

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, individual therapy and medication management where possible. As noted in the treatment narrative, services related to individual therapy for some populations will have to be provided on a limited basis, given resource limits. As also noted in the Mental Health and Substance Abuse narratives the Center serves individuals in crisis regardless of funding.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?

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

The Center does not maintain a waiting list for screening/assessment, individual therapy, medication services (including MAT) or case management services. There are occasions where certain group services are maxed out due to the number of individuals attending the group and state rules regarding participant number limitations. When this does occur the Center operates a holding group so that individuals may be treated pending specific group admission. The Center is not always in the position to form additional groups due to resource limitations for some populations. This has only occurred in the Vernal area where SUD group client numbers are generally higher.

The Center keeps what is known as the "initial contact log" for those making contact with the agency for services. The purpose of the list is to manage Medicaid enrollees under the PMHP contract that requires initial appointments depending on Emergent-same day, Urgent 5 days or Non-Urgent-15 days status. Individuals that report using substances IV and or have dependent children or are pregnant are moved to priority status and do not wait for the usual assessment process and are seen on an emergent status. This status is for all payers including unfunded but they are recorded on the initial contact list whether they are Medicaid covered or not. Emergent services may also include immediate prescriber referral when clinically indicated.

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 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 HIPSA 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, NCC rarely utilizes subcontracted services for individuals within the catchment area. At present NCC has one inpatient contract and one outpatient contract with the local FQHC and one telehealth contract with UNI. NCC meets with contracting agencies annually to verify insurance coverage and any specific contract monitoring unique to that contract. Throughout the year, NCC conducts monthly LEIE EPLS searches for federal debarment on all subcontract hospitals and providers. Prior to paying for any outside services, those services are verified and documentation obtained. [The Center does utilize single case agreements for some Medicaid covered services both locally and for specialty services not available in the Uintah Basin. Examples may include SUD residential, psychologicals, etc. The volume for these services is generally low compared to the over number of enrollee services covered by the Center. Medicaid policy dictates that the single case agreement or contract provider is a registered Medicaid provider.](#)

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

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

FY20 Mental Health Area Plan & Budget														Local Authority: Northeastern		Form A	
State General Fund				County Funds													
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue				
JRI/JRC						\$50,000							\$50,000				
Local Treatment Services	\$60,611	\$819,558	\$23,456	\$83,156	\$117,466	\$2,550,000	\$154,280			\$225,000	\$120,000	\$180,000	\$4,333,527				
FY2020 Mental Health Revenue by Source	\$60,611	\$819,558	\$23,456	\$83,156	\$117,466	\$2,600,000	\$154,280	\$0	\$0	\$225,000	\$120,000	\$180,000	\$4,383,527				
State General Fund				County Funds													
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served		
Inpatient Care (170)		\$75,000				\$375,000							\$450,000	160	\$2,812.50		
Residential Care (171 & 173)	\$15,000			\$18,000			\$17,000						\$50,000	20	\$2,500.00		
Outpatient Care (22-24 and 30-50)	\$25,611	\$274,558	\$23,456	\$5,156	\$42,466	\$1,130,000	\$75,959			\$175,000	\$95,000	\$115,000	\$1,962,206	2,300	\$853.13		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		\$30,000				\$60,000							\$90,000	640	\$140.63		
Psychotropic Medication Management (61 & 62)	\$20,000	\$150,000			\$25,000	\$300,000				\$50,000	\$25,000		\$570,000	850	\$670.59		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$100,000			\$25,000	\$210,000							\$335,000	110	\$3,045.45		
Case Management (120 & 130)		\$100,000			\$25,000	\$225,000							\$350,000	130	\$2,692.31		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)				\$10,000								\$55,000	\$65,000	40	\$1,625.00		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)						\$50,000	\$21,321						\$71,321	60	\$1,188.68		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information							\$40,000					\$10,000	\$50,000				
Services to persons incarcerated in a county jail or other county correctional facility				\$50,000									\$50,000	100	\$500.00		
Adult Outplacement (USH Liaison)		\$10,000				\$30,000							\$40,000	10	\$4,000.00		
Other Non-mandated MH Services		\$80,000				\$220,000							\$300,000	155	\$1,935.48		
FY2020 Mental Health Expenditures Budget	\$60,611	\$819,558	\$23,456	\$83,156	\$117,466	\$2,600,000	\$154,280	\$0	\$0	\$225,000	\$120,000	\$180,000	\$4,383,527				
State General Fund				County Funds													
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served		
ADULT	\$5,611	\$620,000	\$13,456	\$83,156	\$92,500	\$1,909,983	\$70,000			\$160,000	\$90,000	\$120,000	\$3,164,706	1,925	\$1,644.00		
YOUTH/CHILDREN	\$55,000	\$199,558	\$10,000		\$24,966	\$690,017	\$84,280			\$65,000	\$30,000	\$60,000	\$1,218,821	1,050	\$1,160.78		
Total FY2020 Mental Health Expenditures	\$60,611	\$819,558	\$23,456	\$83,156	\$117,466	\$2,600,000	\$154,280	\$0	\$0	\$225,000	\$120,000	\$180,000	\$4,383,527	2,975	\$1,473.45		

FY20 Proposed Cost & Clients Served by Population				Local Authority: Northeastern	
Budget and Clients Served Data to Accompany Area Plan Narrative					
MH Budgets		Clients Served		FY2020 Expected Cost/Client Served	
Inpatient Care Budget					
\$300,000	ADULT	140		2143	
\$150,000	CHILD/YOUTH	20		7500	
Residential Care Budget					
\$47,500	ADULT	18		\$2,639	
\$2,500	CHILD/YOUTH	2		\$1,250	
Outpatient Care Budget					
\$1,231,996	ADULT	1,500		821	
\$730,000	CHILD/YOUTH	800		913	
24-Hour Crisis Care Budget					
\$60,000	ADULT	490		122	
\$30,000	CHILD/YOUTH	150		200	
Psychotropic Medication Management Budget					
\$475,000	ADULT	700		679	
\$95,000	CHILD/YOUTH	150		633	
Psychoeducation and Psychosocial Rehabilitation Budget					
\$275,000	ADULT	80		3438	
\$60,000	CHILD/YOUTH	30		2000	
Case Management Budget					
\$320,000	ADULT	110		2909	
\$30,000	CHILD/YOUTH	20		1500	
Community Supports Budget (including Respite)					
\$50,000	ADULT (Housing)	25		2000	
\$15,000	CHILD/YOUTH (Respite)	15		1000	
Peer Support Services Budget					
\$40,000	ADULT	40		1000	
\$31,321	CHILD/YOUTH (includes FRF)	20		1566	
Consultation & Education Services Budget					
\$25,000	ADULT				
\$25,000	CHILD/YOUTH				
Services to Incarcerated Persons Budget					
\$50,000	ADULT Jail Services	100		500	
Outplacement Budget					
\$40,000	ADULT	10		4000	
Other Non-mandated Services Budget					
\$250,000	ADULT	110		\$2,273	
\$50,000	CHILD/YOUTH	45		\$1,111	
Summary					
Totals					
\$3,164,496	Total Adult				
\$1,218,821	Total Children/Youth				
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)					
Unfunded (\$2.7 million)					
\$13,246	ADULT	20		662	
\$10,000	CHILD/YOUTH	20		500	
Unfunded (all other)					
\$250,000	ADULT	800		313	
\$250,000	CHILD/YOUTH	400		625	

FY20 Mental Health Early Intervention Plan & Budget				Local Authority: Northeastern						Form A2			
			State General Fund		County Funds								
FY2020 Mental Health Revenue			State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source			\$32,483	\$40,000	\$15,000		\$60,000				\$147,483		
			State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget			State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL											\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN											\$0		
FRF-CLINICAL											\$0		#DIV/0!
FRF-ADMIN											\$0		
School Based Behavioral Health-CLINICAL			\$29,233	\$36,000	\$13,500		\$51,000				\$129,733	50	\$2,594.66
School Based Behavioral Health-ADMIN			\$3,250	\$4,000	\$1,500		\$9,000				\$17,750		
FY2020 Mental Health Expenditures Budget			\$32,483	\$40,000	\$15,000	\$0	\$60,000	\$0	\$0	\$0	\$147,483	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

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 - FY20 Amount Budgeted:	\$300,000	Form A1 - FY20 Projected clients Served:	140
Form A1 - Amount budgeted in FY19 Area Plan	\$330,000	Form A1 - Projected Clients Served in FY19 Area Plan	140
Form A1 - Actual FY18 Expenditures Reported by Locals	\$300,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	24
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>Inpatient services utilized by Northeastern Counseling (otherwise known as NCC or the Center) are predominantly provided through Provo Canyon Behavioral Hospital and the University of Utah Neuropsychiatric Institute. However, Northeastern Counseling will use 7 to 9 different inpatient providers throughout the year due to beds being full at contract hospitals, insurance network restrictions, special needs such as geriatric, and so forth. NCC provides admission services for unfunded, insured, Medicare and Medicaid. The Northeastern Counseling provides most admission services through the Uintah Basin Medical Center and Ashley Regional Medical Center Emergency Rooms. NCC employs a liaison that lives in Utah County. The liaison provides discharge planning, some utilization review for Utah county admissions and USH clients. In addition to admission services for all payers, NCC staff provide discharge planning and follow up services regardless of payer.</p> <p>Difference in "Projected" versus "Actual" or "mental health scorecard" inpatient numbers: Throughout the years NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is being given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the "ScoreCard". NCC facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through NCC office locations. Challenging discharges are also facilitated by NCC regardless of payer. The majority of these admissions and discharges include individuals that are not covered under Medicaid. However, only Medicaid admissions paid for by NCC are entered into the NCC EMR and subsequently reported to the Division and the Department of Health. All admissions and many discharges (regardless of payer) require additional non billable time by NCC that is not captured by CPT billable crisis or other inpatient service data. NCC projects facilitating admissions for 140 individuals in the coming year with the adult Medicaid clients paid for projected at 50.</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>No significant changes. Inpatient budgets and utilization are difficult to accurately predict due the high cost of the service. One or two unique high acuity clients can alter the amount spent significantly from year to year.</p>			

Describe any significant programmatic changes from the previous year.

None

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	\$150,000	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$120,000	Form A1 - Projected Clients Served in FY19 Area Plan	20
Form A1 - Actual FY18 Expenditures Reported by Locals	\$180,831	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	13

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 and Youth may also be admitted [University of Utah Neuropsychiatric Institute](#). On occasion, NCC has utilized non contract hospitals such as Wasatch Canyons and McKay Dee as needed. The Center strives to utilize inpatient admission as a last resort and only when this level of care is needed to protect the youth, child 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 NCC has reported two different inpatient numbers depending on what is being asked for in the Area Plan. This explanation has been given in previous Area Plans and is being given again in this plan to avoid confusion between "projected" and "actual" numbers as found on the "Scorecard". NCC facilitates the majority of psychiatric inpatient admissions for Uintah Basin residents through both local emergency rooms or through NCC office locations. These admissions and discharges include individuals that are not covered under Medicaid. However, only Medicaid admissions paid for by NCC are entered into the NCC EMR and subsequently reported to the Division and the Department of Health. All admissions and many discharges (regardless of payer) require additional non billable time by NCC that is not captured by a CPT billable service. This budget item includes some of those costs.

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. [Inpatient budgets and utilization are difficult to accurately predict due the high cost of the service. One or two unique high acuity clients can alter the amount spent significantly from year to year.](#)

Describe any significant programmatic changes from the previous year.

