center. Northeastern Counseling Center continues to work with JJS on crisis youth as needed but appreciates the assistance with the current resource demands.

Changes regarding HB 41 will be implemented as required. Northeastern Counseling Center anticipates that the cost of crisis services will increase with the new mandates that will require an additional line along with keeping the current system that Northeastern Counseling Center has in place. However, how this may affect the budget is unknown at the submission of this plan. The Center will continue efforts to fill open therapist positions so that therapists that are on call and working late or early a.m. hours can be spread out amongst more providers.

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

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

This is our best estimate for cost, the actual cost can vary widely, depending on which therapist does the service, how many are done during business hours and how many after hour services.

Describe any significant programmatic changes from the previous year.

Northeastern Counseling Center will implement crisis services per HB 41 as required.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$497,622	Form A1 - FY19 Projected clients Served:	650
Form A1 - Amount budgeted in FY18 Area Plan	\$486,448	Form A1 - Projected Clients Served in FY18 Area Plan	800
Form A1 - Actual FY17 Expenditures Reported by Locals	\$351,713	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	557

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

The Center currently employs a physician who has attended several psychiatric trainings 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 plan in 2017 was to hire an additional prescriber and this was accomplished in December 2017. Given the shortage of psychiatric specific providers nationwide and statewide, Northeastern Counseling Center hired an Advanced Practice Registered Nurse, i.e. APRN that has had additional behavioral health training at the University of Utah Neuropsychiatric Institute and at an acute inpatient psychiatric hospital but is not currently psychiatric certified. In addition, the Center anticipates needing to replace its current Medical Doctor prescriber in the next two years due to retirement.

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.

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

The budget has been increased due to an additional prescriber. The number projected last year has been reduced based on 12 months of data. It is unclear the extent that an additional prescriber will affect client numbers in the current year.

Describe any significant programmatic changes from the previous year.

It has allowed the center to have coverage at both sites four days a week.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$100,000	Form A1 - FY19 Projected clients Served:	150
Form A1 - Amount budgeted in FY18 Area Plan	\$72,335	Form A1 - Projected Clients Served in FY18 Area Plan	180

Form A1 - Actual FY17 Expenditures Reported by Locals	\$68,196	Form A1 - Actual FY17 Clients Served as Reported by Locals	108
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.			
<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. The plan in 2017 was to hire an additional prescriber and this was accomplished in December 2017. Given the shortage of psychiatric specific providers nationwide and statewide, Northeastern Counseling Center hired a APRN that has had additional behavioral health training at the University of Utah Neuropsychiatric Institute and at an acute inpatient psychiatric hospital but is not currently psychiatric certified. 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 University of Utah Neuropsychiatric Institute for youth telehealth psychiatry for Medicaid enrollees that require specialized medication services.</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>The number of youth served has been lowered to reflect data over a 12 month period. The budget has been raised to reflect the additional prescriber.</p>			
Describe any significant programmatic changes from the previous year.			
None			

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$283,391	Form A1 - FY19 Projected clients Served:	75
Form A1 - Amount budgeted in FY18 Area Plan	\$181,213	Form A1 - Projected Clients Served in FY18 Area Plan	75
Form A1 - Actual FY17 Expenditures Reported by Locals	\$322,188	Form A1 - Actual FY17 Clients Served as Reported by Locals	67
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.			
<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 Northeastern Counseling Center 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>			

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

The projection of clients served remains unchanged from FY 2018.

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$50,000	Form A1 - FY19 Projected clients Served:	20
Form A1 - Amount budgeted in FY18 Area Plan	\$57,000	Form A1 - Projected Clients Served in FY18 Area Plan	20
Form A1 - Actual FY17 Expenditures Reported by Locals	\$67,323	Form A1 - Actual FY17 Clients Served as Reported by Locals	14

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

The Center made efforts to develop additional skill groups in the past year for Medicaid eligible youth. 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. [Telehealth may be an option in some instances where in home technology exists.](#)

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

The number of unduplicated youth has been kept the same from FY 2018.

Describe any significant programmatic changes from the previous year.

None

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$342,883	Form A1 - FY19 Projected clients Served:	110
Form A1 - Amount budgeted in FY18 Area Plan	\$319,124	Form A1 - Projected Clients Served in FY18 Area Plan	110
Form A1 - Actual FY17	\$265,371	Form A1 - Actual FY17	99

Expenditures Reported by Locals		Clients Served as Reported by Locals	
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.			
<p>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 Northeastern Counseling Center 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.</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).			
The number of individuals served remains unchanged for FY 2018.			
Describe any significant programmatic changes from the previous year.			
None			

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$25,000	Form A1 - FY19 Projected clients Served:	22
Form A1 - Amount budgeted in FY18 Area Plan	\$22,182	Form A1 - Projected Clients Served in FY18 Area Plan	22
Form A1 - Actual FY17 Expenditures Reported by Locals	\$21,444	Form A1 - Actual FY17 Clients Served as Reported by Locals	8
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.			
<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. In some cases Peer Support meets this need. 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 Northeastern Counseling Center consumers eligible for TCM will remain low compared to the overall number of consumers served.</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).

Projected numbers served are unchanged from FY 2018.

Describe any significant programmatic changes from the previous year.

None

15) Adult community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$45,000	Form A1 - FY19 Projected clients Served:	25
Form A1 - Amount budgeted in FY18 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY18 Area Plan	25
Form A1 - Actual FY17 Expenditures Reported by Locals	\$39,090	Form A1 - Actual FY17 Clients Served as Reported by Locals	21

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

The Center does not anticipate any significant changes in its housing program in the coming year. The Center has continued to have very little turnover in its 16 apartments that are part of a low-income housing program. 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 is a challenge. The Center works with housing authorities and provides in home services in efforts to maintain housing. The Center is increasingly concerned about adults that become ineligible for subsidized housing due to criminal behavior or those that have been evicted from low income housing due to noncompliance, substance use, ongoing property damage, pets causing 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.

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

None

Describe any significant programmatic changes from the previous year.

None

16) Children/Youth community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$15,000	Form A1 - FY19 Projected clients Served:	15
Form A1 - Amount budgeted in FY18 Area Plan	\$15,000	Form A1 - Projected Clients Served in FY18 Area Plan	15
Form A1 - Actual FY17 Expenditures Reported by Locals	\$18,615	Form A1 - Actual FY17 Clients Served as Reported by Locals	10
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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 Northeastern Counseling Center 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.</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).			
None			
Describe any significant programmatic changes from the previous year.			
None			

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$45,000	Form A1 - FY19 Projected clients Served:	35
Form A1 - Amount budgeted in FY18 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY18 Area Plan	40
Form A1 - Actual FY17 Expenditures Reported by Locals	\$16,598	Form A1 - Actual FY17 Clients Served as Reported by Locals	22
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Northeastern Counseling Center currently has two adult peer support providers serving adults. This is predominately a Medicaid only service. However, those consumers that qualify under the UT YES grant or others</p>			

that are not Medicaid may also receive the service. The majority of the services are provided in Duchesne county. For the part of the past year Northeastern Counseling Center only had one Peer Support for adults. Numbers have been changed to reflect data over the last 12 months but hopes are that with two providers clients served may increase.

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

There is an additional half time employee and projected increased number of clients served.

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Supervision is provided by the Clinical Director and on a daily basis by the clinical Roosevelt Site Supervisor who provides consumer specific guidance and individual support for the Peer Support Specialist. In the past this has also included being part of mentoring training provided under the UT YES grant by NAMI.

Describe any significant programmatic changes from the previous year.

None

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$25,000	Form A1 - FY19 Projected clients Served:	15
Form A1 - Amount budgeted in FY18 Area Plan	\$25,000	Form A1 - Projected Clients Served in FY18 Area Plan	15
Form A1 - Actual FY17 Expenditures Reported by Locals	\$9,054	Form A1 - Actual FY17 Clients Served as Reported by Locals	12

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

The Center's Family Resource Facilitator, i.e. FRF is fully trained and certified as a Peer Support provider. The Center is actively seeking families that are in services with Northeastern Counseling Center that could benefit from this specific service. The FRF is located in Roosevelt and actively seeks referrals and opportunities at the University of Utah Neuropsychiatric Institute to provide Peer Support. This includes services to the Vernal location. The Center's adult Peer Support provider has also provided Peer Support to 16 and 17 years olds under the Utah YES grant.

