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 TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

<table>
<thead>
<tr>
<th>1) Early Intervention</th>
<th>Program Manager</th>
<th>Holly Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form B - FY23 Amount Budgeted:</td>
<td>$25,000</td>
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</tr>
<tr>
<td>Form B - Amount Budgeted in FY22 Area Plan</td>
<td>$25,000</td>
<td>Form B - Projected Clients Served in FY22 Area Plan</td>
</tr>
<tr>
<td>Form B - Actual FY21 Expenditures Reported by Locals</td>
<td>Form B - Actual FY21 Clients Serviced as Reported by Locals</td>
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</tbody>
</table>

Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

Northeastern Counseling Center offers the Prime For Life 16-hour class once a month, rotating between our Roosevelt and Vernal offices, for persons age 18 and older. Any participant needing the 16-hour DUI PRI class under the age of 18 will be scheduled on a case by case basis. All PRI participants must complete the SASSI screening tool before participating in the class. Any participants scoring High Probability of Having a Substance Use Disorder will be referred for a complete Substance Use Assessment, along with those court ordered to complete a substance use evaluation. Those meeting the criteria for treatment after an assessment, will be referred to a therapist.

NCC currently has 3 certified PRI instructors.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

Northeastern Counseling Center provides the evidence-based 8-hour Prime for Life class for both adults and youth that are misusing alcohol and other drugs, do not meet the criteria for treatment, and do not have a driving offense. Classes are provided once a month, rotating between our Roosevelt and Vernal offices. Those over the age of 18 will attend the adult class, those under the age of 18 will attend the youth class. All participants must complete the appropriate SASSI before participating in the class. NCC provides non driving PRI classes at no charge to the participant.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.
Northeastern Counseling provides a therapist to the local FQHC. The FQHC provides basic health services as well as MAT. The Center’s therapists, nurses and case manager refer individuals to the FQHC, other local health providers and Tri-County Health as needed. These discussions include motivation interviewing skills in efforts to engage individuals in both health care and behavioral health care services. The Center also provides MCOT and crisis services in both local hospitals which facilitates treatment assessment and referral. Individuals involved in DUI and other PRI services are also encouraged and referred as needed. NCC interacts with all three school districts in the area and provides services in two of three school districts. Schools refer students for early intervention services.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

Northeastern Counseling Center provides presentations to local businesses at safety meetings and works with businesses to provide the 8-hour Adult PRI class for any employee that fails a UA.

Northeastern works with local school districts guidance counselors and coaches to provide the 8-hour Teen PRI class for any student that is caught using or fails a UA for school athletics. NCC.

NCC provides non driving PRI education classes at no charge to the participant.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

The Center assists with Medicaid and insurance eligibility as needed. This especially includes adult expansion and TAM populations but may include legacy medicaid and insurance on the market.

Describe activities to reduce overdose.
1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

The Center is able to provide Narcan spray to clients and families. Spray is also located in defibrillator cabinets at clinical locations. Applicable staff is trained on administering spray and 911 procedures. Clients and or family accepting spray are trained in administration.

Describe any significant programmatic changes from the previous year.

None

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D

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<thead>
<tr>
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<tr>
<td>Form B - Projected Clients</td>
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### Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

There are occasions where referrals are made for Medical Detox. Those services are currently covered under the Medicaid Health Plan and are generally for 2-4 days in a medical environment. The Center works with the consumer and the medical detox provider to ensure follow up care is available upon discharge from detoxification.

There are no formal social detox programs in the area. The Center would cover Medicaid Enrollees that may access the service out of the area that meets medical necessity. Generally, this need is met as part of residential services, Medical Detox or as part of outpatient care and is not reported as social detox.

Outpatient detoxification services are provided by the Center and recorded under the OP level of care for the prescriber services, therapist, nurse, etc. No funding is reported as services are covered under the OP SA.

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

None

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

None

### If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

There are no providers of medical 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.

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

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### Plan

| Form B - Actual FY21 Expenditures Reported by Locals | $145,000 |
| Form B - Actual FY21 Clients Serviced as Reported by Locals | 21 |

**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).**

The primary providers of this service for NCC consumers are the House of Hope in Provo, UT, and the Odyssey house. The Odyssey House is also utilized for adolescents. Other Medicaid approved programs may also be used on occasion.

This service may include mothers attending treatment with their children. The number of individuals that are covered by Medicaid and requesting and requiring residential treatment funding has increased in 2020 due to adult Medicaid expansion. 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. NCC also works with the Ute Tribe Substance Abuse Treatment program on Medicaid enrollees that may require residential services out of the area instead of services at the Tribes local residential program.