None

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$47,500	Form A1 - FY20 Projected clients Served:	18
Form A1 - Amount budgeted in FY19 Area Plan	\$52,668	Form A1 - Projected Clients Served in FY19 Area Plan	18
Form A1 - Actual FY18 Expenditures Reported by Locals	\$48,724	Form A1 - Actual FY18 Clients Served as Reported by Locals	20

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 arrangements in the past with Centers on the Wasatch front to facilitate USH discharge. Funds may be utilized to cover services at the accepting Center while the individual is not eligible for Medicaid or for the month they remain under NCC Medicaid. However, in these types of cases the consumer's Medicaid card is changed to that Center's catchment area upon discharge or upon moving to the new area. The residential data is reported by that Center and not NCC. This practice will continue as clinically warranted and as resources are available. Northeastern Counseling believes it does provide quasi residential type services through its housing and case management support services. The Center has chosen not to code its housing program as "Residential" in the State reporting data as it is not licensed as residential. However, the Center believes it does prevent inpatient admissions through its housing and support services for the SMI population. Those in one of NCC's 20 apartments that have significant needs have nearly daily contact with NCC staff, may attend Day Treatment and receive daily medication services. Other support services include shopping assistance, medical care coordination, payee services and in home services. The Center's housing and support program are used as a step down from the USH and acute admissions for 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).

None

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	2,500	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$2,500	Form A1 - Projected Clients Served in FY19 Area Plan	2
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 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.			
<p>The Center will continue to make arrangements on a case by case basis as needed by the individual youth and family. It remains the Center's policy to make every effort to maintain the youth in their own home honoring the wishes of the parent/guardian as long as safety can be maintained. Residential care for a child should be a service of last resort and will only be arranged by the Center in extreme cases.</p> <p>The Center would arrange on an individual agreement to cover treatment services for a Medicaid Youth in a residential program provided it was medically necessary and agreed upon by the parent/guardian. Other financial arrangements would have to be made for Room and Board.</p>			
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.			
None			

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$1,287,443	Form A1 - FY20 Projected clients Served:	1500
Form A1 - Amount budgeted in FY19 Area Plan	\$1,301,163	Form A1 - Projected Clients Served in FY19 Area Plan	1,400
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,028,633	Form A1 - Actual FY18 Clients Served as Reported by Locals	1,416

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 for adults and this will continue in the coming year. The provider in the Manila clinic is able to refer for therapy services provided in either the clinic or at the NCC Vernal office. The Center serves all adults regardless of funding. The Center also provides a therapist to the Vernal FQHC 8 hours a week. At present the single largest limiting factor in serving the community, is the dearth of therapist time available at NCC compared to the need for services. The Center cannot presently serve all community individuals with regular and consistent individual therapy. With limited resources, priority populations will have to be served first and others referred to private providers for regular individual therapy if they have funding i.e. insurance. Northeastern Counseling Center recognizes that all community members seeking services are a priority. However, some differentiation is required given the supply and demand challenge for individual therapy time. Priority adult populations include: individuals designated as living with a Serious Mental Illness (these individuals generally have case management, rehabilitative services, peer support services, nursing services, etc. that reduce the need for frequent therapy), medicaid enrollees with medical necessity, individuals under commitment, JRI and individuals requiring crisis services regardless of funding. Therapist time is further limited by day time emergencies, jail services, school services, FQHC 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 instead of group, peer support services, etc. 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 NCC hiring an additional prescriber, it is generally easier to get an individual into see a prescriber than into a NCC therapist. The Center is maximizing therapist productivity, providing financial incentives, operating a recruitment and retention program and working with the local MSW program to increase therapy resources and to fill open positions. [Crisis services also impact the ability to provide general outpatient services in many ways.](#) Please see the Crisis section for more details.

The Center believes that the Mental Health First Aid program, school treatment programs and community efforts regarding suicide prevention and other national trends have reduced stigma and increased awareness locally. More individuals are seeking outpatient services than ever before. This increase in demand and limited therapist capacity is a growing challenge that NCC is managing and adapting to daily. The goal is 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 increased based on actual annual numbers for the past 12 months. Differences in actual expenses can vary depending on staff available to provide services and open positions that may remain unfilled.](#)

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.

NCC 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 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. [The concept of Assisted Outpatient Treatment is not a new concept for NCC.](#) Managing individuals in a community setting, requires daily creativity by NCC 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 - FY20 Amount Budgeted:	\$750,000	Form A1 - FY20 Projected clients Served:	800
Form A1 - Amount budgeted in FY19 Area Plan	\$743,521	Form A1 - Projected Clients Served in FY19 Area Plan	800
Form A1 - Actual FY18 Expenditures Reported by Locals	\$664,688	Form A1 - Actual FY18 Clients Served as Reported by Locals	915

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, UT one day week which has provided access to that community's children and youth. The Center is providing services in the two largest high schools in the Basin. The Center also provides a therapist to the Vernal FQHC 8 hours a week where children and youth may also be seen for health care and therapy services. At present the single largest limiting factor in serving the community, is the dearth of therapy resources. The Center has lost 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 CMHC and to local private practice ventures. The Center cannot serve all community individuals with regular individual therapy under the current resource challenges. All children youth and families are a priority to NCC. However, with limited resources, priority populations will have to be served first and others referred to private providers or alternative services if they have funding, e.g. insurance. Priority child resource populations include: individuals living with a Serious Emotional Disorder, Medicaid enrollees with medical necessity, school therapy services, individuals/families requiring crisis services regardless of funding. Therapist time is further limited by day time emergencies, and other required programs that take the therapist off the general schedule. The Center does provide 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 MSW program to increase therapy resources for the public system. [Crisis services also impact the ability to provide general outpatient services in many ways.](#) Please see the Crisis section for more details.

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).

Differences in actual expenses can vary depending on staff available to provide services and open positions that may remain unfilled.

Describe any significant programmatic changes from the previous year.

None

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$60,000	Form A1 - FY20 Projected clients Served:	490
Form A1 - Amount budgeted in FY19 Area Plan	\$55,000	Form A1 - Projected Clients Served in FY19 Area Plan	400
Form A1 - Actual FY18 Expenditures Reported by Locals	\$65,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	386

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 NCC offices are closed to regular business. During non-business hours the on-call therapist carries and answers a cell phone which allows for direct contact by consumers and stakeholders.

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

- Local Emergency Rooms contacting the crisis worker for consultation in the E.R. (for open consumers and those not open NCC services)
- Calls initiated by law enforcement or Central Dispatch for emergency evaluation or consultation. (for open consumers and those not open NCC services)
- Calls from jails or the Youth Detention Center for crisis evaluation. (for open consumers and those not open NCC services)
- Calls or walk in crisis' initiated by consumers, family or others. (for open consumers and those not open NCC services)
- Calls or walk in consumers referred from an outpatient physician office. (for open consumers and those not open NCC services) Including handoffs that may come from the Statewide Crisis Line 1-800-273-TALK. Northeastern Counseling has been listing the Statewide Crisis Line 1-800-273-TALK, as the NCC crisis line on appointment cards, the NCC website, safety plans, etc. for the past two months. The Center now labels its 24 hour on call therapists as the "after hours" number and not the "crisis number". There has been no real change or impact on NCC crisis services since implementing the number change. Community stakeholders such as hospitals, dispatch, etc., continue to call the NCC 24 hour number and it is not anticipated that this will change over time. The single largest factor for NCC crisis services is the amount of calls and time spent at local emergency rooms, jail and hospitals providing face to face services, safety planning and admission services. The Statewide Crisis Line 1-800-273-TALK line will have no impact on this part of crisis services and handoffs have been very minimal since the line came into existence.

All crisis services are provided without any compensation from the local hospitals, jails, or other institutions. The Center believes that "on call" or "crisis services" is the largest morale and job satisfaction issue for therapists. It also can be a deterrent for hiring new therapists and is generally not a service private therapists wish to engage in at a meaningful level. Generally, it is viewed negatively as it affects their after hours lifestyle and job satisfaction. The Center's therapists must return to work the next day and see their scheduled clients regardless of hours spent on call from the previous night. If this was to be altered in anyway, outpatient, school and other services would also be impacted. The amount of time therapists spend in local emergency rooms during day time and after hours emergencies is expected to increase as the number of crisis services increase. The Center has explored a myriad of options to alleviate some of the stress and time associated with after hours work and to improve efficiency with local hospitals and admission processes. The positive impact is minimal, as the nature of emergencies and on call is challenging at its core and will always require 24 hour coverage. As seen in a variety of medical fields there is an increasing aversion to after hours/on call services that impact life style. The Center will continue to think out of the box and explore all options with local emergency rooms, jails, etc.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

The majority of civil commitments and assisted outpatient treatment court orders are anticipated to come out of the 3rd district court system where most inpatient admissions occur for Northeastern Counseling. Regardless of which court district makes the order, when notified by the Court that a person is under commitment, Northeastern Counseling immediately attempts to contact and locate the individual and/or family. This also occurs when NCC is notified by another jurisdiction of a transfer. In approximately 85% of the cases Northeastern Counseling is aware of the individual, the inpatient discharge and the proceeding. However, on occasion NCC is not notified until after the fact for an individual not known to the agency. If a committed person desires to move to another area of the state as part of a planned process the commitment would be transferred and treatment coordinated with the receiving area. This is also a rare occurrence for the NCC area.

Northeastern Counseling will on a very rare occasion have an individual that is homeless and committed following multiple evictions due to property destruction and illegal behavior. The area has one homeless shelter in the Vernal area and when living in that environment, tracking and services with NCC are coordinated in the usual manner.

When an order is received it is scanned and attached to the EMR including date fields that allow a list for tracking of committed individuals and or in the future Assisted Outpatient Treatment individuals. To date committed individuals receive mental health services from Northeastern Counseling. Northeastern Counseling is a provider for common health insurances. In addition, health insurance does not cover many of the other services provided to most committed individuals including medication dispensing, skills and case management.

In the event that an individual requested to seek therapy from a private therapist, that would accept the private health insurance and the patient, this would be arranged where appropriate. Information releases would be completed so that coordination of services and tracking could occur. The overwhelming majority of committed individuals NCC has been associated with do not have private health insurance. Adult expansion Medicaid that is Fee for Service Medicaid, does not provide significant options locally. Northeastern Counseling also serves these Fee for Service individuals. Fee for Service Medicaid Expansion is positive in that some services that were not covered for commitment individuals now are. However, gaps exist as only one service a day may be provided and covered. This leads NCC to absorbing unreimbursed costs as some individuals require more than one service a day such as Skills, Therapy, Peer Support and Medication/nurse services many times a week and on the same day.

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 increased based on 12 months of data.

Describe any significant programmatic changes from the previous year.

None

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$30,000	Form A1 - FY20 Projected clients Served:	160
Form A1 - Amount budgeted in FY19 Area Plan	\$20,000	Form A1 - Projected Clients Served in FY19 Area Plan	150
Form A1 - Actual FY18 Expenditures Reported by Locals	\$32,550	Form A1 - Actual FY18 Clients Served as Reported by Locals	165

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Center has one therapist on call in the Duchesne County area and one therapist on call for Uintah and Daggett County areas at all times (24 Hour). This includes providing services to tribal members when requested through local emergency rooms or at NCC offices.