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).

Increased staff and increased number served.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Supervision is provided by the Clinical Director and on a daily basis by the clinical Roosevelt Site Supervisor who provides consumer specific guidance and [individual support for the Peer Support provider](#). In the past this has included being part of mentoring training provided under the UT YES grant by NAMI.

Describe any significant programmatic changes from the previous year.

The center's former Peer Support Provider returned to part time employment with Northeastern Counseling Center.

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$25,000		
Form A1 - Amount budgeted in FY18 Area Plan	\$10,000		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$32,500		

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

Northeastern Counseling currently has two certified Mental Health First Aid instructors. Last year the Center had five instructors but with several therapists leaving the agency the number of certified instructors has dropped significantly. The Center plans on continuing to offer an average of one class every other month, that is free of charge to the community. Training includes classes provided at the Ute Tribe and Manila, UT. Over 875 community members have been trained in Mental Health First Aid in the Uintah Basin.

The Center will continue to be involved in local events such as and community nights and parent meetings in the school, Domestic Violence Coalitions, etc. 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, suicide prevention, etc. The Center is active in offering its facilities and staff for community trainings.

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

None

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$25,000		
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Form A1 - Amount budgeted in FY18 Area Plan	\$40,000		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$30,000		
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Northeastern Counseling currently has two certified Mental Health First Aid instructors. Last year the Center had five instructors but with several therapists leaving the agency the number of certified instructors has declined. However, every effort will be made to provide youth mental health first aid 3 times a year. The Center provides school support services including suicide education required for teachers to one of the local districts. The Center participates on CJC boards and multidisciplinary teams, SOC and many other community groups. The Center participates in the System of Care Regional Advisory Council with the Clinical Director filling that role.</p> <p>Staff provide workshops for parents and community members through the local site-based programs. Staff also provide consultation to teachers, school counselors, principals, DCFS and other State agencies, including participation in staffings for mental health and prevention issues as requested. We are often called upon by local health providers and law enforcement to not only provide crisis services, but to also provide consultation on mental health questions and issues facing the community .</p> <p>The Systems of Care Human Services employees for the Basin continues to be housed in the Northeastern Counseling Center office. Northeastern Counseling has strived to attend meetings that support the SOC as resources permit. 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 essential to work with JJS, DCFS, DSPD and other community stakeholders to provide what children, youth and families need.</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).			
None			
Describe any significant programmatic changes from the previous year.			
None			

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$50,000	Form A1 - FY19 Projected clients Served:	60
Form A1 - Amount budgeted in FY18 Area Plan	\$50,000	Form A1 - Projected Clients Served in FY18 Area Plan	50
Form A1 - Actual FY17 Expenditures Reported by Locals	\$48,322	Form A1 - Actual FY17 Clients Served as Reported by Locals	26
Describe the activities you propose to undertake and identify where services are provided. For			

each service, identify whether you will provide services directly or through a contracted provider.

The Center 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 their medical contract groups. At one county jail the Center provides four hours a week of services. With the therapist resource challenge this has been attempted during no shows and cancellations at the Northeastern Counseling Center clinical site. Northeastern Counseling Center has spoken to the Sheriff about the possibility of using telehealth to provide these therapy services. At present the therapist may need to wait at the jail for some time before being granted access depending on the workload inside the jail. This wait then lessens the amount of service time available. Video would increase the efficiency of service hours. The Center also provides furlough services arranged with the Court, attorneys and the jail as needed. Furlough services are provided at Northeastern Counseling Center office locations with the inmate returning to jail following the service. Jails have their own prescribers that will address psychotropic medication issues.

The Center will continue to plan and make additional provisions for services as directed and funded by County officials. Northeastern Counseling Center also evaluates inmates that are at risk upon their release and to encourage service involvement.

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

none

Describe any significant programmatic changes from the previous year.

The possibility of telehealth in the coming year.

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$35,000	Form A1 - FY19 Projected clients Served:	10
Form A1 - Amount budgeted in FY18 Area Plan	\$35,000	Form A1 - Projected Clients Served in FY18 Area Plan	10
Form A1 - Actual FY17 Expenditures Reported by Locals	\$56,884	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	15

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

The Center 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 Northeastern Counseling Center for those with no entitlements, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center may provide 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.

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

We don't expect any decrease in services, this number just shows that we are doing what we can to help get and keep individuals out of the hospital.

Describe any significant programmatic changes from the previous year.

None

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
During the past year Northeastern Counseling Center has not utilized outplacement funds from the Division. The Center will apply and request outplacement funds as needed for individual children and youth.			
Describe any significant programmatic changes from the previous year.			
None			

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$379,309	Form A1 - FY19 Projected clients Served:	1250
Form A1 - Amount budgeted in FY18 Area Plan	\$389,166	Form A1 - Projected Clients Served in FY18 Area Plan	1,155
Form A1 - Actual FY17 Expenditures Reported by Locals	\$328,189	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,541
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

The Center remains committed to the philosophy of being a community mental health center that serves individuals without adequate funding as there are limited options for these individuals locally. This commitment is becoming increasingly difficult due to payer mix, therapist shortages and increased demand in mental health services. The Center will serve adults regardless of funding source as far as resources allow. The Center does not want to be known as a Medicaid only provider.

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

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

None

Describe any significant programmatic changes from the previous year.

None

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$250,000	Form A1 - FY19 Projected clients Served:	510
Form A1 - Amount budgeted in FY18 Area Plan	\$189,146	Form A1 - Projected Clients Served in FY18 Area Plan	500
Form A1 - Actual FY17 Expenditures Reported by Locals	\$300,000	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	568

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

With the initial appropriation of this money in FY 2008 Northeastern Counseling submitted a plan for services that focused on developing mental health services in the schools. With the Early Intervention Funding for school based services being available, the unfunded money for youth has been used less in the school setting and more in general outpatient services for children and youth that have no funding or are underfunded for services. The Center remains committed to being a community mental health Center and serving all children and youth regardless of funding status. 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 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 treatment resources allow.

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

None

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$275,000	Form A1 - FY19 Projected clients Served:	150
Form A1 - Amount budgeted in FY18 Area Plan	\$274,859	Form A1 - Projected Clients Served in FY18 Area Plan	150
Form A1 - Actual FY17 Expenditures Reported by Locals	\$375,168	Form A1 - Actual FY17 Clients Served as Reported by Locals	138

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

The majority of the allotted amount in this area goes to transportation services. This includes covered transportation to outpatient appointments and transports to and from psychiatric hospitals. [Medicaid altered transportation requirements from the Pre Paid Mental Health.](#) The change allowed for Pre Paid Mental Health Plan enrollees to receive transportation from the State's contracted Transportation provider that would not be funded by the Center. However, given the lack of local transportation contract services the Center the contract change has had little effect on current practice for mental health services. The Center continues to provide the transportation to and from 99% of covered services.

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

No significant changes are anticipated. The estimate come from cost report which varies from year to year.

Describe any significant programmatic changes from the previous year.

None

27) Client Employment

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

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

Competitive employment in the community (include both adults and transition aged youth).

Northeastern Counseling Center believes that employment is an integral part of recovery and positive growth. The Center now has a half time employment specialist that has completed [Individual Placement and Support training and Association of Community Rehabilitation Educators 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. The main focus for the employment specialist is transition youth. [The definition of transition youth are individuals 16-25 years of age.](#)

Collaborative efforts involving other community partners.

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

Employment of people with lived experience as staff.

The Center has several staff with lived experience that provide services.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

The Center's Peer Support providers 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.

Evidence-Based Supported Employment.