**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 is remaining the same as FY22. The cost for this service is dependent on both the number of admissions and the length of stay. With Medicaid expansion being in its infancy another year of data will be examined before significantly changing the budgeted amount.

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

None

### 4) Opioid Treatment Program (OTP-Methadone)  

| Form B - FY23 Amount Budgeted: | $0 |
| Form B - FY23 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY22 Area Plan | $0 |
| Form B - Projected Clients Served in FY22 Area Plan | 0 |
| Form B - Actual FY21 Expenditures Reported by Locals | $0 |
| Form B - Actual FY21 Clients Serviced as Reported by Locals | 0 |

**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 provide MAT Suboxone/Subutex and Vivitrol services but these are included in another section. There is no Methadone clinic in the Uintah Basin. The Center is a proponent of MAT services and no one using any form MAT is ever denied access to treatment.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

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

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Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including Vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Center currently has two employed prescribers that provide MAT services. At any given time, NCC is serving 35-45 Buprenorphine clients. NCC also provides Vivitrol injections (when financially possible including patient assistance through the pharmaceutical program) and Naltrexone. The Center works with Vivitrol for samples and training. The Uintah Basin has five other private MAT providers that are DATA 2000 certified. The Center prefers but does not require that MAT services are provided in house, so that therapy case management and other services can be coordinated more efficiently. Funds were decreased in FY21 due to reduction in JRI and grant funds. In SFY23 the Center anticipates having two prescribers.

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 anticipate the number of individuals that are accessing MAT will go up in FY23 based on current data from 80 in FY22 to 100 in FY23. At any one time the Center is prescribing to 35-40 individuals. Over the 12 month period at least double that amount have received at least one MAT service.

Describe any significant programmatic changes from the previous year.

None

6) Outpatient (Non-methadone – ASAM I)  

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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 Roosevelt and Vernal offices. The Vernal office provides a felony Drug Court program in cooperation with Uintah County and the Eighth District Court.

The Roosevelt and Vernal offices offer varying degrees of outpatient services ranging from one hour a week individual to 8 hours of week that combines individual and group services. The programs include DCFS parents, criminal justice consumers and occasionally voluntary consumers. The Center screens and assesses to ensure that RNR levels are matched and that risk groups are not mixed. The Center strives to provide the needed dose, duration and type of services needed to address the individual's Risk Needs and Responsivity levels.

Due to increased residential utilization the Center has given authorization for a limited number of individuals to receive Medicaid covered outpatient services from their Residential provider for short durations of time to ensure continuity.

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

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

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<td>Form B - Actual FY21 Clients Serviced as Reported by Locals</td>
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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

<table>
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<tr>
<th>8) Recovery Support Services</th>
<th>Thom Dunford</th>
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</table>

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. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf

The Center strives to provide or arrange recovery support services within available resources. The funds budgeted for Recovery Support go to funding Sober Living/Recovery Support until funds are exhausted. Currently one program exists in the Uintah Basin. The Center coordinates with the program regarding services and funds the service according to the RSS manual. The program can serve individuals from all three local counties.

The Center provides other RSS type services that are not reported in the RSS service data but are provided under traditional services. The Center provides in house eligibility services for Medicaid, food stamps, etc., or assists consumers with WFS eligibility services. The Center is also providing wellness services. A 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).**

None

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

Increased access to Sober Living/Recovery Support.

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### 9) Peer Support Services-Substance Use Disorder

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<tr>
<th>Form B - FY23 Amount Budgeted:</th>
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<td>Form B - Actual FY21 Expenditures Reported by Locals</td>
<td>Form B - Actual FY21 Clients Serviced as Reported by Locals</td>
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**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.**

This is predominantly a Medicaid only service. Peer Support services at NCC are currently provided in Mental Health programs with Mental Health being the primary need and Substance Use Disorders secondary. The Center will continue to consider Peer Support for SUDs within future funding and with the right provider options.

**Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?**

See the Northeastern Counseling Mental Health Area Plan for these details.

**Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.**

The Peer Support policy has been uploaded.