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 JJS hiring an internal clinical therapist day time crisis demands have decreased for the local JJS center. Including handoffs that may come from the Statewide Crisis Line 1-800-273-TALK line. Northeastern Counseling has been listing the Statewide Crisis Line 1-800-273-TALK, as the NCC crisis line on appointment cards, the NCC website, safety plans, etc. for the past two months. The Center now labels its 24 hour on call therapists as the “after hours” number and not the “crisis number”. There has been no real change or impact on NCC crisis services since implementing the number change. Community stakeholders such as hospitals, dispatch, etc., continue to call the NCC 24 hour number and it is not anticipated that this will change over time. The single largest factor for NCC crisis services is the amount of calls and time spent at local emergency rooms, jail and hospitals providing face to face services, safety planning and admission services. The Statewide Crisis Line 1-800-273-TALK line will have no impact on this part of crisis services and handoffs have been very minimal since the line came into existence.

The Center believes that “on call” or “crisis services” is the largest morale and job satisfaction issue for therapists. It also can be a deterrent for hiring new therapists and is generally not a service private therapists wish to engage in at a meaningful level. Generally, it is viewed negatively as it affects their after hours lifestyle and job satisfaction. The Center’s therapists must return to work the next day and see their scheduled clients regardless of hours spent on call from the previous night. If this was to be altered in anyway, outpatient, school and other services would also be impacted. The amount of time therapists spend in local emergency rooms during day time and after hours emergencies is expected to increase as the number of crisis services increase. The Center has explored a myriad of options to alleviate some of the stress and time associated with after hours work and to improve efficiency with local hospitals and admission processes. The positive impact is minimal, as the nature of emergencies and on call is challenging at its core and will always require 24 hour coverage. As seen in a variety of medical fields there is an increasing aversion to after hours/on call services that impact life style. The Center will continue to think out of the box and explore all options with local emergency rooms, jails, etc.

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).

None

Describe any significant programmatic changes from the previous year.

None with the exception of listing the Statewide Crisis Line 1-800-273-TALK.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$490,000	Form A1 - FY20 Projected clients Served:	700
Form A1 - Amount budgeted in FY19 Area Plan	\$497,622	Form A1 - Projected Clients Served in FY19 Area Plan	650
Form A1 - Actual FY18 Expenditures Reported by Locals	\$448,268	Form A1 - Actual FY18 Clients Served as Reported by Locals	608

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. NCC hired a APRN that has had additional behavioral health training at the University of Utah and at an acute inpatient psychiatric hospital. In addition, the Center anticipates needing to replace its current MD prescriber in the next two years due to retirement.

The Center will continue to employ **three** 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).

No significant changes

Describe any significant programmatic changes from the previous year.

One additional nurse was hired to help with wellness activities and crisis interventions.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$100,000	Form A1 - FY20 Projected clients Served:	150
Form A1 - Amount budgeted in FY19 Area Plan	\$100,000	Form A1 - Projected Clients Served in FY19 Area Plan	150

Form A1 - Actual FY18 Expenditures Reported by Locals	\$112,068	Form A1 - Actual FY18 Clients Served as Reported by Locals	128
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 training 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 20017 was to hire an additional prescriber and this was accomplished in December 2017. Given the shortage of psychiatric specific providers nationwide and statewide, NCC hired a APRN that has had additional behavioral health training at the University of Utah and at an acute inpatient psychiatric hospital. The Center will continue to employ three nurses that operate out of the Roosevelt and Vernal offices. The Center continues to utilize its contract with UNI for youth telehealth psychiatry for Medicaid enrollees that require specialized medication services. Children, youth and their parents attend the appointments at either the Roosevelt or Vernal NCC offices and services are provided through the Polycom system.</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).			
No changes			
Describe any significant programmatic changes from the previous year.			
None			

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$275,000	Form A1 - FY20 Projected clients Served:	80
Form A1 - Amount budgeted in FY19 Area Plan	\$183,391	Form A1 - Projected Clients Served in FY19 Area Plan	75
Form A1 - Actual FY18 Expenditures Reported by Locals	\$268,755	Form A1 - Actual FY18 Clients Served as Reported by Locals	64
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. When Duchesne numbers are low services are provided at the Roosevelt Day Treatment. 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/payee services and to explore employment. As part of the UT YES grant NCC has and provided some rehabilitation services to adults under 25 years of age that do not have Medicaid. It is anticipated that some of these individuals may be eligible for adult expansion medicaid in the future. Northeastern Counseling provides enrollment services in house or refers individuals to Workforce Services. 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 budget has been changed to more closely match actual expenses.

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$60,000	Form A1 - FY20 Projected clients Served:	30
Form A1 - Amount budgeted in FY19 Area Plan	\$50,000	Form A1 - Projected Clients Served in FY19 Area Plan	20
Form A1 - Actual FY18 Expenditures Reported by Locals	\$89,584	Form A1 - Actual FY18 Clients Served as Reported by Locals	39

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.

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 and projected clients served have been increased based on 12 months of data.

Describe any significant programmatic changes from the previous year.

None

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$320,000	Form A1 - FY20 Projected clients Served:	110
Form A1 - Amount budgeted in FY19 Area Plan	\$342,883	Form A1 - Projected Clients Served in FY19 Area Plan	110
Form A1 - Actual FY18 Expenditures Reported by Locals	\$286,135	Form A1 - Actual FY18 Clients Served as Reported by Locals	134

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

The Center strives to offer TCM assessment to all Medicaid SMI consumers. As the Center continues to provide services to all adults regardless of payer source the percentage of NCC consumers eligible for TCM will remain low compared to the overall number of consumers served. The Center does provide limited TCM to non-Medicaid enrollees that are active consumers. In some cases, non-Medicaid adults may be provided the limited service under mental health commitment. [Some of these previously unfunded adults may be eligible for Medicaid expansion and may receive TCM services when allowed by Medicaid policy.](#) [The Center provides eligibility services which are not reimbursable and works with Workforce Services as needed.](#) 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. [The grant will expire in the coming year.](#) Case Managers for Northeastern Counseling Center continue to be multi-task providers within the service array provided by Northeastern Counseling Center. Due to the rural provider network that the Center must operate, Case Managers at Northeastern Counseling Center act in a variety of positions and provide a variety of services. Case Managers are responsible for transportation services required under the Medicaid Contract. They are also the providers of Skills Development Services (individual and group including Day Treatment) B3 services and certain psycho-educational functions.

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

The number of individuals projected remains unchanged for FY 2020.

Describe any significant programmatic changes from the previous year.

None

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$30,000	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$25,000	Form A1 - Projected Clients Served in FY19 Area Plan	22
Form A1 - Actual FY18 Expenditures Reported by Locals	\$35,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	25

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

The Center 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 NCC consumers eligible for TCM will remain low compared to the overall number of consumers served.

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

No significant change

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	\$50,000	Form A1 - FY20 Projected clients Served:	25
Form A1 - Amount budgeted in FY19 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY19 Area Plan	25
Form A1 - Actual FY18 Expenditures Reported by Locals	\$54,879	Form A1 - Actual FY18 Clients Served as Reported by Locals	18

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

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 and is increasing. [There is also increased risk for property damage and illegal behavior among this population and in the current fiscal year a significant amount of funds have been or will be expended to repair both intentional and unintentional damage.](#) 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 heavily subsidizes both housing programs. [The Center has budgeted for possible apartment expansion under capital projects. Planning is in the early stages but may include building transitional housing and selling the current 4-plex.](#)

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.

[Possible capital expenditures from cash to build limited transition housing in both the Roosevelt and Vernal area.](#)

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	15,000	Form A1 - FY20 Projected clients Served:	15
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Form A1 - Amount budgeted in FY19 Area Plan	\$15,000	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$17,235	Form A1 - Actual FY18 Clients Served 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 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 includes non-Medicaid enrollees. The Center's FRF and therapists are actively looking for families that may benefit from the service. As the Center continues to provide services to all children/youth regardless of payer source and SED status, the percentage of NCC consumers eligible and receiving respite will remain low compared to the overall number of consumers served.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$40,000	Form A1 - FY20 Projected clients Served:	40
Form A1 - Amount budgeted in FY19 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY19 Area Plan	35
Form A1 - Actual FY18 Expenditures Reported by Locals	\$35,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	29
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
NCC currently has two adult peer support providers serving adults. This is predominantly a Medicaid only service. However, those consumers that qualify under the UT YES grant or others that are not Medicaid may also receive the service. In the past year, NCC has hired a part time Peer Support Specialist for the Vernal office. The Center now has a half time specialist in both main 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).			
None			

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 Site Supervisors who provide consumer specific guidance and individual support for the Peer Support Specialist.

Describe any significant programmatic changes from the previous year.

NCC has hired Peer Support Specialist for the Vernal office. The Center now has a half time specialist in both main offices.

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$31,814	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$25,000	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$35,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	28

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

The Center's FRF is fully trained and certified as a Peer Support provider. The Center is actively seeking families that are in services with NCC that could benefit from this specific service. The FRF is located in Roosevelt and actively seeks referrals and opportunities to provide Peer Support. This includes services to the Vernal location. The Center's adult Peer Support providers may also provided Peer Support to 16 and 17 years olds under the UT YES grant. The Systems of Care staff are also in the Northeastern Counseling Roosevelt office and also provide these services including wrap around.

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

Supervision is provided on a daily basis by the clinical Roosevelt Site Supervisor who provides consumer specific guidance and individual support for the Peer Support provider. This has includes being part of mentoring training provided under the UT YES grant by NAMI.

Describe any significant programmatic changes from the previous year.

None

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$25,000		
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Form A1 - Amount budgeted in FY19 Area Plan	\$10,000		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$25,000		
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 three certified Mental Health First Aid Adult instructors. 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, school districts, clergy and so forth. Over 1,000 community members have been trained in Mental Health First Aid in the Uintah Basin.</p> <p>The Center will continue to be involved in local events such as community nights, parades, panels parent meetings in the school, DV 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.</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 budget has been raised to more closely match expenditures.			
Describe any significant programmatic changes from the previous year.			
None			

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$25,000		
Form A1 - Amount budgeted in FY19 Area Plan	\$40,000		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$25,000		
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 three certified Mental Health First Aid Youth instructors. One thousand community members have completed the Mental Health First Aid program through NCC. 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.</p> <p>Staff provide workshops for parents and community members through the local site-based programs. Staff also</p>			

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.

The Systems of Care Human Services employees for the Basin continues to be housed in the NCC 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 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.

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

The budget has been reduced due to available funding.

Describe any significant programmatic changes from the previous year.

None

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	\$50,000	Form A1 - FY20 Projected clients Served:	100
Form A1 - Amount budgeted in FY19 Area Plan	\$50,000	Form A1 - Projected Clients Served in FY19 Area Plan	60
Form A1 - Actual FY18 Expenditures Reported by Locals	\$50,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	74

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 clinical resources permit and as negotiated with those jails. One jail in the area has been handling their own in house suicide watch and release services using their medical contract group. This jail is 30 miles from the nearest clinical therapist. At the other county jail, the Center provides a minimum of four hours a week therapist time. This jail wants expanded services for both State and County inmates. The Center has met with and will continue discussing resources requests with with the Sheriff for county inmates. Therapists are the resource being requested. With the therapist resource shortage, current services are being provided during no shows and cancellations by NCC therapists. Therapists travel to the jail that is 8 minutes away from the NCC office. With increased demands for in office, crisis and school services, available therapy resources to increase jail services will have to be considered carefully in the coming year. An increase in Jail services will require a decrease in another service area. The Center is committed to doing what is possible within the resources available. NCC 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. Some improvements have been made over the past year and those efforts are appreciated. Video may potentially increase the efficiency of service hours with a 16 minute round trip saved. The jail by its nature also has resource and security limitations that are understood. The Center also provides furlough services arranged with the Court, attorneys and the jail as needed. Furlough services are provided at NCC office locations with the inmate returning to jail following the service. Jails have their own prescribers that address psychotropic medication issues.