The Center's specialist has completed required training including Individual [Placement and Support training and Association of Community Rehabilitation Educators training](#). 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.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

The Center has made some process improvements including adding intake paperwork to the Center's website and accepting that paper work by email. Initial Paperwork 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. [The Center is using the 2018 evaluations to both compliment staff involved and to improve the intake process.](#)

Identify process improvement activities - Implementation

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 Northeastern Counseling Center office [as well as OQ/YOQ off site access.](#)

Identify process improvement activities - Training of Evidence Based Practices

The Center strives to 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. The Center provides an annual training budget and hours for all therapists and case managers. Forty percent of the therapists have completed CAMS training. Trauma training for both adults and

youth continue to be a major focus. As therapists leave employment some ability to provide certain practices declines until new therapists can be trained and hired.

Identify process improvement activities - Outcome Based Practices

The Center is actively attempting to increase the number of YOQ and OQ measures completed. Completing the measure is only one part of the practice and training to therapists have been provided on using the measure as feedback. The Center has implemented the CSSRS and is actively involved in the Statewide PIP. The The Level of Service/Risk, Need, Responsivity (LS/RNR) is used in select situations involving compelled consumers including measuring improvement over time.

Identify process improvement activities - Increased service capacity

The Center like all providers is constantly seeking to increase provider productivity while maintaining quality. These efforts are aimed at reducing the cost per service ratio and also allowing for more consumers to be served. The Center has seen increased consumer requests over the past several years as can be identified on the report cards. Northeastern Counseling Center is generally serving an high ratio of consumers for the population. The Center hopes to remain a community service provider regardless of their individual funding but resources are being challenged. As previously noted the Center is not in a position to see all community members as frequently as would be recommended for individual therapy. It will be essential for the Center to recruit and retain therapists to achieve basic capacity. The therapist hiring market is a challenge across the State with more available jobs and the ever present challenge of recruiting therapists to move to a rural area. Northeastern Counseling Center is actively involved in the local USU MSW program. However, it is unclear how many students in the program will be candidates for employment at Northeastern Counseling Center. The class is closed and graduates students every three years with the current cohort graduating in two years from the date of this plan. As sister agencies, the Ute Tribe, schools, etc. employ master level employees, Northeastern Counseling Center is competing with those agencies for therapists but with the added challenge of on call and evening hours for Northeastern Counseling Center employees. The Center has began using B.S. and M.S.W students employed with the agency to assist with gathering social history, as allowed by Medicaid. This frees up a minimal amount of therapist time that can then be spent providing therapy.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

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, Justice Reinvestment Initiative , School Services, Federally Qualified Health Clinic, Jail, 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 evaluation demands, and specific program commitments, etc. are being watched and managed as much as possible to serve community members and not eliminate types of consumers. As previously noted capacity is not increasing for individual therapy consumers that are not in certain populations. From time to time it is offered by Division and other groups that Peer Support and Rehabilitative services can alleviate the therapist shortage. Peer Support, Rehabilitative services, etc., can have great value for some consumers in treatment. In fact, in some populations Peer Support, Targeted Case Management, Skills, Personal Services, and Psychoeducational services can be more beneficial than traditional therapy. Therefore therapy may be scheduled less frequently. However, the Center does not see Peer Support, Rehabilitative services, etc., significantly helping to alleviate the demand for therapy for most community members. Approximately 25 to 30 percent of mental health individuals served have private insurance. This population especially, but not exclusively, tends to have an expectation of therapy. Not all of society or the community stakeholders are ready to make the philosophical jump from traditional therapy services to Peer Support, PRS, etc. This is an evolution that will occur over time.

Identify process improvement activities - Efforts to respond to community input/need

Where possible within available resources, special service needs suggested by individuals or stakeholders are addressed The Center has at least annual meetings with the Ute Tribe, Sheriff Departments, Hospitals, school

districts, etc. to talk about services need coordination and quality. Special service needs are also discussed as part of several coalitions Northeastern Counseling Center participates in including Justice Reinvestment Initiative groups. A common concern is the demand for therapy services that cannot be met. This includes requests from schools, the Federally Qualified Health Clinic, county jails, juvenile court, etc., for additional therapy time. However, it should also be noted that community members are served by quality providers that make the best use of available time.

Identify process improvement activities - Coalition Development

The Center is part of several boards and coalitions within the service area. It is a regular occurrence for the Center to be requested to join additional coalitions or the Center is requesting additional coalition membership from community members. The Center attempts, where possible, to have existing groups take on additional needs as opposed to developing new groups. One such example is the Preventional Advisory Council. 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, Sexual Assault Response Team, etc. We anticipate being an integral part of the systems of care groups, staffings and services.

Describe how mental health needs for people in Nursing Facilities are being met in your area

Northeastern Counseling Center 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.

Other Quality and Access Improvements (not included above)

None

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (Federally Qualified Health Clinics) and other physical health providers.

The Center began a contract with the newly opened Vernal Federally Qualified Health Clinic in March 2014. The Center provided a therapist for 12 hours a week at the clinic initially. With decreased therapist resources available a Northeastern Counseling Center therapist is at the Federally Qualified Health Clinic 8 hours a week. The Federally Qualified Health Clinic would like additional days but at the present time this is not possible. This is the only Federally Qualified Health Clinic in the catchment area. The Center has several interactions with Tri County 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. 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.

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.

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 Medication Assisted Treatment services.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

The Center has utilized the Federally Qualified Health Clinic 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 Federally Qualified Health Clinic to have individuals access the pharmacy discount program.

The Center's staff continually works with individuals in treatment in referring to local health providers that accept Medicaid and Medicare including urgent care and primary care. For individuals with serious medical needs that require assistance and have no family support, case managers may also accompany the consumer to the health appointment. Northeastern Counseling Center nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers. [Individuals that indicate they are high risk on the Center's Health and Infectious Disease screening form are referred to the Center's nurse for education and direct referral to Tri-County Health Department for HIV, HepC and TB. General staff are trained in basic risks regarding diseases that are higher risk for sexual and IV transmission including how to make a referral to the nurse. Therapists, case managers and medical staff regularly make referrals and provide follow up on pregnancy testing and prenatal care.](#)

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorders Target= reduce tobacco and nicotine use by 5%.

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.

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. [Therapy services, psychosocial rehabilitation services and medication assisted treatment are available for those that reach that stage including Nicotine Replacement Therapy provided by NCC and Recovery Plus.](#)

30) Children/Youth Mental Health Early Intervention

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

The Center's FRF position is now located in Duchesne County. The FRF continues efforts to solicit referrals from both within the Northeastern Counseling Center consumer pool and from other agencies such as DCFS, Juvenile Court, Schools, etc. 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 are housed in the Northeastern Counseling Center Roosevelt office. It is hoped this will facilitate community collaboration and cooperation towards improved family outcomes. The Center believes there are many youth and families in need that will benefit from increased service capacity.

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

None

Describe any significant programmatic changes from the previous year.

None

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

N/A

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

Describe any significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

32) Children/Youth Mental Health Early Intervention

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

The Center is currently providing therapy services in all three school districts. Services were provided in 8 different school settings in SFY 2018 with six being funded with early intervention funds.

FY2018 Schools

- Manila K-12 9 hours includes travel time
- Vernal Middle School 7 hours
- Uintah Middle School 7 hours
- Uintah High 7 hours
- Ashley Valley Education Center 7 hours
- Roosevelt Jr. High 7 hours
- Union High 7 hours
- Centennial Elementary 7 hours

The Center will be presenting to the larger school districts, of Uintah and Duchesne, the therapist time available for the coming year. The Center will then work with the districts to decide the most appropriate placements in August 2018. The Center has provided the Division with specific schools and the amount of time available to that

school in the recent past. The Center will be able to provide that information again by September 2018. It is likely that secondary schools in the main population areas will remain the focus with the limited resources available. Daggett will remain as is with a therapist providing therapy services one day a week in Manilla for all school ages. 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 Northeastern Counseling Center employees. Every effort is made to involve the parents in the youth's treatment. Many parents are involved. In other situations, this is a challenge however calls and invitations will continue to be made by therapists, school counselors, etc.

Some of these consumers will choose to access services at Northeastern Counseling Center 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 FY2018. There is more need than capacity within the school sites currently served. Other schools have expressed the need for therapists in their schools which unfortunately cannot be met with in the available resources. The services that have been provided include assessment and individual therapy. Students may also be referred to the Center's outpatient office for medication services and group as needed.

