

Northeastern

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (2024-2026)

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!**

1) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period 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.

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, that 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 managers 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 to one of the 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's prevention team may provide presentations to local businesses at safety meetings and will work with businesses to provide the 8-hour Adult PRI class for employees in need. 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 provides non driving PRI education classes at no charge to the participant. NCC works with the local Medical Detox program regarding referrals. NCC is part of the local Opioid committee supported by the local health department. NCC is a member of the local Criminal Justice Coordinating Council which works on diversion efforts and assessment and treatment of the criminal justice population. The Center has recently met with Justice Court judges to discuss referrals and will meet periodically as needed.

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 how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

NCC follows PRI standards and testing. NCC tracks interventions provided in the Electronic Medical Record for Early Intervention including completion rates.

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

Shanel Long

NCC referees individuals as needed 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 individual 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.

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?

In 2023, Ashley Regional Medical Center partnered with an organization to open a Medical Detox program in Vernal. The Center has met with the program and will work with them on transitions to other levels of care. This service is funded under the individual's health plan. NCC may fund Social Detox for individuals requiring that level at various urban providers as needed.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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).

Requests and referrals for residential treatment have increased in recent years, especially for individuals involved in the criminal justice system. In the calendar year 2023 NCC funded over 1200 residential days and this number is expected to increase in the coming years.

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 Center 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.

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

Describe the activities you propose to undertake over the three year period 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. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

There are no Methadone clinics in the local area and no SOR funds are used for Methadone. NCC does fund

outpatient services for a small number of Medicaid members that access Methadone clinics out of the area.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Not applicable.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

The Center provides MAT Suboxone/Subutex and Vivitrol services. There is no Methadone clinic in the Uintah Basin but the Center will coordinate as needed with OTP. The Center is a proponent of MAT services and no one using any form MAT is ever denied access to treatment. There are many private MAT services that NCC will coordinate with as needed. Both NCC prescribers provide MAT services.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

The Center uses TEDS data and is beginning to use the SURE in May of 2023. The Center strives to identify those individuals that need to complete the GPRA at initial MAT induction and identify 6 month follow ups and discharge for the same clients.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period 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 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.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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 does not operate a specific IOP program but does provide OP services up to 8 hours a week. The Center has and will fund IOP services for Medicaid members accessing care from programs out of the area i.e. Wasatch Front or as Residential Care step down plans.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period 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://sumh.utah.gov/services/recovery-supports/recovery-resources>

The Center strives to provide or arrange recovery support services within available resources. NCC funds Sober Living/Recovery Support until funds are exhausted. Currently one program exists in the Uintah Basin in Duchesne County. The Center coordinates with the program regarding services and funds the service according to the RSS manual. The sober living 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 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.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

The Center uses TEDS data as identified on the Scorecards and is beginning to use the SURE in May of 2023.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Describe the activities you propose to undertake over the three year period 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 service. The majority of Peer Support services at NCC are currently provided in Mental Health programs with Mental Health being the primary need and Substance Use

Disorders secondary. In 2023, NCC hired a SUD Peer Support provider with the plan of getting the provider certified. The goal is to have the specialist provide Peer Support to the SUD population including services, follow up, outreach, etc.

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

The Center uses TEDS data and in May 2023 implemented the SURE. The Center hopes to improve treatment retention and success rates with Peer Support services.

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What interim or contingency 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.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

Northeastern Counseling seeks to be culturally responsive including integrating culture in treatment where possible. Efforts include but are not limited to the following:

Asking about culture and important aspects of personal culture during assessments and ongoing treatment.

Where possible, matching client needs with a provider of their choice including using out of NCC network providers when appropriate.

Providing translation services that are funded by Northeastern Counseling including ASL.

Provide training and education opportunities for providers and general staff.

Annually, analyze data of clients being served to identify any changes in demographics, languages, etc., that may necessitate increased discussions and implementations related to health disparities and cultural responsiveness.

Continued efforts and coordination with the Ute tribe and I.H.S. programs.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through

programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

NCC continues to see high demand for services especially for therapy and medications. The Center continues its efforts at recruitment and retention including visiting graduate programs, working with the local USU MSW program, providing practicums, supervision toward licensure, signing bonuses, etc. With the demand for therapy services continuing to increase the Center looks to private providers in some cases for increased capacity in specialized areas of SUD treatment. NCC hopes to build two new clinical buildings in the next two years as the existing Roosevelt and Vernal buildings have reached capacity.

The Center hopes to continue basic services as resources allow, for those that will lose Medicaid eligibility due to the "unwinding". One of the biggest challenges may be related to medication costs for select clients. NCC will work with individuals on accessing discounted medication options through the local FQHC or pharmacy programs.