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

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

The number of projected clients served in Jail has been increased due to 12 months of recent data. Generally, services provided are crisis and short term therapy as the county inmate population changes regularly.

Describe any significant programmatic changes from the previous year.

The possibility of telehealth in the coming year.

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	\$40,000	Form A1 - FY20 Projected clients Served:	10
Form A1 - Amount budgeted in FY19 Area Plan	\$35,000	Form A1 - Projected Clients Served in FY19 Area Plan	10
Form A1 - Actual FY18 Expenditures Reported by Locals	\$45,000	Form A1 - Actual FY18 Clients Served as Reported by Locals	20

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

The Center uses these funds to cover individuals released (e.g. from the Utah State Hospital) until they are able to have their entitlements reinstated or to become initially eligible. Funds may be used to cover rent or rent free housing with NCC for those with no entitlements, medication (pending Part D, Medicaid eligibility or other benefit), food, basic household items and clothing. For example, the Center 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).

None

Describe any significant programmatic changes from the previous year.

None

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount	\$	Form A1 - Projected Clients	

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 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 NCC 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 - FY20 Amount Budgeted:	\$257,397	Form A1 - FY20 Projected clients Served:	820
Form A1 - Amount budgeted in FY19 Area Plan	\$379,309	Form A1 - Projected Clients Served in FY19 Area Plan	1,250
Form A1 - Actual FY18 Expenditures Reported by Locals	\$489,156	Form A1 - Actual FY18 Clients Served as Reported by Locals	2,275
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 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. There is also a dearth of private therapists that accept Health Insurance plans. This commitment to serving the whole community is becoming increasingly difficult due to payer mix, therapist shortages and increased demand in mental health services at schools, SUD, health care sites, jails and crisis services. Still, the Center will serve adults regardless of funding source as far as resources allow. The Center does not want to be known as a Medicaid only provider.</p> <p>The Center uses the funding to provide outpatient services at current service locations to adults that have inadequate or no funding and would otherwise discontinue or not have access to mental health services. The Center continues to serve adults that have no coverage for services. Unfunded services may include therapy, limited case management, crisis services, medication services and ongoing treatment.</p> <p>As previously mentioned in this plan, the Center is providing eligibility counseling and enrollment services for Medicaid and actively referring to Workforce Services as needed. Some adults that were previously unfunded will be eligible for Medicaid services under expansion. At the time of this plan, there has been a slight increase in Medicaid covered services. With only one month of expansion to date, it is difficult to predict the future impact on unfunded or underfunded services. How many and to what extent the expansion will fund services will only be known over time. The above projections assume there will be an increase in Medicaid covered services either under the Fee for Service population or under the Prepaid Mental Health program. This funding remains crucial as funding through insurance, Medicare, Medicaid, etc. do not cover actual costs.</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 adults to be served by this funding has been decreased due to anticipating of expansion coverage and reduced funds in this category.

Describe any significant programmatic changes from the previous year.

None

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$260,000	Form A1 - FY20 Projected clients Served:	420
Form A1 - Amount budgeted in FY19 Area Plan	\$179,309	Form A1 - Projected Clients Served in FY19 Area Plan	510
Form A1 - Actual FY18 Expenditures Reported by Locals	\$289,156	Form A1 - Actual FY18 Clients Served as Reported by Locals	577

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 and prescriber time while there is a steady increase in demand for services being provided. The Center will serve children and youth regardless of funding source as far as 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).

The budget has been adjusted based on actual expenses and the number of clients served based on 12 months of data. This is challenging to predict from year to year as the payer mix can vary from year to year.

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$300,000	Form A1 - FY20 Projected clients Served:	155
Form A1 - Amount	\$275,000	Form A1 - Projected Clients	150

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$385,537	Form A1 - Actual FY18 Clients Served as Reported by Locals	150
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
The 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 removed transportation requirements from the PMHP contract. However, given the lack of local transportation services the Center anticipates transportation services as allowed under the PMHP cost model will continue.			
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			

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).
NCC believes that employment is an integral part of recovery and positive growth. The Center now has a half time employment specialist that has completed training and is providing evidence based employment services. In addition, the Center does assist individual consumers in obtaining competitive employment through the Center's case managers according to consumer ability and desire. Including assistance in filling out applications, interview skills, interacting with employers as issues arise, etc. Some consumers are able to access and maintain traditional employment. Others require special assistance in obtaining and maintaining employment including interaction with employers and other special assistance to maintain employment. The main focus for the employment specialist is transition youth.
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 the required IPS training and uses that model to provide evidence based supported employment. This position is .5 FTE and we hope to have 2-4 active participants at all times. The Center will be doing additional therapist and case manager training to encourage more referrals for supported employment. 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.

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 NCC office as well as OQ/YOQ off site access.

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

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 as needed. The Center has six therapists spread across two offices that have completed EMDR training. Part of the ongoing challenge, is illustrated in the reality that the Center will be losing two of those providers who are moving out of the area in May 2019. Moral Reconation Therapy for Substance Use Disorder Population is the third practice. The Center has provided in house training for Motivational Interviewing which will be enhanced in the years to come for both SUD and Mental Health treatment. The Center provides an annual training budget and hours for all therapists and case managers. 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. In the meantime, the ability of the Center to provide the needed dose and access to the services may be limited as providers may also be assigned to other sites such as schools, substance use disorder groups, etc. The Center seeks to make choices on practices that can be sustained at an acceptable level. The Center is part of the State committee exploring evidence based practices and fidelity and the Center attended the April 2019 meeting. As discussed in that meeting, there are several barriers to full consistent fidelity in the public system. Two of the most important and challenging barriers from the Center's perspective include the following.

Workforce shortage: In the Center's mind this includes the lack of therapist time available for treatment under current circumstances and demands. This shortage is compounded by the demand for increased non direct service time for clinicians to train and ensure fidelity. Pure fidelity standards, implementation and extensive ongoing monitoring, will require a sacrifice of direct service time and access to consumers and community partners. Unfortunately, this also comes at a time when the demand for clinical services is ever increasing at schools, correctional facilities, health care locations emergency rooms and at clinical locations. Would and will the Center have the clinical resources to provide the monitoring of fidelity to employees and contractors?

Client acceptance of dose and Center's ability to deliver treatment dose: We cannot overlook the fact that many consumers may not want the full dose of treatment prescribed under certain evidenced based practices. How many resources are expended to ensure pure fidelity when client participation according to dosing

requirements are not consistently met due to consumer choice?

Summary:

The Center is committed to taking a reasonable approach to evidence based implementation and fidelity. This includes being committed to three practices that can be sustained and that will benefit a higher number of consumers. The Center is funding training and where possible consultation required. Minimal fidelity checks will be provided as resources allow. Quality and fidelity are important. However, the reality is that a realistic balance is needed unless we are prepared to sacrifice access to a large part of the community population. The Center appreciates the efforts of the Division of Substance Abuse and Mental Health in the area of evidence based practices. This is a system issue and will require financial and additional clinical resources and funding to mitigate the impact on access and other community services demands. Would the local FQHC, the jail and local emergency rooms be willing to give up NCC clinical service time so that absolute fidelity to certain practices can be fully achieved? The Center does not believe the answer is “yes” at this time. The Center supports realistic implementation and fidelity efforts within the current resources available. Efforts are going to be a gradual process of improvement as more resources become available.

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

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 LS-RNR is used in select situations involving compelled consumers including measuring improvement over time. The Center has used the DLA-20 for many years but will be enhancing its use for both Mental Health and Substance Abuse.

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. NCC is generally serving a higher ratio of consumers per capita. The Center hopes to remain a community service provider regardless of the consumer’s 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. NCC 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 NCC. The class is closed and graduates students every three years with the current cohort graduating in 18 months from the date of this plan. As sister agencies, the Ute Tribe, schools, JJS, DCFS, AP&P, etc. employ master level providers, NCC is competing with those agencies for therapists but with the added challenge of on call and evening hours for NCC employees. The Center does use local private providers under single case agreements when possible and when Medicaid provider standards are kept. The Center feels it can meet the demands of high priority consumers as previously identified in this plan including those living with a Serious Mental Illness, Serious Emotional Disorder, Medicaid Medically necessary services and crisis services. However, in general increased access to other populations, is not likely to rise without Macro and Mezzo system changes as has been explained in this plan.

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, JRI, School Services, FQHC, 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 the community and not eliminate types of consumers. As previously noted capacity is not increasing for individual therapy consumers that are not in certain populations. Peer Support, Rehabilitative services, etc.can

have great value for some consumers in treatment. However, the Center does not see Peer Support, Rehabilitative services, etc., significantly helping to alleviate the demand for therapy that most community members expect and want.

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 and considered. 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 NCC participates in including JRI groups. A common concern is the demand for therapy services that cannot be met. This includes requests from schools, the FQHC, 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 PAC. The Center is active in the community including participation in Ute Tribe committees such as the current suicide coalition. The Center participates in community boards and partnerships such as CJC, SART, etc. We anticipate being an integral part of the systems of care groups, staffings and services.

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

NCC does not have therapists scheduled to be at nursing homes for blocks of time. The Center does respond to emergency requests to local nursing homes but these are not frequent. The Center does provide therapy services when requested, for select residents that are covered by Medicaid or are required due to PASRR recommendations. 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 (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 8 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. The demand for these services and the amount of time spent by therapists is significant. 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 Center will continue to monitor this need and has also discussed providing telehealth and video therapy services through the site in the future if demand increases.

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 MAT 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., HIV, TB, Hep-C, Diabetes, Pregnancy).

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.

One additional nurse was hired to help with wellness activities and crisis interventions in 2019 as part of the State pilot project. Key goals include increasing primary care access to alleviate where possible unnecessary ER use, assisting with high physical health acuity individuals that also have behavioral health needs and to promote social determinants of health.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD 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, prescription options, skills and therapy treatment. The Center makes its nurses available for direct referral/consultation including using resources found on the "QUIT" web page.

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 NCC 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 NCC Roosevelt office. It is hoped this will facilitate communication 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 Behavioral Health* activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

The Center is currently providing therapy services in all three school districts. Services are provided in 8 different school settings with six being funded with early intervention funds. The Center will serve children and youth regardless of funding source as far as resources allow. All therapists providing services in the school setting are NCC employees. Every effort is made to involve the parents in the youth's treatment. Many parents are involved. In other situations, this is a challenge, however, calls and invitations will continue to be made by therapists, school counselors, etc.

Some of these consumers will choose to access services at NCC during the summer months. Without exception, therapists at the various schools have their schedules full and there has been no shortage of referrals over the past year FY2019. There is more need than capacity within the school sites currently served. Other schools have expressed the need for therapists in their schools which cannot be met by NCC or the school districts with the available resources. The services that have been provided include assessment, individual therapy and group therapy. Students may also be referred to the Center's outpatient office for medication services and group as needed.

At the time of this plan April 2019, the Center has met with the two largest school districts to discuss behavioral health services in the schools and the district's potential plans for using their increased funding. Funding reported to the Center is not significant enough to adequately increase school based clinical services to desired levels. At present the Center plans on continuing school services at the same level. Due to resource demands especially related to therapist time, no significant increases can be made by the districts or NCC pending a major change in future resources. The districts report generally having enough funds for one position in their respective districts.

This may include hiring an additional school counselor or similar position to coordinate services as deemed appropriate by the districts. The Center will work with all three districts in the area to promote behavioral health services within available resources.