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

None

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

The Division has received detailed information based on school location and hours in May 2018. With school being out for the summer the FY2019 list will be finalized by September 2019.

Describe outcomes that you will gather and report on.

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.

33) Suicide Prevention, Intervention & Postvention

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

As previously noted the Center is actively engaged in providing mental health first aid to the community . This includes providing both the adult and youth classes free of charge to agencies, schools, ecclesiastical leaders, nurses, etc. For the past two years Northeastern Counseling Center has also began teaching the public safety Mental Health first aid classes. Crisis services and access are covered in these presentations. **To date over 875 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. **In the past year several presentations have been made to religious groups in the area including clergy.** The Center has also partnered with Tri-County health on suicide prevention in the community . Northeastern Counseling Center's prevention program is also providing community awareness including reducing lethal means.

The Center provides approximately 900 crisis services a year. 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 Northeastern Counseling Center offices, jails, schools, etc. These service efforts will continue including offering and providing discharge follow up after inpatient care. Northeastern Counseling Center has also implement the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown safety plan.

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.

The Center's plan is to follow postvention services including the following examples of protocol: Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines and the After a Suicide: A Toolkit for Schools Second Edition. The Center's role is to support the school which directs the efforts with Northeastern Counseling Center being a consultant and provider. This includes Northeastern Counseling Center clinicians on site at the school as protocol is followed. Additional, outreach will include more contacts with funeral homes where families may receive contact information and increasing clergy awareness regarding postvention services.

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 Performance Improvement Plan (PIP).

At present 40 percent of the therapists have completed CAMS. The percentage of CAMS trained therapists has declined with therapist turnover. The Center would be interested in Division of Substance Abuse and Mental Health sponsored training using the online option. Annual c-srs training is held including suicide specific training and safety planning.

Indicator 1: Baseline: 17.4%

Measurement 1: 57.9%

Measurement 2: 65.5%

Indicator 2: Baseline: 84.6%

Measurement 1: 77.1%

Measurement 2: 89.8%

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.

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 Northeastern Counseling Center offices, jails, schools, etc. These service efforts will continue including offering and providing discharge follow up after inpatient care. Northeastern Counseling Center has also implement the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown safety plan.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local Justice Reinvestment Initiative implementation Team.

At present or in the past the following are or have been part of the community Justice Reinvestment Initiative group.

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 Sheriff
Ed Spann Uintah County Under Sheriff
Vernal and Roosevelt offices.
Adult Probation and Parole Supervisors
Robert Hall Northeastern Counseling Center Clinical Director
Randy Asay Daggett Commissioner
Kyle Snow Northeastern Counseling Center CEO
Greg Lamb Defense counsel
Russ Pearson 8th District Court Administrator
Lance Dean Defense Council

David Boren Duchesne County Sheriff
Jason Curry Duchesne County Jail
Ron Winterton Duchesne County Commissioner
Ken Burdick Duchesne County Commissioner
Stephen Foote Duchesne County Attorney

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

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. [Support services for mental health Justice Reinvestment Initiative](#) may include housing from Northeastern Counseling Center or assistance in locating housing in the community , finding access to medications for those with no funding, temporary funding for food, food pantry access, access to the Federally Qualified Health Clinic for health care, etc. However, there are a number of mental health clients and mental health clients with Substance Use Disorders needs that are also being served in the Substance Use Disorders program, that are “compelled.” The Center has the ability to utilize the The Level of Service/Risk, Need, Responsivity (LS/RNR) as needed but usually the initial The Level of Service/Risk, Need, Responsivity (LS/RNR) is completed by Adult Probation and Parole and the results provided to Northeastern Counseling Center as treatment begins. Mental Health services are part of the services that can and are provided by Northeastern Counseling Center for “compelled” individuals but the demand for Justice Reinvestment Initiative services to date for Mental Health is smaller. Northeastern Counseling Center is at an advantage in that individuals with co-occurring disorders can receive treatment including Medication Assisted Treatment and traditional psychiatric medications as needed.

Identify your outcome measures.

Treatment Episode Data Set (TEDS) and Mental Health data which can be reported specific to individuals that are part of Justice Reinvestment Initiative . Northeastern Counseling Center 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 stakeholders. Northeastern Counseling Center has implemented State required Justice Reinvestment Initiative data as part of its Electronic Medical Record. We are open to Division input and other State stakeholders on this issue related to court data, outcomes and measuring recidivism accurately.

Cell: N33

Comment: Match amount based off of original State General Fund allocation. Partial amounts have been moved to State Drug Court, but are still part of match calculation.

FY19 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Northeastern

Form B1

FY2019 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2019 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)					\$0
Residential Services					\$0
Outpatient					\$0
Outpatient		\$49,853			\$49,853
Intensive Outpatient					\$0
Recovery Support (includes housing, peer support,		\$10,074			\$10,074
Other (Screening & Assessment, Drug testing, MAT)		\$20,000			\$20,000
FY2019 DORA and Drug Court	\$0	\$79,927	\$0	\$0	\$79,927

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!**

1) Screening and Assessment Only

Form B - FY19 Amount Budgeted:	\$150,000	Form B - FY19 Projected clients Served:	600
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0
Describe 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.			
The Center separates these services by using a separate service and program in the Electronic Medical Record. The assessment and screening services include the intake assessment with a non clinical staff member and the clinical assessment that is completed with a therapist.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant changes.			
Describe any significant programmatic changes from the previous year.			
The Center is using more non clinical licensed individuals e.g. Social Service Workers or working towards licensure, to gather social history, etc., prior to the therapist meeting with the client for diagnosis and recommendations. With high no show rates for substance use evaluations, this minimizes lost therapist time due to no shows or cancellations.			

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

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$0	Form B - Projected Clients Served in FY18 Area Plan	0

Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	0
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.			
There are occasions where referrals are made for this level of care by the Center but the service is not funded by NCC also known as Northeastern Counseling Center . This service is not available in the Center's area. Examples of utilizing this service may include accessing emergency medical detoxification for a pregnant female. These programs are generally very short in duration and are covered under the Medicaid Health Plan for enrollees. The Center works with the consumer and the program to ensure follow up care is available upon discharge from detoxification.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			
If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?			
There are no providers of medical detox in the Uintah Basin. Several individuals a year are accessing medical detoxification from Wasatch front institutions including those that accept Medicaid. On occasion, local medical hospitals, medically assist individuals going through detox but not as a formal medical detox service. When physical risks are low and there is sufficient support for the client, NCC will also provide MAT also known as Medication Assisted Treatment through the process. NCC's experience has been that Medicaid individuals are admitted for three days only.			

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

Form B - FY19 Amount Budgeted:	\$30,000	Form B - FY19 Projected clients Served:	5
Form B - Amount Budgeted in FY18 Area Plan	\$30,000	Form B - Projected Clients Served in FY18 Area Plan	5
Form B - Actual FY17 Expenditures Reported by Locals	\$15,000	Form B - Actual FY17 Clients Serviced as Reported by Locals	2
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.			
The primary provider of this service for NCC consumers is the House of Hope in Provo, UT. However, other programs may be utilized with one time agreements such as the Odyssey house for adolescents, women and men. This may include mothers attending treatment with their children. Northeastern Counseling Center has a limited ability to refer unfunded consumers to residential services at agreed upon rates, to be funded by Northeastern			

Counseling Center. The Center has also worked with and will continue to work with the Division of Child and Family Services on specific parents involved in reunification services that require residential and OP also known as Outpatient services.

In the past year several admissions were began that did not come fruition based on the individual consumer's situation and self-determination.

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

None

Describe any significant programmatic changes from the previous year.

None

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$0	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$64,473	Form B - Actual FY17 Clients Served as Reported by Locals	29

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.

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 in another section.

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

None

Describe any significant programmatic changes from the previous year.