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

None

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

None
10) Quality & Access Improvements

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 may be exhausted 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. The Center is always able to see priority individuals as their condition requires including MCOT services as needed.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

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 conversations, meetings, contacts, 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 to youth services on occasion. The Center participates in the Local Homeless Board, the Local Community Services and Food Pantry Board, The Roosevelt Business Alliance, etc., The Center is also heavily involved in providing school based services making them aware 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 faires, 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 evidence-based practices 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 training related to substance use disorders, trauma, etc. The Center has traditionally allowed therapists to choose their training opportunities with supervisor approval. Training is now screened for content, evidenced based value, etc. The Center assigns therapists and other providers to attend specific evidenced based training such as MRT, LS-RNR, MAT, CBT, EMDR, and so forth. Part of the ongoing challenge for any Evidence Based practice is illustrated in the reality that when providers leave the process starts over again with additional time and funds required.

The Center is committed to taking a reasonable approach to evidence based implementation and fidelity. This includes being committed to three major agency practices that can be sustained and that will benefit a higher number of consumers. The Center is funding training and where possible required consultation. 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 more 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. A secondary concern is whether Evidence Based practices invested in will be accepted in the doses required. A large percentage of individuals are accepting MRT dosing according to that manualized program. This is made possible by the compelled status, supervision, engagement, community coordination, rewards, sanctions, etc., for High Risk High Need Population.

Describe your plan and priorities 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. The Center did participate in the University of Utah program review for adolescents in 2021. Given the challenges of rural treatment resources, all NCC providers of clinical services must be versed, trained, and scheduled to provide MCOT, basic Substance Use treatment and basic Mental Health treatment.

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/Dashboard. The DLA-20 is utilized and the Center supports the implementation of the SURE (Substance Use Recovery Evaluator) as that process is implemented statewide.

The Center has been participating in the Health Disparity Study. The Center will look at internal data and data from local stakeholders to determine special areas of need, including specific populations that may have lower success rates of treatment completion. Data analysis will include treatment access, language and cultural responsiveness, risk factors and so forth. The Center is strongly committed to culturally responsive services and quality outcomes for all individuals in services. Study, stakeholder meetings and individual interviews are needed to determine gaps that may be improved. The Center is assisting the Ute Tribe and USU with the 2022 Opioid Summit.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

The Center has the IT resources including a HIPAA compliant platform to provide telehealth services as needed, including therapy and prescription services, etc. Most clinical services are provided in person at NCC locations. In event of situational conditions such as a pandemic, NCC is capable of providing both group and individual services by telehealth. The effectiveness of telehealth services will be measured the same way that in person services are measured including data points, etc.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility  Thomas Dunford

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.

The Center provides crisis services related to both mental health and substance abuse in both county jails. Services are provided in person at the Uintah County Jail and by tele-health at the Duchesne County Jail. NCC is able to provide follow-up MAT, injections and treatment for those accessing services. Individuals are often furloughed from jail to complete their full assessment process so that treatment can begin when released.

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.

Telehealth services for the Duchesne County jail are now being provided.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

The Center is not involved in medical treatment or prescription services within 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. The Center’s role is providing ongoing MAT to those released. The Center does receive limited samples from Vivitrol that can be used for individuals released from incarceration that may become Medicaid eligible or that don’t qualify for any funding. One local jail does distribute Naloxone kits upon release. NCC can provide Naloxone from our clinics.

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. Please include a list of community agencies you partner with to provide integrated services.

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 and other activities and referrals. The Center provides crisis intervention in both hospitals. A therapist also provides services at the Manila health clinic on an occasion as needed.
Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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 and Nurse Practitioner are 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. The Center makes referrals for appropriate health care on a regular basis and coordinates with health care providers as needed. The Center’s nurses and case managers are regularly involved in arranging, escorting to physical health care appointments, case managing and following through with health care treatment and referrals for those living with a serious mental illness or SED, and or SUD that are unable to manage their own health care needs. The Center makes necessary referrals to the local health department, primary care or specialist providers for necessary testing or screening not directly provided by NCC.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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. Adult Medicaid expansion has also given many individuals involved in Substance Use treatment with options for physical health care with other community providers that accept medicaid. Medicaid expansion has been key in allowing the population to obtain needed prescriptions in addition to health and behavioral health services.

The Center’s staff continually works with individuals in treatment 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.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

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 QUIT, MAT, etc.

**Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?**

NCC nursing staff has provided basic health care training during full staff meetings in the past and will do so periodically on basic health related issues often seen in clinic settings including diabetes, other metabolic problems, etc. NCC nursing staff will meet with therapists, case managers and clients to arrange appropriate care including testing and treatment referrals for diseases that have a higher association with a Substance Use Disorder.