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 and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)

No anticipated changes

Manila
Vernal Middle School
Uintah Middle School
Uintah High School
Ashley Valley Education Center
Union High School
Centennial Elementary School
Roosevelt Jr. High

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 an individual basis'. Office referrals and attendance will also be gathered but do not always match in ways that can be used to show positive outcomes for a given group. However, data will be gathered and compiled into outcome format.

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 NCC has also began teaching the public safety MH first aid classes. Crisis services and access are covered in these presentations. To date over 1000 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 communities. NCC's prevention program is also providing community awareness including reducing lethal means.

The Center provides approximately 1,000 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 NCC offices, jails, schools, etc. These service efforts will continue including offering and providing discharge follow up after inpatient care. NCC has also implemented the Columbia Screening in 2015 along with Safety plan interventions using the Stanley Brown format.

The Center has also been involved in postvention services with individual families as requested by families or community partners. The center hosted postvention training in the past year. In the past this has included special school postvention including providing crisis counseling in the schools free of charge as well as education to students and educators. The Center is also participating in the Ute Tribe Suicide Prevention Coalition.

The Center is hopeful that it will be able to partner with the Division on a new suicide grant in 2019 pending a successful award.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

At present 30 percent of the therapists have completed CAMS. The percentage of CAMS trained therapists has declined with therapist turnover. The Center has received additional CAMS scholarships in May 2019 from the Division which are greatly appreciated. The Center has added the CALM-Reducing Access to Lethal Means to its required clinical training. Annual C-SSRS training is held including suicide specific training and safety planning. In 2018 HSAG/EQRO suggested to NCC that the initial shortened baseline period that was conducted in 2015 be eliminated and that the 12 months of data for the Measurement 1 period become the new Baseline period for both indicators.

Indicator 1, the percentage of members who received a C-SSRS screening during a face to face outpatient visit:

Baseline 57.9% Measurement 2: 67.6%

Indicator 2, the percentage of members with a C-SSRS endorsing question 2 or higher who receive a same day safety plan:

Baseline 77.1% Measurement 2: 88.6%

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

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

At present or in the past the following are or have been part of the community JRI group.

Judge Ed Peterson
Judge Clark McClellan 8th District Court Judge Uintah/Daggett
Comm. Brad Horrocks Uintah
Greg Lamb Uintah County Attorney
Judge Samuel Chiara 8th District Court Judge Duchesne
Steve Labrum Uintah County Sheriff
Vernal and Roosevelt offices.
AP&P Supervisors
Robert Hall NCC Clinical Director
Randy Asay Daggett Commissioner
Kyle Snow NCC CEO
Russ Pearson 8th District Court Administrator
Lance Dean Defense Council
Travis Tucker Duchesne County Sheriff
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. However, there are a number of mental health clients and mental health clients with SUD needs that are also being served in the SUD program, that are “compelled.” The Center has the ability to utilize the LS-RNR as needed but usually the initial LS-RNR is completed by AP&P and the results provided to NCC as treatment begins. Mental Health services are part of the services that can and are provided by NCC for “compelled” individuals but the demand for JRI services to date for MH is smaller. NCC is at an advantage in that individuals with co-occurring disorders can receive treatment including MAT and traditional psychiatric medications as needed. [The Center also uses the C-SSRS with the population.](#)

Identify your outcome measures.

TEDS and Mental Health data which can be reported specific to individuals that are part of JRI. NCC will work with agencies that have access to criminal data to develop a plan for measuring recidivism however, this has proven complicated when discussed with stakeholders. NCC has implemented State required JRI data as part of its EMR. We are open to Division input and other State stakeholders on this issue related to court data, outcomes and measuring recidivism accurately.

FY20 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Northeastern **Form B**

FY2020 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue
Drug Court	\$28,357	\$39,871			\$50,000	\$17,649						\$135,877
Drug Offender Reform Act												\$0
JRI	\$159,810		\$31,962		\$50,000							\$241,772
Local Treatment Services	\$157,386	\$100,000		\$60,000	\$280,000	\$237,358	\$44,667	\$33,000	\$25,000	\$60,000		\$997,411
Total FY2020 Substance Use Disorder Treatment Revenue	\$345,553	\$139,871	\$31,962	\$60,000	\$380,000	\$255,007	\$44,667	\$33,000	\$25,000	\$60,000	\$0	\$1,375,060

FY2020 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served
Screening and Assessment Only	\$50,000	\$25,000			\$75,000							\$150,000	600	\$250
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$10,000				\$10,000	\$10,000						\$30,000	5	\$6,000
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)												\$0		#DIV/0!
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$25,000	\$25,000			\$25,000	\$25,000		\$23,000				\$123,000	80	\$1,538
Outpatient: Non-Methadone (ASAM I)	\$253,553	\$89,871	\$31,962	\$60,000	\$270,000	\$220,007	\$44,667	\$10,000	\$25,000	\$60,000		\$1,065,060	600	\$1,775
Intensive Outpatient (ASAM II.5 or II.1)												\$0		#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$7,000											\$7,000	15	\$467
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$345,553	\$139,871	\$31,962	\$60,000	\$380,000	\$255,007	\$44,667	\$33,000	\$25,000	\$60,000	\$0	\$1,375,060	1,300	\$1,058

FY2020 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$80,000	\$36,000	\$7,000	\$10,000	\$85,000	\$72,434	\$44,667		\$5,000	\$5,000		\$345,101
All Other Women (18+)	\$60,000	\$20,000	\$5,000	\$5,000	\$60,000	\$84,240		\$16,500	\$5,000	\$10,000		\$265,740
Men (18+)	\$195,553	\$78,871	\$14,962	\$35,000	\$210,000	\$85,816		\$16,500	\$15,000	\$45,000		\$696,702
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$10,000	\$5,000	\$5,000	\$10,000	\$25,000	\$12,517						\$67,517
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$345,553	\$139,871	\$31,962	\$60,000	\$380,000	\$255,007	\$44,667	\$33,000	\$25,000	\$60,000	\$0	\$1,375,060

SFY 20 Opioid Budget	Local Authority:	Northeastern	Form B
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State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	10840	33000		\$43,840.00

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$43,840.00
Salary Expenses	\$34,456.00
Physician	
APRN	
RN	
Administrative Expenses	\$4,384.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	\$0.00
Drug Testing	\$5,000.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon)	\$0.00
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$0.00
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and	\$0.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$43,840.00

*Insert a note providing details

*Insert a note describing it

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 - FY20 Amount Budgeted:	\$150,000	Form B - FY20 Projected clients Served:	600
Form B - Amount Budgeted in FY19 Area Plan	\$150,000	Form B - Projected Clients Served in FY19 Area Plan	600
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 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. Please list all contracted providers.			
The Center separates these services by using a separate service and program in the EMR. 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. All substance use disorder assessments are provided in house for outpatient 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.			
Describe any significant programmatic changes from the previous year.			
The Center is using more non clinical licensed individuals e.g. SSW 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. These efforts will continue in the coming year and will also include using second year practicum students that will be trained and supervised in the Risk Need and Responsivity model as it relates to assessment and treatment. The Center has trained three additional individuals in the administration of the LS-RNR.			
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so,please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.			
Northeastern Counseling frequently provides Court mandated screenings and assessments. Referral sources			

include the following:

Individuals that walk in or call in: This is the most common type of assessment initiation. Individuals may be ordered from Justice Courts or the District Court. Individuals are scheduled for and provided the screening and the assessment by Northeastern Counseling. Results, recommendations, etc., are provided to the court with the proper information release from the consumer.

Adult Probation and Parole, private probation and former JRC programs: Referrals are also received from these sources. The same basic process is followed as explained above. Drug Court assessments are referred through that program after Adult Probation and Parole have completed a LS-RNR and the county attorney's office has approved an evaluation ticket. The clinical assessment provided by Northeastern Counseling then determines clinical appropriateness for Drug Court admission.

With the JRC grant funds eliminated, referral sources from the Uintah County Jail-book and release process have been reduced and will reduce more in the coming year. The Center does not believe this will affect the number of assessments provided in the coming year. However, it may reduce the number of court ordered assessments that are completed pre-adjudication as previously ordered by a standing order. To a lesser extent this applies to the Duchesne county pre-adjudication JRC program. The Center will still provide these screenings and assessments whether ordered or not ordered by the court. The Center also provides assessments to pre-adjudication individuals referred by legal council who are pending an actual order by the court for assessment.

To a smaller extent, the Center may also receive referrals for assessment from the juvenile probation. Some of these referrals are directly court ordered and some part of probation recommendations. The same process as explained above are followed in that results are provided to the referring entity with a release completed by required individuals. Parents or other adults involved with juvenile court due to abuse or neglect issues are also screened and assessed under the same process in coordination with DCFS.

Fees: The Center is actively involved in TAM (for Drug Court) and adult expansion eligibility services that are provided in house and through WFS. Efforts are made to initiate this process at first contact. Individuals will also be entered into the EMR for a sliding fee scale amount based on the amount of income and dependents. Private insurance when applicable is also entered. When the individual is not covered by Medicaid/Insurance, etc., the sliding fee scale is assessed and collected where possible.

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

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	0
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p>			
<p>There are occasions where referrals are made for this level of care by the Center but the service is not funded by NCC. This service is not available in the Center's area. Examples of utilizing this service may include accessing emergency medical detoxification for a pregnant female. These programs are generally very short in duration and are covered under the Medicaid Health Plan for enrollees. The Center works with the consumer and the program to ensure follow up care is available upon discharge from detoxification.</p>			
<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>			
<p>None</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>None</p>			
<p>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?</p>			
<p>There are no providers of medical or social 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 through the process.</p>			

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

Form B - FY20 Amount Budgeted:	30,000	Form B - FY20 Projected clients Served:	5
Form B - Amount Budgeted in FY19 Area Plan	\$30,000	Form B - Projected Clients Served in FY19 Area Plan	5

Form B - Actual FY18 Expenditures Reported by Locals	\$28,348	Form B - Actual FY18 Clients Served as Reported by Locals	6
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).			
<p>The primary provider of this service for NCC consumers is the House of Hope in Provo, UT. Odyssey house is also utilized under single case agreements for adolescents, women and men. The Center is working on a formal contract with Odyssey House but it is not likely to change the financial aspect currently managed under a small number of single case agreements.</p> <p>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. It is anticipated that number of individuals that are covered by Medicaid will increase in the coming year helping to alleviate some of this challenge. The Center has also worked with and will continue to work with DCFS on specific parents involved in reunification services that require residential and OP services.</p>			
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) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals		Form B - Actual FY18 Clients Served as Reported by Locals	
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.			
The Center does not provide Methadone services. 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 - FY20 Amount Budgeted:	\$100,000	Form B - FY20 Projected clients Served:	80
Form B - Amount Budgeted in FY19 Area Plan	100,000	Form B - Projected Clients Served in FY19 Area Plan	80
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 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. Please list all contracted providers.

The Center currently has two employed 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 Center has been in communication with Vivitrol and hopes to work with both county jails, and implement the Vivitrol Injection program for incarcerated individuals. One sheriff has indicated initial support. The Uintah Basin also has five other private MAT providers that are DATA 2000 certified. Northeastern Counseling has the in house ability to provide more MAT services as demands increase. The Center does not require additional contract providers. However, at times Medicaid PMHP enrollees may chose to access one of the local prescribers. The Center may reimburse these prescribers at the Medicaid rate, provided Medicaid policy is followed including documentation standards as outlined in single case agreement. These situations are the exception and numbers for the year are minimal. The Center would prefer to provide MAT services in house so that therapy, case management and other services can be coordinated more efficiently.