None

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount Budgeted:	\$100,000	Form B - FY19 Projected clients Served:	80
Form B - Amount	\$0	Form B - Projected Clients	

Budgeted in FY18 Area Plan		Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	
Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.			
The Center currently has two prescribers that provide MAT services. At any given time, NCC is serving 40-50 Buprenorphine clients. NCC also provides Vivitrol (when financially possible including patient assistance through the pharmaceutical program) and Naltrexone. The Uintah Basin also has three other private MAT providers that are DATA 2000 certified.			
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).			
First year of Data			
Describe any significant programmatic changes from the previous year.			
An additional MAT prescriber was hired.			

6) Outpatient (Non-methadone – ASAM I)

Form B - FY19 Amount Budgeted:	\$1,201,492	Form B - FY19 Projected clients Served:	620
Form B - Amount Budgeted in FY18 Area Plan	\$1,260,290	Form B - Projected Clients Served in FY18 Area Plan	825
Form B - Actual FY17 Expenditures Reported by Locals	\$1,008,638	Form B - Actual FY17 Clients Served as Reported by Locals	513
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.			
Outpatient services are provided in regularly scheduled sessions of fewer than 9 hours of contact per week. Outpatient services are provided out of the Duchesne, Roosevelt and Vernal offices. Group services are provided out of the Roosevelt and Vernal offices. The Vernal office provides a felony Drug Court program in cooperation with Uintah County and the Eighth District Court. The Center's biggest challenge in meeting all SUD (also known as Substance Use Disorder) treatment demands, is recruitment and retention of therapist/other providers e.g. SSW, SUDC. In addition, with increased specialized training required, many new hires must also attend additional training prior to providing certain SUD services. These provider positions are essential to provide both group and individual services. The Center will continue its recruitment and retention efforts in the coming year. The Center is competing with both private and public providers across the state, nation and locally for quality licensed providers. Efforts include offering a signing bonus to new hires, bonus system, the National Health Service Corps loan repayment program for eligible staff, recruitment trips to various universities in the state, job fairs, employee incentives for referring a licensed individual, paying for interview trips to the Uintah Basin, funding scholarships to			

the local MSW program, etc. The Center also works with Utah State by providing practicum experiences for MSW students which has been an important source of therapists over the years. The USU program graduates students every three years with the next available cohort graduating in two years. The Center will continue to look at creative options beyond the employee model so that a sufficient number of quality providers are available. Given the Center's size and additional mental health service requirements including on call for therapists, one to three position changes is significant for those being served, community stakeholders and remaining providers. These challenges are not new to Northeastern Counseling or many other agencies around the state. However, the challenges appear to be increasing due to market factors, other employment options that do not require 24 hour on call rotations, evening hours and the fast pace of the public provider.

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.

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.

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).

Assessment clients have been separated out-as seen in section one of this plan, from this years OP data.

Describe any significant programmatic changes from the previous year.

The Center has increased training on the LS-RNR and MRT. Additional groups have been developed for both Trauma specific treatment and to separate need and risk levels. The Center plans on providing MAT to additional individuals in the coming year.

7) Intensive Outpatient (ASAM II.5 or II.1)

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$0	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	0

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.

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.

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

None

Describe any significant programmatic changes from the previous year.

None

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	\$7,000	Form B - FY19 Projected clients Served:	12
Form B - Amount Budgeted in FY18 Area Plan	\$7,000	Form B - Projected Clients Served in FY18 Area Plan	12
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0

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.

Vocational Rehabilitation resources as well as local educational assistant programs are utilized for those in recovery desiring to further their education. A Federally Qualified Health Clinic remains a resource in Vernal and is able to see patients with no other coverage on a sliding fee basis. This is being utilized by clients from both Duchesne and Uintah Counties as a health care resource. The Center sees this as a great resource for those in Substance Use treatment with no health care coverage. The FQHC also provides limited dental services to adults. The Center hopes to have more consumers engaged in case management type services in the coming year and to better coordinate with services provided by AP&P. The Drug Court Case Manager also provides access to recovery support services. Bus passes 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. [The Center is striving to set up the EMR to capture from a data standpoint, when a recovery service is provided.](#)

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

The Center 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.

Describe any significant programmatic changes from the previous year.

Two additional positions to provide and coordinate recovery support services will be applied for under the JRI application process.

9) Peer Support Services

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	5
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	

Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	
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.			
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. When services are provided it is generally to individuals with both mental health and substance use concerns.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
None			
Describe any significant programmatic changes from the previous year.			

10) Opioid (STR) Treatment Funds

<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports.
Describe the activities you propose and identify where services will be provided.
<p>Northeastern counseling currently provides medication assisted treatment in the form of buprenorphine for 40 to 50 individuals at any given time out of the Vernal or Roosevelt offices. The Center's prescribers can serve double this population under the DATA 2000 program. 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. Supportive services including increased nurse, none criminal justice Urine Analysis by a certified collection agency and lab, and wellness services are also provided. 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. Where possible, NCC will refer to the local FQHC where</p>

medication cost may be reduced under their discount program. 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. MAT medications under this proposal include buprenorphine products and Naltrexone products.

How will you identify, engage and retain individuals in your area with opioid use disorders?

The Center has 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.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

The center is especially interested in identifying individuals that are currently incarcerated that may benefit from medication assisted treatment immediately upon release. There is often a small window where intervention is most likely to occur. The Center's substance use treatment case managers will coordinate services, engage participants and track outcomes for those involved in MAT.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

The center anticipates that the services under this funding will be provided by employees of Northeastern Counseling Center. However, in the event that it is not possible to hire a prescriber due to market and availability, the Center believes that it has potential local options with private physicians to provide the service. This is not the desired method as the center would like to keep both behavioral therapy and medication assisted treatment in the same location. However, if necessary case management and other services will be utilized to ensure that contracted medication management services for MAT are provided with established protocols in coordination with appropriate behavioral health services, case management and recovery support.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

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 stakeholders. The Center is also striving to work with AP&P on who they will provide clinical services to, as opposed to whom NCC will provide services. *At times this has been confusing for NCC and clients.* AP&P has two clinical programs in the Uintah Basin. At present NCC will serve whoever AP&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&P clinical staff, clinical administration and AP&P supervisors. In the future it is hoped that this can be further refined and become more consistent to avoid duplicate programming 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&P RNR(s) have not been available the Center has begun completion of the tool with individuals identified as compelled to treatment.

Describe your plan to improve the quality of care.

As therapists leave employment this requires additional training e.g. MRT, EMDR, Seeking Safety, etc.. Keeping staff trained and appropriately supervised is a priority to the Center.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

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 choose 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.

Describe Clinical Supervision Protocol or Plan.

All clinicians are required to have weekly supervision with their clinical supervisor. In addition, group supervision or case staff meetings are held for the substance use disorder treatment programs including Drug Court. The Center has recently implemented a video observation policy that will be used on a limited basis to provide training and feedback on evidence based practices and general therapy interactions.

How do you evaluate client outcomes?

Outcomes are evaluated using the TEDS data on the Division Score cards. The JRC grant has additional outcomes attached including UA results, time not incarcerated pending adjudication, etc.

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

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.

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

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

None

Describe any significant programmatic changes from the previous year.

None

The Substance Abuse Prevention and Treatment (SAPT) block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

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

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

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. 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.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

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

The Center's staff continually works with individuals in treatment in referring to local health providers that accept Medicaid and Medicare including urgent care and primary care. For individuals with serious medical needs that require assistance and have no family support, case managers may also accompany the consumer to the health appointment. NCC nurses also assist in managing a wide variety of physical health medications for daily and weekly medication management consumers.

Individuals that indicate they are high risk on the Center's Health and Infectious Disease screening form are referred to the Center's nurse for education and direct referral to Tri-County Health Department for HIV, HepC and TB testing as needed. General staff are trained in basic risks regarding diseases that are higher risk for sexual and IV transmission including how to make a referral to the nurse. Therapists, case managers and medical staff regularly make referrals and provide follow up on pregnancy testing and prenatal care.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

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.