### 13) Women’s Treatment Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Projected Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form B - FY23 Amount Budgeted:</strong></td>
<td>$605,300</td>
<td>210</td>
</tr>
<tr>
<td><strong>Form B - FY23 Projected clients Served:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Form B - Amount Budgeted in FY22 Area Plan</strong></td>
<td>$73,273</td>
<td></td>
</tr>
<tr>
<td><strong>Form B - Projected Clients Served in FY22 Area Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Form B - Actual FY21 Expenditures Reported by Locals</strong></td>
<td>$608,033</td>
<td></td>
</tr>
<tr>
<td><strong>Form B - Actual FY21 Clients Serviced as Reported by Locals</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- As both the Substance Abuse and Mental Health provider NCC provides dual diagnosis treatment including medication services as needed for women and their children.
- The Center has increased its ability to provide trauma services to women including female therapists that are providing EMDR, MRT-Trauma Module and DBT as options for women.
- 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 or other qualified Medicaid providers. 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.

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. The Center has the capability to provide treatment services including family therapy for youth in custody.

The Center would like to expand women specific services e.g. groups. The Center has made several attempts at developing and maintaining women only groups with some success in FY2022. The number of participating women at the same risk and need level, at the same time, does make long term viable groups challenging in our rural setting. The Center will continue its efforts to provide women specific group services. This may include utilizing telehealth so that women from both main office locations could be utilized. Drug Court participants will also be considered for separate women only groups for the High Risk High Need individuals when the number of participants justifies it. The Center will continue its efforts to recruit and hire women providers and peer support that are willing and trained to provide substance and mental health services. The Center will continue its efforts to coordinate with other support agencies including those it currently interacts with including DCFS, AP&P, Ute Tribe Probation, Ute Tribe Alcohol Substance Abuse Prevention Program, etc.

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

Case management services are available to women in treatment in both the Roosevelt and Vernal offices. Assistance may include housing, entitlement assistance, mental health needs, access to transportation, day care referral, Family Support Center (provides Day Care services and parenting classes) and health care, 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.

Describe any significant programmatic changes from the previous year.

The budget amounts from SFY20 and SFY21 included all Women services and not just amounts from the WTX and WTA allocations.

The amount for SFY22 only includes the WTX and WTA allocations which reduces the budget amount.

For SFY2023 the amount includes all women treatment funds from, Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) and All Other Women (18+).

Residential Women & Children’s Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)  

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.
Please describe the proposed use of the WTX funds

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

Please demonstrate out of county utilization of the Women and Children’s Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

<table>
<thead>
<tr>
<th>14) Adolescent (Youth) Treatment</th>
<th>Shanin Rapp</th>
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<tbody>
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<td><strong>Form B - FY23 Projected clients Served:</strong></td>
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<tr>
<td><strong>Form B - Amount Budgeted in FY22 Area Plan</strong></td>
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<tr>
<td><strong>Form B - Projected Clients Served in FY22 Area Plan</strong></td>
<td>10</td>
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<tr>
<td><strong>Form B - Actual FY21 Expenditures Reported by Locals</strong></td>
<td>$38,870</td>
</tr>
<tr>
<td><strong>Form B - Actual FY21 Clients Serviced as Reported by Locals</strong></td>
<td></td>
</tr>
</tbody>
</table>

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

The Center 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. The Center has arranged for and funded residential treatment for youth medicaid enrollees as needed and this will continue to be an option in extreme cases as justified by ASAM criteria. Individuals may attend .5 level services such as the PRI Teen program when treatment level services are not required. Referrals are received from school sources for the .5 level with Juvenile Justice reforms. 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 significant specialization for this specific treatment population. 

The Center participated with the University of Utah Social Research Institute project in 2021 regarding
youth SUD treatment needs and improvements. The Center is committed to working with the Division, stakeholders, providers, families and youth to improve treatment within available resources.

NCC therapists are 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 Center is providing the Evidenced Based PRI 18- 21 and PRI 17 and under classes in both the Roosevelt and Vernal offices.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

More referrals are received from school sources instead of Juvenile Probation with Juvenile Justice Reform. NCC receives referrals from all three school districts in our area. The Juvenile Court continues to refer youth and families to NCC in smaller numbers. DCFS is aware of NCC treatment options. Pediatricians or other medical providers also refer small numbers of youth and families for SUD services. The growth in private practice providers, especially in Uintah County, may also be a factor in low treatment access with cash only or health insurance youth being spread out amongst more providers. Where NCC provides the crisis services for both local hospitals and through MCOT, NCC has the ability to refer youth to treatment with NCC or a private provider.