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 comparison Data

Describe any significant programmatic changes from the previous year.

None

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$1,055,060	Form B - FY20 Projected clients Served:	600
Form B - Amount Budgeted in FY19 Area Plan	\$1,201,492	Form B - Projected Clients Served in FY19 Area Plan	620
Form B - Actual FY18 Expenditures Reported by Locals	\$1,293,064	Form B - Actual FY18 Clients Served as Reported by Locals	659

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. Please list all contracted providers.

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 SUD treatment demands is the lack of therapist/other provider resources available including appropriate contract resources. 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. [The Center will continue its recruitment and retention efforts for therapists, SUD professionals and Peer Support options in the coming year.](#)

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 screens and assesses to ensure that RNR levels are matched and that risk groups are not mixed.](#)

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

No significant change. [Slight reduction in numbers served and budget.](#)

Describe any significant programmatic changes from the previous year.

[The Center has increased training on the LS-RNR and MRT in the past 12 months.](#)

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

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 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. Please list all contracted providers.

None-see the OP 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

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$7,000	Form B - FY20 Projected clients Served:	15
Form B - Amount Budgeted in FY19 Area Plan	\$7,000	Form B - Projected Clients Served in FY19 Area Plan	12
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

The Center does strive to provide or arrange recovery support services within available resources which are minimal. The Center is now providing in house eligibility services for Medicaid, food stamps, etc., or assists consumers with WFS eligibility services. The Center is also providing wellness services through the Center's pilot project through GOMB and the Department of Human Services. The nurse assists with eligibility and wellness activities for both the mental health and substance use populations in the Vernal office. The local 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. The Drug Court Case Manager (employed by the county attorney's office) 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 also supports two local parenting programs that may benefit the population through the prevention programs. (see the [Northeastern Counseling Prevention Area Plan](#)) 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.

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 does not anticipate any significant changes.

Describe any significant programmatic changes from the previous year.

LPN as stated in the initial section for wellness and social determinants.

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

The Center has one fourplex in Vernal used for transitional housing. Generally, mental health consumers require most of the housing resources. However, on occasion co-occurring adults have lived in this transitional housing provided criminal behavior and illicit use do not occur.

Recently, a supportive housing program for men with substance use challenges has been opened in the Roosevelt area. This is a private organization that includes a substantial private donation and a variety of local church supports. Numbers served to date are small. NCC does provide assessment and treatment to these individuals and supported development and consultation as requested. The Center provides a board member to the organization.

There is a community effort to develop a similar home for women in the Vernal area. This idea is in its infancy and substantial financial resources will be required to bring the idea to fruition and to keep it operating. The Center is supportive of these efforts and will work with the non profit organization within available resources.

What Life skills and/or Educational Services are you able to provide for your clients?

Please see section one for additional details. The Center and the Drug Court case manager utilize the adult education system where possible for interested individuals. Budgeting and other life skills are available for those that will utilize the service. Workforce Services classes along with employment services are also available as desired. The Center has offered individual training with case managers over the past year for budgets, housing, employment, etc.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Clients are always able to return to Northeastern Counseling as they desire for support and clinical services. The Center has made efforts to develop independent after care support services that are community based and not part of formal services. As is common with these efforts, often key individuals are required to sustain and give consistency to the groups. When there is a change in key individuals, groups and attendance tend to fade. Support group attendance e.g. 12 step recovery groups or other available supports are encouraged.

9) Peer Support Services

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	5
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18	\$	Form B - Actual FY18	

Expenditures Reported by Locals		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 predominantly 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. Most of the Peer Support services are provided in Mental Health programs. This includes some individuals that have both Substance Use Disorders and Mental Health needs. The current emphasis under UT YES 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.			
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
See the Northeastern Counseling Mental health Area Plan for these details.			
Describe any significant programmatic changes from the previous year.			
None			

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:
Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?
The Center does not maintain a waiting list for screening/assessment, individual therapy, medication services (including MAT) or case management services. There are rare occasions where certain group services are maxed out due the number of individuals attending the group and state rules regarding participant numbers. When this does occur the Center operates a holding group so that individuals may be treated pending specific group admission. This has only occurred in the Vernal area where client numbers are generally higher.
Describe your efforts to market or promote the services you provide.
The Center finds that generally substance use disorder services for compelled individuals do not require marketing. However, in some ways marketing does occur with JRI, Drug Court and other community committees the Center participates in. The Center is involved in community service committees sponsored by local hospitals and the Tri County Health Department. The Center actively participates in DCFS and Systems of Care groups that refer youth. The Center is also heavily involved in providing school based services and that services for adolescents are also available. The Center is involved with the local Court systems at all levels and the Center is the Medicaid PMHP contract provider for the Uintah Basin. The Center participates in local Health Fairs, Parades, radio programs and from time to time newspaper articles. The Center has an active website and shows on most internet searches for treatment options in our local area. We are part of the local hospitals referral processes for both mental Health and Substance Use Disorder treatment.
What EBP's do you provide? Describe the process you use to ensure fidelity?
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 such as MRT, LS-RNR, MAT, CBT, EMDR, Seeking Safety and so forth. Part of the ongoing challenge, is illustrated in the reality that the Center will be losing two providers who are moving out of the area in May 2019. As therapists leave employment some ability to provide certain practices declines until new therapists can be trained and hired.

In the meantime, the ability of the Center to provide the needed dose and access to the service are limited as providers may also be assigned to other sites such as schools, etc. The Center seeks to make choices on practices that can be sustained at an acceptable level. The Center is part of the State committee exploring evidence based practices and fidelity and the Center attended the April 2019 meeting. As discussed in that meeting, there are several barriers to full consistent fidelity in the public system. Two of the most important and challenging barriers from the Center's perspective include the following.

Workforce shortage: In the Center's mind this includes the lack of therapist or other provider time available for treatment under current circumstances and demands. This shortage is compounded by the demand for increased non direct service time for clinicians to train and ensure fidelity. Pure fidelity standards, implementation and extensive ongoing monitoring, require a sacrifice of direct service time and therefore access to consumers and community partners. Unfortunately, this also comes at a time when the demand for clinical services is ever increasing at schools, correctional facilities, health care locations emergency rooms and at clinical locations. Would and will the Center have the resources to provide the extensive monitoring of fidelity? How can clinical consultation and supervision time be funded and afforded from a time perspective at the level required?

Client acceptance of dose and Center's ability to deliver treatment dose: We cannot overlook the fact that many consumers may not want the full dose of treatment prescribed under certain evidenced based practices. The Center finds that MRT is attended better than other evidenced practices provided by the Center due to Drug Court and or AP&P supervision of High Risk High Need individuals. For this specific practice, does requirements are more commonly met. However, the Center has found that other specialized group services e.g. for women's trauma are not well attended or sustained due to consumer choice. Individual therapy services using an evidence based practice such as Seeking Safety or MRT commonly don't meet dosing requirements prescribed by the practice. How many resources are expended to ensure fidelity when client participation according to dosing requirements are not consistently met due to consumer choice.

Summary:

The Center is committed to taking a reasonable approach to evidence based implementation and fidelity. This includes being committed to three practices that can be sustained and that will benefit a higher number of consumers. The Center is funding training and where possible consultation required. Minimal fidelity checks will be provided as resources allow. Quality and fidelity are important. However, the reality is that a realistic balance is needed unless we are prepared to sacrifice access. The Center appreciates the efforts of the Division of Substance Abuse and Mental Health in the area of evidence based practices. This is a system issue and will require financial and additional clinical resources and funding to mitigate the impact on access and other community services demands. Would the local FQHC, the jail and local emergency rooms be willing to give up NCC clinical service time so that absolute fidelity to certain practices can be fully achieved? The Center does not believe the answer is "yes" at this time. The Center supports realistic implementation and fidelity efforts within the current resources available. Efforts are going to be a gradual process of improvement as more resources become available.

Describe your plan to improve the quality of care.

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 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. The Center evaluates practices and documentation as part of its Quality Improvement committee.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

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. In the coming year the Center will begin using the DLA-20 for Substance Use consumers that will provide more outcome data.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

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 arranged with the specific jail.

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

None

Describe any significant programmatic changes from the previous year.

One local county jail is requesting a significant increase of therapy resources over what is currently being provided. With the provider shortage and increased demands for school, crisis, and in office services, additional jail allocation will have to be limited and realistic within available provider resources. With obligations to mental health services, school services crisis services, medicaid, Drug Court, etc., an increase in one area will create a decrease in services in another area. The current request is for more services and no increased financial means. The Center including administration and its governing board will make the best resource allocation decisions possible in the coming year.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

The Center is not involved in medical treatment with in the County jails. All medications and medical treatment are provided by contracted providers under the direction of the Counties. Medical evaluation and immediate treatment for withdrawal and detoxification are assessed and treated by Jail medical staff or local emergency rooms. As previously mentioned the Center would like to implement the jail Vivitrol injection program in the coming year.

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

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

12) 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 8 hours a week at the clinic. The FQHC would like to expand therapy hours but this is not currently possible within the resources available. The FQHC also prescribes Buprenorphine in coordination with therapy services provided by NCC or another private provider in the community. 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 on a occasion as needed..

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., HIV, TB, 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.

One additional nurse was hired to help with wellness activities and crisis interventions in 2019 as part of the State pilot project. Key goals include increasing primary care access to alleviate where possible unnecessary ER use, assisting with high physical health acuity individuals that also have behavioral health needs and to promote social determinants of health. Referrals are made and follow up encouraged to the local health department or another health care setting as needed.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD 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. The Center has had several successes in tobacco cessation but also many challenges in both the Substance use disorder and mental health populations.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$594,341	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$593,882	Form B - Projected Clients Served in FY19 Area Plan	

Form B - Actual FY18 Expenditures Reported by Locals	\$642,941	Form B - Actual FY18 Clients Served as Reported by Locals	
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.			
<p>The Center may provide or arrange for a variety of women services including but not limited to the following:</p> <ul style="list-style-type: none"> • 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 individual therapy. The Center also has 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. The Center is able to provide budgeting and case management services for women in treatment including for benefits, housing, etc. The Center also provides Domestic Violence victim services. 			
Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.			
Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.			
<p>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 needs. The Center participates in Family Team meetings when possible, provides treatment updates and input and works with DCFS on reunification and efforts to keep children in the home while parent(s) are involved in treatment/recovery.</p>			
Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.			
<p>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. The Center provides eligibility services in house or by referral to Workforce services.</p>			
Describe any significant programmatic changes from the previous year.			
None anticipated			

14) Adolescent (Youth) Treatment

Form B - FY20 Amount	\$67,517	Form B - FY20 Projected	
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Budgeted:		clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$77,103	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$50,592	Form B - Actual FY18 Clients Served as Reported by Locals	

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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 individual therapy for youth living with a SUD. Every effort is made to involve the family as appropriate.

Currently the Center provides .5 and 1.0 ASAM levels of treatment. In the past, the Center has arranged for and funded residential treatment for youth medicaid enrollees as needed and this will continue in the future. Individuals may attend .5 level services such as the PRI Teen program when treatment level services are not required. Frequently referrals are received from school sources now instead of Juvenile Probation with legal changes over the past several years.

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), child behavioral checklists and the A-SASSI, etc. Youth can receive both mental health and substance use disorder treatment from NCC including appropriate medication services.

The number of youth requesting Substance Use Disorder treatment on an annual basis is not significant enough for the Center to expand resources or promote specializing including implementing a Substance Use Disorder evidenced based treatment program(s) for youth. The Center values our youth and significant resources are aimed at addressing mental health needs where the demand for services is increasing. Specializing in youth SUD treatment, child development and other related areas is unfortunately not feasible with the limited number of providers available and a limited number of service requests. The challenge is further impacted by the limited number of youth being divided between two different locations 30 miles apart.