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. Services for tobacco cessation provided by Northeastern Counseling may include [therapy services](#), [psychosocial rehabilitation services](#) and [medication assisted treatment \(specifically for tobacco cessation\)](#), including NRT and combined psychoeducation and monitoring with with the Center's nurses.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	\$593,882		
Form B - Amount Budgeted in FY18 Area Plan	\$466,365		
Form B - Actual FY17 Expenditures Reported by Locals	\$531,432		

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

The Center may provide or arrange for a variety of women services including but not limited to the following:

- As both the Substance Abuse and Mental Health provider NCC provides dual diagnosis treatment including medication services as needed for women and their children.
- The Center 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 evidence based EMDR as part of the Substance Program for women with trauma treatment needs.
- The Center may refer to community parenting programs where appropriate. There are two current options for younger and older dependent children. Gender specific women and parenting issues may be addressed in individual therapy sessions in addition to family issues discussed in group therapy. The Center offers coordination for women, who require primary medical care for both themselves and their children, entitlements, child care. The Center works with DCFS for cases involving reunification and treatment services and where appropriate referral and funding for women and their children in residential treatment.
- The Center also arranges for and funds residential treatment for women with dependent children. These services are funded by NCC and provided by the House of Hope.

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 Division of child and family services (DCFS) for women with children at risk of, or in state custody.

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.

Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.

Case management services are available to women in treatment in both the Roosevelt and Vernal offices. Challenges that are common include housing, entitlement assistance, mental health needs, access to local bus vouchers, day care referral, Family Support Center (provides Day Care services) and health care-especially for women with no funding, 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.

Describe any significant programmatic changes from the previous year.

Non anticipated

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	\$77,103		
Form B - Amount Budgeted in FY18 Area Plan	\$94,593		
Form B - Actual FY17 Expenditures Reported by Locals	\$78,219		

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

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.

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.

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

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

No significant changes

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

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.

16) Drug Court

Form B - FY18 Amount	\$100,606	Form B - FY19 Amount	\$79,928
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Budgeted: Felony		Budgeted: Felony	
Form B - FY18 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY18 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY18 Recovery Support Budgeted	\$	Form B - FY19 Recovery Support Budgeted	\$

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

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.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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&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.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

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.

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 Specialty Courts, etc).

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.

TESTING SCHEDULE

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

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

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

None

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

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.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	\$212,333	Form B - FY19 Amount Budgeted:	\$424,057
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Justice Reinvestment Initiative

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 Sheriff Ed Spann Uintah County Under Sheriff Vernal and Roosevelt offices. AP&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 Sheriff Jason Curry Duchesne County Jail Ron Winterton Duchesne County Commissioner Stephen Foote Duchesne County Attorney

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

This will continue to be an area of development training and information sharing. NCC did send five therapists to LSI-RNR training. The Center has also purchased the instruments which are completed on individuals that need updates or have not received one from AP&P. [The Center also utilizes the RANT for screening.](#) Where possible risk assessments completed by AP&P are provided to NCC at the time of assessment so that these are not completed twice. The Center did not and does not have access to any screening information that was completed by the jails. The Center currently has two recovery support coordinators that have improved support to clients and agency partners. [The Center consistently strives to avoid mixing, risk or need levels in the treatment setting.](#)

Identify training and/or technical assistance needs.

The Center appreciates training opportunities sponsored or arranged by the Division such as MRT. 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. [The Center's biggest challenge in meeting SUD treatment demands is the lack of therapist/other provider resources available.](#) This is always a major concern as hiring therapists/other providers of SUD services is becoming increasingly difficult in the current statewide and local market. [These provider positions are essential to provide both group and individual services.](#) The Center will continue its recruitment and retention efforts and will make some adjustments in the coming year to these programs in the hopes of attracting and retaining providers.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	\$		
Form B - Amount Budgeted in FY18 Area Plan	\$		
Form B - Actual FY17 Expenditures Reported by Locals	\$		
<p>Local Drug Offender Reform Act (DORA) Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional Adult Probation and Parole (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.</p>			
Not applicable, NCC does not receive DORA funds.			
<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?</p>			
Not applicable, NCC does not receive DORA funds.			
<p>Continuum of Treatment Services: Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).</p>			
Not applicable, NCC does not receive DORA funds.			
<p>Evidence Based Treatment: Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.</p>			
Not applicable, NCC does not receive DORA funds.			

FY19 Substance Abuse Prevention Area Plan & Budget										Local Authority: Northeastern			Form C	
State Funds					County Funds									
FY2019 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	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 FY2019 Revenue		
FY2019 Substance Abuse Prevention Revenue						\$125,656	\$33,349	\$32,083		\$13,000		\$204,088		
State Funds					County Funds									
FY2019 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	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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program Expenditures
Universal Direct						\$52,656	\$18,349	\$12,083					\$83,088	\$75,000
Universal Indirect						\$26,000	\$5,000	\$20,000					\$51,000	\$48,000
Selective Services													\$0	\$0
Indicated Services						\$47,000	\$10,000			\$13,000			\$70,000	\$70,000
FY2019 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$125,656	\$33,349	\$32,083	\$0	\$13,000	\$0	0	\$204,088	\$193,000
SAPT Prevention Set Aside														
Primary Prevention Expenditures	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
	\$10,000	\$70,000	\$11,000	\$3,000	\$26,256	\$5,400	\$125,656							

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Northeastern

Instructions:

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.

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 impaction 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, SMART and SMART EASY classes, Prevention Dimensions, Active Parenting, Kid's With Incredible Potential, ParentsEmpowered, 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, 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.

1) Assessment

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.

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 LSAs did for this fiscal year.

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. A new assessment is planned starting Summer of 2018.

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.

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.

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.

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.

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. The Uintah Basin Association of Governments Community Action Plan and the Uintah Basin Healthcare's Community Health Needs Assessment were useful tools 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.

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. 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 daycare 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.

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, marijuana use, and the misuse and abuse of opioids.

2) Capacity Building

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.

Things to Consider/Include:

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)

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 and the SAPST Training. Staff from Northeastern will be attending the National Prevention Network conference and Fall Substance Abuse Conference.. All trainers of evidence-based 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.

3) Planning

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.

Things to Consider/Include:

Write in a logical format or In a narrative. Logical Format is:

Goal: 1

Objective: 1.1

Measures/outcomes

Strategies:

Timeline:

Responsible/Collaboration:

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?

The Prevention Advisory Coalition has developed a strategic plan. A copy of the plan is available upon request.

4) Implementation

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.

Things to Consider/Include:

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/FY19: 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, PRI DUI classes will be held every other 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. Pharmacy bags with Use Only as Directed messages will be distributed through local pharmacies.

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.

5) Evaluation

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.

Things to Consider/Include:

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.

6) Create a Logic Model for each program or strategy.

Program Name Parents Empowered		Cost to run program 40,000		Evidence Based: Yes			
Agency Northeastern Counseling Center			Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Universa 1	S	I		

Logic	Reduce Underage Drinking	Poor family management	Community wide- Approximately 15000 parents/guardians of youth ages 10-16	Present Parent Empowered presentations to groups in Uintah, Duchesne and Daggett Counties, requesting information on alcohol and the teenage brain Collaborate with local businesses, nonprofits, government agencies and local civic groups to create opportunities to distribute Parents Empowered collateral items at a minimum of 10 events in Uintah, Duchesne and Daggett Counties such as health fairs, town hall meetings, parades. Collaborate with local businesses, nonprofits, governments agencies and local civic groups to distribute Parents Empowered Collateral	Decrease region poor family management from 35.8% in 2015 by 15% to 30.4% in 2021.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 1 3.8% to 12.42% 12 th 1 8.0% to 16.2%
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				<p>items (pencils, brains, pamphlets) at key locations in our community— Uintah, Duchesne, and Daggett Counties. Participate in statewide radio commercials, television/theatre commercials, garbage truck wraps, etc.</p>		
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Measures & Sources	SHARP Survey	SHARP Survey	Data forms by staff conducting presentation	Data forms by staff conducting presentations and distributing information	SHARP Survey	SHARP Survey
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Program Name SMART			Cost to run program 4,000	Evidence Based: Yes –part of a comprehensive approach			
Agency Northeastern Counseling Center			Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Univers al	S	I		