Community outreach efforts by Northeastern Counseling with the above mentioned community partners will continue for both prevention and treatment. There are national models of outreach in the area of adolescent engagement that can be considered in the coming years as resources and community readiness allow. Socially and politically, school districts and other community stakeholders may need to change policies, practices, roles, etc., to advance these efforts at increasing adolescent treatment access and engagement. Parent attitudes regarding adolescent substance is another key area of these potential outreach efforts going forward.

Describe collaborative efforts with mental health services and 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 continue participating in the SOC process and individual team meetings which includes key stakeholders serving youth including JV probation, DCFS and JJS. NCC participates in team meetings and staffings as possible and provides input on youth and their families.

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

The budget amount has been increased due to increased provider costs.

<table>
<thead>
<tr>
<th>15) Drug Court</th>
<th>Shanel Long</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form B - FY23 Amount</strong></td>
<td><strong>Form B - FY22 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Felony</strong></td>
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<tr>
<td>$140,204</td>
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<td><strong>Budgeted: Family Dep.</strong></td>
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<td><strong>Budgeted:</strong></td>
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<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
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. We anticipate serving up to 55 individuals.

The Center meets quarterly with the Uintah Drug Court Team which includes the County Attorney, Judge, Defence Attorney, AP&P, Case Manager, NCC treatment staff and administration for planning, quality improvement and policy discussions.

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. In SFY 2022 Uintah County provided additional funding to support a full time-instead of half time- Case management/tracking position. Some additional supervision 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). NCC passes on funds for UA testing to the county attorney’s office. The Center has three therapists including a clinical site supervisor 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 with other CBT and Motivational Interviewing treatment.

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 the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. 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 and supports MAT when clinically appropriate.

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 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 case management, testing, etc. are assessed and paid to the Uintah County Attorney's office based on a sliding fee scale.

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

None

<table>
<thead>
<tr>
<th>16) Justice Services</th>
<th>Thomas Dunford</th>
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</thead>
<tbody>
<tr>
<td>Form B - FY23 Amount</td>
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<td>Form B - FY22 Amount</td>
<td>$207,493</td>
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<tr>
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</tbody>
</table>

**Describe screening to identify criminal risk factors.**
The Center has seven individuals formally 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 has implemented the LS-R:SV in the past year for non Drug Court individuals. Drug Court participants will continue to have a full LS-RNR in all cases. The full LS-RNR will still be available for individuals screened as needing and benefiting from the full assessment.

**Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.**

This will continue to be an area of development training and information sharing. LSI-RNR training will have to be ongoing with staff changes including training on screening versions. The Center has also purchased the instruments which are completed on individuals that need updates or have not received one from AP&P at the time of initial assessment. Where possible risk assessments completed by AP&P are provided to NCC at the time of assessment so that these are not completed twice in a short amount of time. 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. The Center strives to work with AP&P officers on those they refer to NCC services so that appropriate supervision may be provided to High Risk High Need individuals. An AP&P officer is assigned to the Drug Court Team. The Center is able to provide appropriate treatment to low risk offenders in individual therapy as clinically indicated.

**Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.**

The recommendations provided by the University of Utah are for the optimal program based on a national standard. NCC has chosen one of the recommendations to focus on that is believed to be achievable. MRT is a manualized treatment. NCC has developed manuals for other CBT services provided that enhance MRT are currently being formalized into a treatment manual by NCC. For the coming year the Center will be working on “rewards and punishers” as recommended by CPC.

**Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.**

The Center meets regularly with the Uintah Drug Court Team which includes the County Attorney, Judge, Defence Attorney, AP&P, Case Manager, NCC treatment staff and administration. NCC is always willing to participate with AP&P or other probation services to coordinate care, improve services and supervision based on risk level. With Adult Probation and Parole developing their own treatment programs, NCC may be involved with fewer AP&P individuals depending on local AP&P policies and procedures.

**Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.**

The Center coordinates with local Systems of Care staffings, services provided at the YDC, the Juvenile Court on an individual basis and during staffings, PAC and other meetings. The Center has regular contact with DCFS and Children Justice Centers.

**Provide data and outcomes used to evaluate Justice Services.**

NCC utilizes current collected TEDS data including drug and alcohol use, arrests, successful completion of treatment, etc. Division Scorecard data is reviewed by the Center for both utilization and outcomes. Additional outcome measures may also be used including the SURE and DLA-20 that would augment existing data. The Center will implement the SURE as it becomes available.

17) *Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)*

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See Northeastern Counseling’s Mental Health Area Plan.
Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, “N/A” below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.
For those not participating in this project, please indicate, “N/A” below.