The Center does strive to improve the 10 Key elements as resources allow. Therapists providing services are licensed and trained in Trauma Informed care, motivational interviewing, in some cases child development and SUD disorders. The Center has participated in past quality improvement efforts and will continue to monitor the numbers and types of referrals received.

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. Substantial numbers have never been possible outside of the PRI-Teen classes for .5. 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. Justice reform appears to have also made some impact on referrals. Schools do refer youth for assessment and the PRI class but youth enrolled in ongoing treatment are not significant. The Center will reach out to youth and family if treatment is discontinued against medical advice.

The Center is providing 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).

Budget has been reduced slightly for the coming year.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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 which includes key stakeholders serving youth including JV probation, DCFS and JJS. 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.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$135,877	Form B - FY19 Amount Budgeted: Felony	\$79,928
Form B - FY20 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY20 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY20 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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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 admission to the Drug Court Program. Drug Court numbers for the felony court have been rising and it is anticipated that the enrollment could reach 60-70 in the coming year, depending on resources. The largest barriers are funds for Urine Analysis and additional provider time for individual therapy and group therapy when groups exceed 12 individuals.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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.

The Center has taken over medicaid eligibility services from the county attorney's office for Drug Court applicants. The case manager employed by NCC handles all TAM eligibility applications for Drug Court participants. This requires meeting with potential drug court participants prior to being released from jail, gathering information and submitting the application to medicaid on the day released from jail. The Court has been supportive with these efforts for TAM medicaid. The Center also provides eligibility services for adult expansion medicaid.

Describe 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 your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided 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. [Testing provided by the county program at the jail does include weekends and holiday testing.](#)

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.

List all 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).

[The budget for Drug Court has been increased in the expectation that more services in the coming year will be funded by Medicaid. The number of participants from the three year average has been increasing also.](#)

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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 and subsequent visits with one of the Center's prescriber. Prescriber services will be to assess and provide for medications as MAT or medications for other psychiatric needs. [The demand for these medication services has significantly increased over the past two years.](#)

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$241,772	Form B - FY19 Amount Budgeted:	\$424,057
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Describe the criminogenic screening and assessment tools you use.

[The Center has five individuals trained on administering the LS-RNR. Where possible LS-RNR are received from AP&P to avoid duplication such as in the pre-screening process for Drug Court. The Center also uses the RANT](#)

on an regular basis.

Describe the evidence-based substance use, 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. LSI-RNR training will have to be ongoing with staff changes. 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. The Center has several providers trained in MRT, trauma informed care, CBT and motivational interviewing.

Identify training and/or technical assistance needs.

The Center appreciates training opportunities sponsored or arranged by the Division such as MRT. The Center has been able to access training with the Department of Corrections for the LS-RNR. With programs expanding and ever present staff changes we hope that additional LS-RNR trainings and MRT trainings will continue to be available. 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.

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$		
Form B - Amount Budgeted in FY19 Area Plan	\$		
Form B - Actual FY18 Expenditures Reported by Locals	\$		

Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Not applicable, NCC does not receive DORA funds.

How many individuals currently in DORA treatment services do you anticipate will **continue in treatment beyond June 30, 2019?** **What are your plans given that DORA will not be funded in 2020?**

Not applicable, NCC does not receive DORA funds.

FY20 Substance Abuse Prevention Area Plan & Budget													Local Authority: Northeastern		Form C	
		State Funds		County Funds												
FY2020 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 FY2020 Revenue			
FY2020 Substance Abuse Prevention Revenue							\$120,868		\$37,500		\$13,000	\$20,000	\$191,368			
		State Funds		County Funds												
FY2020 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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures	
Universal Direct							\$66,000		\$10,000					\$76,000	\$71,000	
Universal Indirect							\$44,000		\$27,500					\$71,500	\$65,000	
Selective Services														\$0		
Indicated Services							\$10,868				\$13,000	\$20,000		\$43,868	\$43,868	
FY2020 Substance Abuse Prevention Expenditures Budget		\$0	\$0	\$0	\$0	\$0	\$120,868	\$0	\$37,500	\$0	\$13,000	\$20,000	0	\$191,368	\$179,868	
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total								
Primary Prevention Expenditures		\$10,000	\$60,000	11000	3000	\$30,668	\$5,400	\$120,068								
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures								
Total by Expense Category	100000	70000	5000			16368		\$191,368								

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Northeastern

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 vaping, Suicide Prevention, Opioid/RX misuse and abuse, and illegal Marijuana use. The prioritized risk factors identified as impacting these problem behaviors for our community are perceived risk of drug use, family management, and 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, resource 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, Active Parenting, Kid's With Incredible Potential, ParentsEmpowered, and increasing community readiness by participating and promoting alternative activities that increase protective factors.

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, Mental Health First Aid, Youth Mental Health First Aid, Use Only as Directed 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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

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

Who was involved in determining priority factors and problem behavior?

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 plan to do re assessment 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, [Uintah Basin Association of Governments 2019 Community Needs Assessment Survey](#), [Opioid Focus Groups](#), 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 with the release of the 2017 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. [We are currently in the middle of our thorough community assessment with the planned date ending by October 2019 and the release of the 2019 SHARP Survey. Please note that changes to the plan may be necessary, depending on outcome of collected data.](#)

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 compared 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 day 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, 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, Uintah Basin Healthcare's Community Health Needs Assessment, the [Uintah Basin Association of Governments 2019 Community Needs Assessment Survey](#), and the [Opioid Focus Groups](#), were useful tools in identifying gaps in our area. Through their data, 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 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 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, [suicide prevention](#), [illegal marijuana use](#), and the misuse and abuse of opioids.

[It is of importance to state that the Northeastern Counseling Prevention Team, with the assistance of the Prevention Advisory Coalition will be reviewing all data after the release of the 2019 SHARP Data. Adjustments to this plan may be made at that time, if warranted.](#)

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of [prioritized risk and protective factors and prioritized problem behaviors](#)?

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 Prevention Advisory Coalition will have several members attend the Bryce Canyon Coalition Summit, the Fall Substance Abuse Conference, and the monthly Utah Prevention Coalition Association webinars. Northeastern Counseling Center's prevention staff will be attending select trainings for the Utah Prevention Curriculum, grant writing training, and possibly CADCA. Northeastern Counseling Center has recently added a full time prevention position to aid in prevention efforts.

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. 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 addressed 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

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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, and each of their subgroups has submitted a specific strategic plan to address their concerns.. A copy of the plan is available upon request.

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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 FY20: 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.

Use Only as Directed 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

In this section describe your evaluation plan including current and planned evaluation efforts.

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 progress 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.

1.

Program Name	Cost of Program	Evidence Based: Yes or No
Parents Empowered	\$40,000	Yes
Agency	Tier Level:	
Northeastern Counseling Center	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
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, government agencies and local civic groups to distribute Parents Empowered Collateral items (pencils, brains, pamphlets) at key locations in our community—Uintah Duchesne, and Daggett Counties. Participate in statewide radio commercials, television/theatre commercials, garbage truck wraps, etc.	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. 6th 1.4% to 1.26% 8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2%
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

2.

Program Name			Cost of Program		Evidence Based: Yes or No	
SMART			\$4,000		Yes –part of a comprehensive approach	
Agency			Tier Level:			
Northeastern Counseling Center			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Alcohol Related Motor Vehicle Crashes in the Northeastern District	Availability Retail merchant laws are not enforced Community Laws and	Universal –approximately 50 persons Local on-premise alcohol servers, age 21-99, in Uintah, Duchesne, and Daggett Counties requesting training and needing Utah State	Provide Server Management Alcohol Responsibility Training at	Reduce underage sales by 2019 Increase EASY	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6th 1.4% to

	Reduce Underage Drinking	Norms favorable toward drug use.	Certification	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. Encourage State Alcohol Task Force to provide regular checks.	compliance checks by 2019 In Uintah County-Maintenance 92.5% compliance rate for 2013 In Duchesne County-Increase 77.8% compliance rate from 2013 by 10% to 85.6%	1.26% 8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2% 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
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

3.

Program Name			Cost of Program		Evidence Based: Yes or No		
SMART EASY			\$3,500		Yes-part of a comprehensive approach		
Agency			Tier Level:				
Northeastern Counseling Center			3				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Reduce Underage Drinking Reduce Alcohol Related Motor Vehicle	Availability Retail merchant laws are not enforced Community Laws and	Universal-approximately 50 persons Local off-premise alcohol cashiers age 16-99, in Uintah, Duchesne, and Daggett Counties, requesting training and needing Utah State Certification		Provide Server Management Alcohol Responsibility Training (EASY) at businesses in Uintah,	Reduce underage sales by 2019 In Uintah County-Maintenance	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6th 1.4% to 1.26%

	Crashes in the Northeastern District	Norms favorable toward drug use.		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. Encourage local law enforcement to provide regular checks.	n 92.5% compliance rate for 2013 In Duchesne County-Increase 77.8% compliance rate from 2013 by 10% to 85.6%	8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2% 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
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

4.

Program Name			Cost of Program		Evidence Based: Yes or No	
PRI Teen Education			\$16,500		Yes	
Agency			Tier Level:			
Northeastern Counseling Center			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			I		Short	Long
Logic	Reduce underage drinking.	Favorable attitudes	Indicated-- approximately 50 people Juveniles, age 14-18, referred by parents, teachers, school counselors, school nurses, youth workers, friends or courts in Uintah, Duchesne and Daggett Counties, and	Provide PRI class at Northeastern Counseling Center, one class each quarter in both Roosevelt and Vernal.	Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of	Decrease 2015 30 day alcohol use rates by 10% by 2025. 6th 1.4% to 1.26% 8th

			requesting PRI class from Northeastern Counseling Center	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.	70% on post-test in every class.	9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2%
Measures & Sources	SHARP DATA	PRI Pre/Post Tests SHARP DATA	Credible attendance data.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	SHARP DATA

5.

Program Name		Cost of Program		Evidence Based: Yes or No		
PRI Adult Education		\$16,500		Yes		
Agency		Tier Level:				
Northeastern Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal / S / I		Short	Long
Logic	Reduce alcohol related motor vehicle crashes	Favorable attitudes	Indicated—approximately 40 persons 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.	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	Decrease favorable attitudes by increasing posttest scores from the pretest scores by 15% or minimum score of 70% on post-test in every class.	Reduce Alcohol Related Motor Vehicle Crashes in Uintah County from 11.8 per 100 million Vehicle Miles Traveled in 2012 to 10.8 per 100 million Vehicle Miles Traveled in 2022, in Duchesne County reduce Alcohol Related Motor Vehicle Crashes from 11.2

				eight hours. Classes will be offered as two-four hour classes one -eight hour class, depending on availability of instructor.		per 100 million Vehicle Miles Traveled in 2012 to 10.2 per 100 million Vehicle Miles Traveled in 2022, Maintain Daggett County at 3.3 in 2022
Measures & Sources	Utah Crash Summary	PRI Pre/Post Tests	Credible attendance data.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	Utah Crash Summary

6.

Program Name		Cost of Program		Evidence Based: Yes or No		
PRI DUI		\$37,000		Yes		
Agency		Tier Level:				
Northeastern Counseling Center		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal / S / I		Short	Long
Logic	Reduce alcohol related motor vehicle crashes	Favorable attitudes towards problem behaviors	<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</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.	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 2022

				as needed basis. Those under 18 will not be in class with those over 18		
Measures & Sources	PRI Data Utah Crash Summary	PRI Pre/Post Tests	Credible attendance data.	Credible attendance data. Data tracking sheets.	PRI Pre/Post Tests.	Utah Crash Summary

7.