<p>Logic</p>	<p>Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District</p> <p>Reduce Underage Drinking</p>	<p>Availability Retail merchant laws are not enforced Community Laws and Norms favorable toward drug use.</p>	<p>Universal – approximately 50 persons</p> <p>Local on-premise alcohol servers, age 21-99, in Uintah, Duchesne, and Daggett Counties requesting training and needing Utah State Certification</p>	<p>Provide Server Management Alcohol Responsibility Training at businesses in Uintah, Duchesne, and Daggett Counties or at Northeastern Counseling Center, both Roosevelt and Vernal offices, as requested by local alcohol servers. Class is 1 time for 3 hours-renewable every 3 years.</p> <p>Encourage State Alcohol Task Force to provide regular checks.</p>	<p>Reduce underage sales by 2019</p> <p>Increase EASY compliance checks by 2019</p> <p>In Uintah County-Maintain 92.5% compliance rate for 2013</p> <p>In Duchesne County-Increase 77.8% compliance rate from 2013 by 10% to 85.6%</p>	<p>Decrease 2015 30 day alcohol use rates by 10% by 2025.</p> <p>6th 1.</p> <p>4% to 1.26% 8th 9.</p> <p>0% to 8.1% 10th 1</p> <p>3.8% to 12.42% 12th 1</p> <p>8.0% to 16.2%</p> <p>Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2022, in Duchesne County</p>
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						reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022
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Measures & Sources	Utah Crash Summary SHARP	EASY Checks	Data forms by staff conducting training	Data forms by staff conducting training Compliance checks	EASY Checks	Utah Crash Summary SHARP
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Program Name SMART EASY			Cost to run program 3,500	Evidence Based: Yes-part of a comprehensive approach			
Agency Northeastern Counseling Center			Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Univers al	S	I		

Logic	<p>Reduce Underage Drinking</p> <p>Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District</p>	<p>Availability Retail merchant laws are not enforced</p> <p>Community Laws and Norms favorable toward drug use.</p>	<p>Universal-approximately 50 persons</p> <p>Local off-premise alcohol cashiers age 16-99, in Uintah, Duchesne, and Daggett Counties, requesting training and needing Utah State Certification</p>	<p>Provide Server Management Alcohol Responsibility Training (EASY) at businesses in Uintah, Duchesne, and Daggett Counties or at Northeastern Counseling Center, both Roosevelt and Vernal offices, as requested by local alcohol sellers. Class is 1 time for 1-2 hours-renewable every 5 years.</p> <p>Encourage local law enforcement to provide regular checks.</p>	<p>Reduce underage sales by 2019</p> <p>In Uintah County-Maintain 92.5% compliance rate for 2013</p> <p>In Duchesne County-Increase 77.8% compliance rate from 2013 by 10% to 85.6%</p>	<p>Decrease 2015 30 day alcohol use rates by 10% by 2025.</p> <p>6th 1.</p> <p>4% to 1.26% 8th</p> <p>9.</p> <p>0% to 8.1% 10th 1</p> <p>3.8% to 12.42% 12th 1</p> <p>8.0% to 16.2%</p> <p>Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2022, in Duchesne County</p>
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						reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022
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Measures & Sources	Utah Crash Summary SHARP	EASY Checks	Data forms by staff conducting training	Data forms by staff conducting training EASY Check data	EASY Checks	Utah Crash Summary SHARP
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Program Name PRI Teen Education			Cost to run program 16,500		Evidence Based: Yes		
Agency Northeastern Counseling Center			Tier Level: 4				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	Indicated		

Logic	Reduce underage drinking.	Favorable attitudes	Indicated-- approximately 50 people Juveniles, age 14-18, referred by parents, teachers, school counselors, school nurses, youth workers, friends or courts in Uintah, Duchesne and Daggett Counties, and requesting PRI class from Northeastern Counseling Center	Provide PRI class at Northeastern Counseling Center, one class each quarter in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes or one eight hour class, depending on school hours and availability of instructor.	Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 13 .8% to 12.42% 12 th 18 .0% to 16.2%
Measures & Sources	SHARP DATA	PRI Pre/Post Tests SHARP DATA	Credible attendance data. Data tracking sheets.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	SHARP DATA

Program Name PRI Adult Education			Cost to run program 16,500		Evidence Based: Yes		
Agency Northeastern Counseling Center			Tier Level: 4				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	Indicate d		

Logic	Reduce alcohol related motor vehicle crashes	Favorable attitudes	<p>Indicated—approximately 40 persons</p> <p>Adult drinking or drug offenders, not meeting criteria for treatment, referred by courts, employers, counselors, friends, or others in Uintah, Duchesne and Daggett Counties age 18-99.</p>	<p>Provide PRI class at Northeastern Counseling Center, one class each quarter in both Roosevelt and Vernal. Class includes eight hours of instruction time. Must attend eight hours in order, and must complete all eight hours. Classes will be offered as two-four hour classes one - eight hour class, depending on availability of instructor.</p>	<p>Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.</p>	<p>Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2022, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022, Maintain Daggett County at 3.3 in</p>
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Measures & Sources	Utah Crash Summary	PRI Pre/Post Tests	Credible attendance data. Data tracking sheets.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	Utah Crash Summary
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Program Name PRI DUI			Cost to run program 37,000		Evidence Based: Yes		
Agency Northeastern Counseling Center			Tier Level: 4				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	Indicated		

<p>Logic</p>	<p>Reduce alcohol related motor vehicle crashes</p>	<p>Favorable attitudes towards problem behaviors</p>	<p>Indicated—100 persons Court-ordered DUI offenders age 18-99, living or working in Uintah, Duchesne, or Daggett Counties requesting PRI class from Northeastern Counseling Center</p> <p>Court-ordered DUI offenders under 18 years of age, living or working in Uintah, Duchesne, or Daggett Counties requesting PRI class from Northeastern Counseling Center</p> <p>***16-18 year olds as needed</p>	<p>Provide PRI class at Northeastern Counseling Center, one time a month, alternating between Roosevelt and Vernal. Class will be 2 eight hour classes. Classes must be taken in order, must have 100% attendance to complete.</p> <p>****A class will be offered to those under the age of 18 on an as needed basis. Those under 18 will not be in class with those over 18.</p>	<p>Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.</p>	<p>Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2022, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2 per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022, Maintain Daggett County at 3.3 in</p>
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Measures & Sources	PRI Data Utah Crash Summary	PRI Pre/Post Tests	Credible attendance data. Data tracking sheets.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	Utah Crash Summary
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Program Name Prevention Dimensions			Cost to run program 3,000	Evidence Based: Yes			
Agency Northeastern Counseling Center			Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Univers al	S	I		

Logic	Reduce underage drinking	Favorable attitudes towards drug use Prosocial involvement	School age youth, ages 4-19, and adults, ages 18-99, working with school age youth in the schools.	Provide Prevention Dimension trainings for teachers as requested by Uintah, Duchesne, Daggett or Uintah River School Districts. Provide door prizes for teachers to attend trainings in Uintah, Duchesne, Daggett or Uintah River School Districts. Provide classroom assistance for one hour for Prevention Dimension lessons when requested by Uintah, Duchesne, Daggett or Uintah River School Districts. PD the Woolly Mammoth will attend various community activities to increase awareness of Prevention Dimensions	Decrease region attitudes favorable to drug use by 10% from 22.0% in 2015 to 19.8% by 2021. Increase region prosocial involvement by 10% from 50.1% in 2015 to 55.11% by 2021.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 1 3.8% to 12.42% 12 th 1 8.0% to 16.2%
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				in Uintah, Duchesne, Daggett Counties.		
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Measures & Sources	SHARP	SHARP	Data Tracking Sheets	Data Tracking Sheets	SHARP	SHARP
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Program Name Coalition/Committee participation			Cost to run program 37,000		Evidence Based: Yes, part of capacity building process		
Agency Northeastern Counseling Center			Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Univers al	S	I		