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 has some good coordinating relationships with various agencies and hopes to improve coordination on a perpetual basis. With AP&P developing their own in house treatment programs the Center will not be involved with all individuals receiving behavioral health services but does coordinate with those receiving care from NCC. NCC participates in the local Criminal Justice Coordinating Councils that formally began in 2023 that includes other community stakeholders such as law enforcement, AP&P, County, Court System, Attorney, etc.

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 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 evidence-based practices do you provide (you may attach a list if needed)? 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 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. 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. [The Center will continue to work with partners to improve supervision, engagement, community coordination, rewards, sanctions, etc., for the High Risk High Need Population.](#)

Describe your plan and priorities to improve the quality of care.

[NCC is looking forward to the SURE data being gathered in SFY 2024 and thereafter, and seeing what the data can be used for related to quality measurement and individual client recovery capital augmentation. The Center strives to implement at least one recommendation from the University of Utah's recommendations for ideal programs. The Center will continue to develop and refine group programs into manualized formats and consider the initiation of other evidenced based group programs.](#)

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

Quality for telehealth services are measured the same as in person services. The Center uses telehealth for SUD services as needed but on a limited basis as in person services are preferred when possible.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

The Center reviews TEDS and Score Card data annually and strives for improvement in higher need areas. For example, [NCC wants to improve treatment engagement over time, successful completion of treatment episodes and collection of criminogenic risk levels. The Center along with the State will review SURE data to see how that data can be used to measure and improve quality.](#)

11) Services to Persons Incarcerated in a County Jail or Correctional Facility [Thomas Dunford](#)

Describe the activities [you propose to undertake over the three year period](#) 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 may be furloughed from jail to complete their full assessment process or by telehealth \(as jails are able to accommodate\) so that treatment can begin when released. Uintah County Jail is in the process of hiring a Jail clinician to assist in SUD treatment and transitions. NCC will work with that provider and the Uintah County Pre-trial provider when that new and developing system is up and running.](#)

Describe any significant programmatic changes from the previous year.

Uintah County received funds for a Pre-trial program that will be operated under the direction of the Uintah County Attorney. This program should be up and running in SFY2024. The Uintah County Jail will be hiring a full time clinician with Opioid settlement funds and or other county funding sources.

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 medical providers. The Center's role is providing ongoing MAT to those released. 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

Shanel Long

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 Vernal FQHC in March 2014. The Center provides a therapist for 8 hours a week at the clinic. The FQHC 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. NCC works with the Ute Tribe Substance Use and Prevention program to facilitate residential care.

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'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, health care needs, transportation, etc. The communities have several assets including a FQHC, Indian Health Services, 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, OBGYN or specialist providers for care, 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. 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 that have medical needs or other social determinants of health identified in the plan. 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 2024, 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 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, high risk areas for SUD, 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 and risk with Substance Use Disorders.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

Health can be individually measured as documented in the EMR and in some cases will include vitals, blood tests, etc. The Center uses the DLA-20 for the SUD population.

13) Women's Treatment Services

Rebecca King

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, 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 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 Alcohol Substance Use Treatment and 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.

Uintah County is beginning a pre-trial program that will be evaluating women. Uintah County jail is hiring a clinician that will be a county employee. NCC will work with these programs and providers to improve the treatment system.

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.

NA

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.

14) Adolescent (Youth) Treatment

Shanin Rapp

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.

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 than 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.

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.

15) Drug Court

Thom Dunford

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). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? 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 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 Drug Court 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 hopes to have a Peer Support Specialist trained and providing services to the SUD population that will include Drug Court participants based on need in SFY2024.](#)

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 Medicaid 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. These efforts include ongoing eligibility assistance. The Court has been supportive with these efforts for medicaid coverage.

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. 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 adjustments 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. The case manager is responsible to use the program

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.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

The Center uses 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 full version of the LS-RNR is the most common format used.

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 to reduce criminogenic risk factors.

This will continue to be an area of development training and information sharing. 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. [Beginning in SFY2024 NCC will work with the Uintah County Pre-trial program in providing treatment.](#)

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.

NCC has chosen one of the recommendations to focus on that is believed to be achievable but will also be ongoing. MRT is a manualized treatment. [NCC has developed and continues to develop manuals for other CBT services provided that enhance MRT.](#) This may include the adoption of other manualized programs that are evidenced based in the future.

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.

[In SFY 2023 and ongoing, the Center is participating in local Criminal Justice Coordinating Councils.](#)

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.

[Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and](#)

benchmarks you are working to achieve

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 implemented the SURE in May of 2023.](#)

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.

N/A

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.