Program Name			Cost of Program		Evidence Based: Yes or No		
Coalition/Committee participation			\$37,000		Yes, part of capacity building process		
Agency			Tier Level:				
Northeastern Counseling Center			4				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal / S / I			Short	Long
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. 6th 1.4% to 1.26% 8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% 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

8.

Program Name			Cost of Program	Evidence Based: Yes or No		
Capacity Building Alternatives			\$10,000	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			Tier Level:			
Northeastern Counseling Center			1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal / S / I		Short	Long
Logic	Reduce underage drinking	Increase community readiness Favorable attitudes towards ATOD use.	Universal—15000 persons Community groups in Uintah, Duchesne, and Daggett Counties requesting ATOD information and local resources from Northeastern Counseling Center 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. 6th 1.4% to 1.26% 8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2%
Measures & Sources	SHARP	SHARP Community Readiness Survey	Data Tracking sheets	WITS Tracking sheets	SHARP Community Readiness Survey	SHARP

9.

Program Name			Cost of Program		Evidence Based: Yes or No		
Strengthening Families-Roosevelt			\$5,000		Yes		
Agency			Tier Level:				
Northeastern Counseling Center			4				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal / S / I			Short	Long
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. 6th 1.4% to 1.26% 8th 9.0% to 8.1% 10th 13.8% to 12.42% 12th 18.0% to 16.2%
Measures & Sources	SHARP	SHARP	DUGS Data Tracking sheets		WITS Tracking sheets	SHARP	SHARP

10.

Program Name			Cost of Program		Evidence Based: Yes or No	
Use Only As Directed			3000		Yes-as part of a comprehensive approach	
Agency			Tier Level			
Northeastern Counseling Center			This strategy will be evaluated to determine tier level.			

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Opioid Misuse, Overdoses, and Deaths in our communities.	<p>Increase community readiness</p> <p>Increase knowledge of resources</p> <p>Attitudes favorable</p> <p>Availability</p>	<p>Community Wide-Approximately 15000 Community members.</p> <p>Present Use Only As Directed presentations to groups in Uintah, Duchesne and Daggett Counties requesting information on Opioids, their risks, alternatives, and their disposal.</p>	<p>Collaborate with local businesses, government agencies and local civic groups to create opportunities to distribute Use Only As Directed collateral items at a minimum of 10 events in Uintah Duchesne And Daggett Counties such as health fairs, town hall meetings, parades.</p> <p>Collaborate with local businesses, nonprofits, government agencies and local civic groups to distribute Use Only As Directed collateral items at key locations in Uintah, Duchesne and Daggett Counties.</p> <p>Participate in statewide radio commercials , television/theatre commercials etc.</p>	<p>Increase community readiness from 4 in 2019 to 5 in 2023.</p> <p>Increase knowledge of resources from 50% in 2019 to 60% in 2023.</p> <p>Decrease favorable attitudes by 10%</p>	<p>Maintain Opioid ED Encounters to 42.3 per 100,000 in 2017 (compared to the state rate of 62.1 per 100,000)</p> <p>Decrease Opioid Death Rates by 10% from 27.0 per 100,000 in 2017 to 24.3 per 100,000 in 2025.</p>
Measures & Sources	Department of Human Services Opioid Misuse and Abuse Needs Assessment-Northeastern Counseling Center	<p>Community Readiness Survey</p> <p>UBAOG Community Assessment Survey</p> <p>Opioid Focus Group Data</p> <p>Opioid Focus Group-Pharmacists</p>	DUGS Tracking Sheets	DUGS Tracking Sheets	<p>Community readiness Survey</p> <p>UBAOG Community Assessment Survey</p> <p>Opioid Focus Group</p> <p>Opioid Focus Group-Pharmacists</p>	Department of Human Services Opioid Misuse and Abuse Needs Assessment -Northeastern Counseling Center

NORTHEASTERN COUNSELING CENTER

FEE POLICY

8/2018

Policy and Procedures

1. The fee that is set for you on your financial form is the portion of the total costs of services you must pay. Your portion is set at a per hour rate, not per session (unless otherwise specified).
2. If you have private insurance or Medicare, the full cost of the services provided to you will be billed to the insurance company, not just your portion of the cost. Other services such as case management, skills development, or day treatment are not covered by private insurance or Medicare.
3. Your portion of the total fee is based on your gross monthly income, the number of dependents in the household, and your insurance coverage.

FULL FEES PER HOUR, unless otherwise specified:

Evaluations	\$132.64	per hour (most evaluations are 1 hour which include face-to-face assessment and subsequent written evaluation)
Individual Therapy	\$120.79	
Group Counseling	\$ 25.32	
Doctor Visit	\$ 93.14	per encounter or visit, not per hour
Nurse Visit	\$ 40.72	per encounter or visit, not per hour
Case Management	\$ 54.56	
Skills Development	\$ 53.20	
Day Treatment	\$ 14.48	
DUI Class	\$250.00	cash or money order only
Psychological	\$132.64	per hour (minimum of 4 hour charge must be paid for before services are given)

PRI class is free of charge

NORTHEASTERN COUNSELING CENTER
DISCOUNTED/SLIDING FEE SCHEDULE PROCEDURES

Revised September 2017

Northeastern Counseling Center serves all clients regardless of their ability to pay. No one will be refused service because of lack of financial means to pay. Northeastern Counseling Center offers a Sliding Fee Discount Program for essential services which will be based on a person's family size and income. The Federal Poverty Guidelines are used to create and update the Sliding Fee Schedule (SFS) to determine eligibility.

Northeastern Counseling Center will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The process to obtain a discounted sliding fee is explained below.

1. The Sliding Fee Discount Program will be administered by a Support Technician in the front office or his/her designee who is collecting initial client paperwork. Upon initial presentation to our office, clients requesting services will be given an initial paperwork packet that includes client face sheet information, financial forms, etc. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. An explanation of NCC's Sliding Fee Discount Program is also available on our website and posted in each office.
2. The client or responsible party must complete the Sliding Fee Discount Program/Fee Agreement application in its entirety. By signing this application, persons are attesting to the truthfulness of income and family size as disclosed on the application form.
3. When applicable, all insurance billing information is to be collected along with proper written authorization to bill the client's insurance and assignment to pay benefits to the Center. A copy of the insurance card will also be obtained. All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
4. Discounts will be based on income and family size with the following definitions used for each.
 - a. **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans payments, survivor benefits, pension or retirement

income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count as income for this purpose.*

5. Applicants must provide one of the following: two most recent pay stubs, letter from employer, prior year W-2, or verification from a reputable agency/employer that client is currently unemployed and/or looking for work. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
6. The sliding fee discount amount will be determined when a client provides the necessary initial paperwork including income verification and family size as stated above and will be recorded on the Fee Information and Policy Agreement. This fee is a per service fee (unless otherwise specified) and is the client's portion of the total cost of services to be paid.
7. Client's receiving a full discount will be assessed a \$5 nominal charge per visit. However, clients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. In certain situations, clients may not be able to pay the nominal or discounted fee. Waiving of charges may only be used in special circumstances and must be approved by NCC's CFO or Executive Director. Any waived charges should be documented in the client's file along with an explanation.

FY 2020 Schedule

NCC

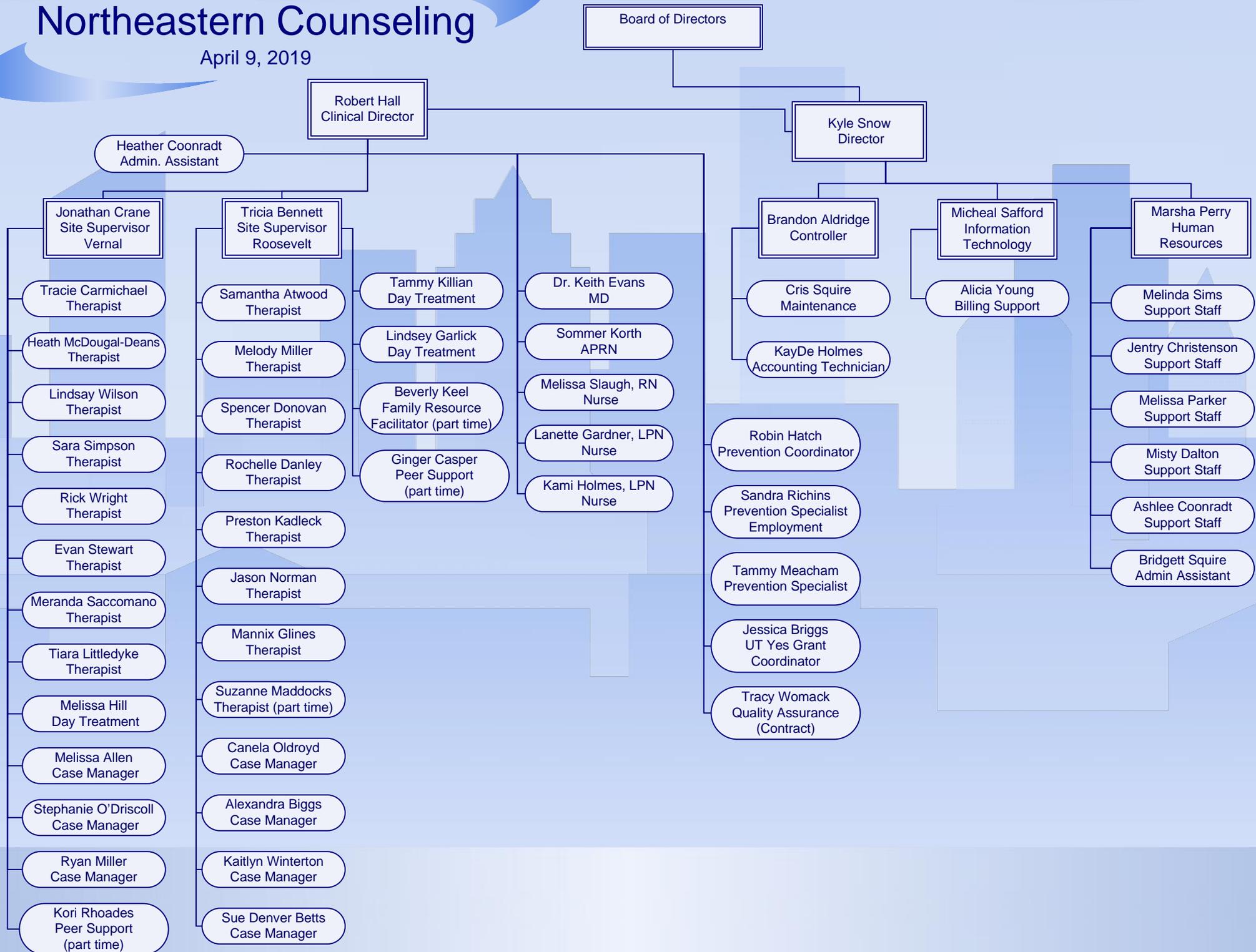
Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
Monthly Income	1	2	3	4	5	6	7	8	
\$0-\$931	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$932- \$1261	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
\$1262-\$1591	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 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

April 9, 2019



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 2020 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) # 152250 152251, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Northeastern Counseling

By: 

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

PLEASE PRINT:

Name: Bobby Richardson

Title: Board Chair

Date: 5/6/19