Logic	Reduce ATOD use in our communities	Favorable attitudes towards drug use Prosocial involvement Community Readiness	Universal—approximately 300 people Key leaders, prevention minded community members in Uintah, Duchesne, and Daggett Counties.	Prepare local communities in Uintah, Duchesne, and Daggett County area for the five step process; assessment, capacity, planning, implementation, evaluation, and assessment while providing sustainability and cultural competence.	Decrease region attitudes favorable to drug use by 10% from 22.0% in 2015 to 19.8% by 2021. Increase region prosocial involvement by 10% from 50.1% in 2015 to 55.11% by 2021. Increase prevention readiness from Stage 4 DETERMINED in 2016 to stage 4.5 in 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 1 3.8% to 12.42% 12 th 1 8.0% to 16.2% 30 day tobacco use from 3.7% in 2015 to 3.0% in 2025 30 day ecig use from 10.8% in 2015 to 9.72% in 2025
Measures & Sources	SHARP	SHARP Community Readiness Survey	Data tracking sheets, attendance sheets	Coalition minutes	SHARP Community Readiness Survey	SHARP

Program Name Capacity Building Alternatives		Cost to run program 10,000		Evidence Based: only as part of a comprehensive approach. Alternatives alone have not been shown to be effective at prevention substance abuse but are recognized part of the CSAP Six Prevention Strategies. All activity goals will be to build Capacity.			
Agency Northeastern Counseling Center			Tier Level:1				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	I		

Logic	Reduce underage drinking	Increase community readiness Favorable attitudes towards ATOD use.	Universal—15000 persons Community groups in Uintah, Duchesne, and Daggett Counties requesting ATOD information and local resources from Northeastern Counseling Center staff	Work with Prevention Staff and Coalition Members to provide or attend one-time events at local health fairs, tribal panels, town meetings, parades, reality towns, awareness walks/runs and other alcohol and drug-free community events in Uintah, Duchesne, and Daggett Counties to present consistent, community wide prevention messages.	Increase prevention readiness from Stage XXXX 4 in 2016 to XXXX 5 in 2019. Decrease region attitudes favorable to drug use from 31.4% in 2015 to 28.26% by 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 13 .8% to 12.42% 12 th 18 .0% to 16.2%
Measures & Sources	SHARP	SHARP Community Readiness Survey	Data Tracking sheets	WITS Tracking sheets	SHARP Community Readiness Survey	SHARP

Program Name Strengthening Families-Roosevelt		Cost to run program 5,000		Evidence Based: Yes				
Agency Northeastern Counseling Center		Tier Level:4						
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			U	S	I			
Logic	Reduce ATOD underage drinking use.	Family Management Skills	Universal At least 40 people: Youth ages 10-14 and their parent/parents/guardian.			Northeastern Counseling Center will be partnering with OJJS to hold classes at Northeastern Counseling Center in Roosevelt, at least three times a year. This program runs for 10 weeks .	Decrease poor family management skills 8% from 38.5% in the 2015 SHARP to 35.4% in 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 1 3.8% to 12.42% 12 th 1 8.0% to 16.2%

Measures & Sources	SHARP	SHARP	Data Tracking sheets	WITS Tracking sheets	SHARP	SHARP
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Program Name Strengthening Families-Vernal			Cost to run program 5,000		Evidence Based: Yes		
Agency Northeastern Counseling Center			Tier Level:4				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			Univ ers al	S	I		

Logic	Reduce ATOD underage drinking use.	Family Management Skills	At least 40 people: Youth ages 10-14 and their parent/parents/guardian.	Northeastern Counseling Center will be partnering with OJJS to hold classes Vernal, at least three times a year. This program runs for 10 weeks .	Decrease poor family management skills 8% from 38.5% in the 2015 SHARP to 35.4% in 2019.	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6 th 1. 4% to 1.26% 8 th 9. 0% to 8.1% 10 th 1 3.8% to 12.42% 12 th 1 8.0% to 16.2%
Measures & Sources	SHARP	SHARP	Data Tracking sheets	WITS Tracking sheets	SHARP	SHARP

FY 2019 Schedule

NCC

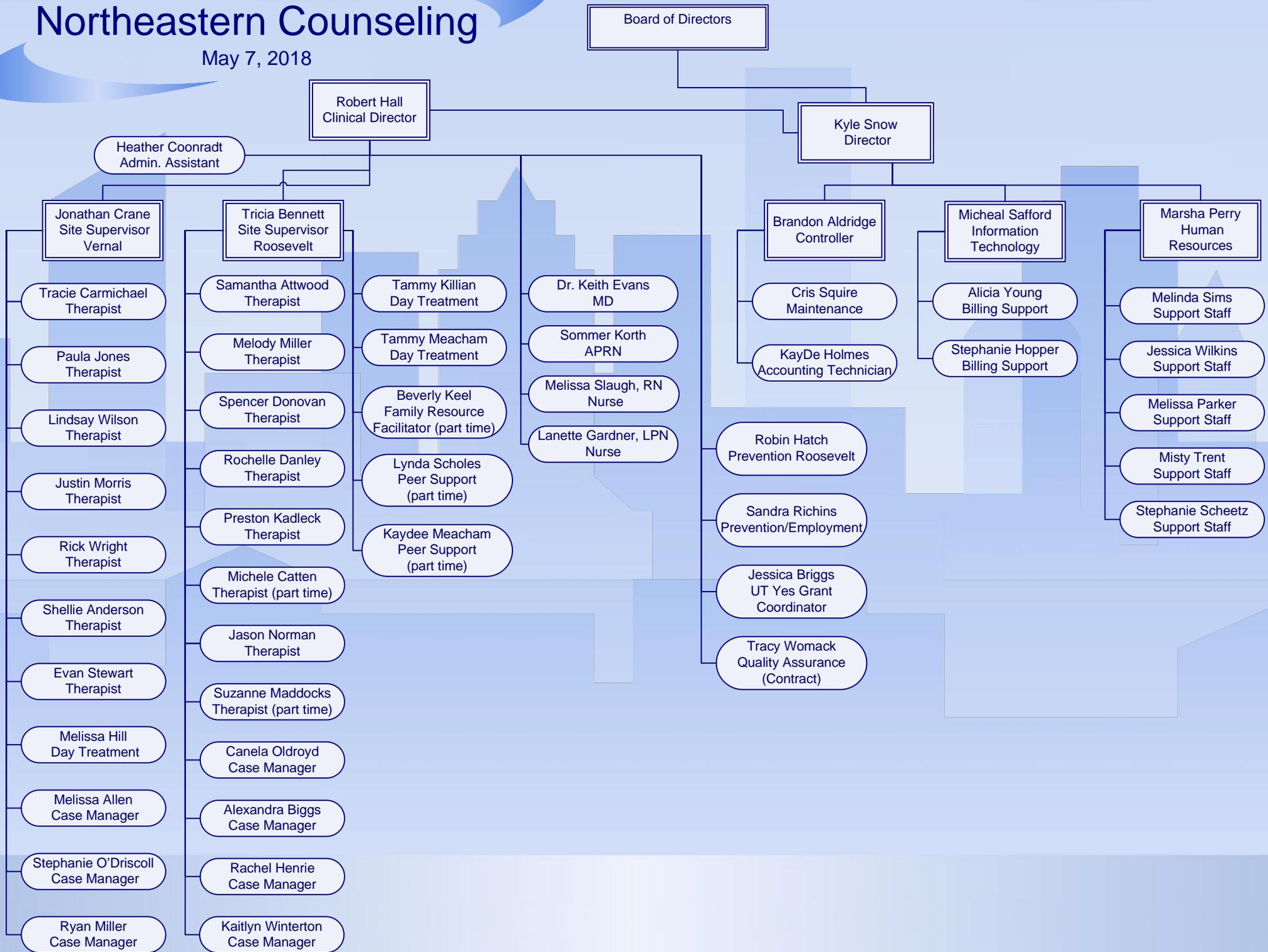
Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income	1	2	3	4	5	6	7	8	
\$0-\$931	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$932- \$1261	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$1262-\$1591	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00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

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

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

Northeastern Counseling

May 7, 2018



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 2019 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) # _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Northwestern Counseling Center

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

PLEASE PRINT:

Name: Bobby Richardson

Title: NCC BOARD CHAIR

Date: 5/10/2018