SUBSTANCE USE DISORDER TREATMENT SERVICES

STATE APPROVAL APPLICATION SUPPLEMENT

County: _____

Projected Treatment Services

Please provide the following information ***for each county*** where the Applicant proposes to provide chemical dependency treatment services under this State Approval application.

Treatment Service		Projected Number PER ONE WEEK
1.	Screenings	Number of Screenings:
2.	Assessments	Number of Assessments:
3.	Individual Therapy Sessions	Number of clients served:
		Average length of sessions:
4.	Group Therapy Sessions	Number of sessions held:
		Average number of people in group:
		Average length of sessions:
5.	Hours of Targeted Case Management	Number of clients served:
		Average number of hours per visit:
6.	Family Therapy Sessions	Number of families served:
		Average length of sessions:
7.	Urinalysis Tests	Number of Tests:
8.	Detox	Average number of people served:
		Average length of stay:
9.	Inpatient Treatment Services	Average number of people served:
		Average length of stay:
10.	Day Treatment Services	Number of people per day:
		Average length of stay:
11.	Recovery Home Services	Average number of people served:
		Average length of stay:
12.	ACT Services (DUI Services)	Number of sessions held:
		Average number of people in group:
13.	MIP Services	Number of sessions held:
		Average number of people in group:

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Projected Services by Population Type

For the below-identified populations, please provide the number of persons to whom Applicant anticipates providing chemical dependency treatment services over a **one-year** period by ethnicity and age:

	Ethnicity	Adults Age 21 and older	Youth Ages 0-20	Total
1.	White			
2.	Black or African American			
3.	Native Hawaiian or other Pacific Islander			
4.	Asian			
5.	American Indian or Alaska Native			
6.	Hispanic			
7.	Other:			

Projected Services by Reimbursement/Payment Source

Please provide the projected number of persons to whom Applicant anticipates providing services over a **one-year** period of time by Reimbursement or Payment source:

	Source	Adults Age 21 and older	Youth Ages 0-20	Total
1.	Private Insurance			
2.	Medicaid			
3.	IHS			
4.	Montana Healthy Kids			
5.	Probation/Parole			
6.	None			
7.	Other:			

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Referral Sources

Please provide the number of projected services over a **one-year** period of time by referral sources:

	Referral Source	Adults Age 21 and older	Youth Age 0-20	Total
1.	Self			
2.	Mental Health			
3.	Private Practitioner			
4.	Own Program			
5.	ACT Program			
6.	Social Services			
7.	Courts			
8.	Prerelease, Probation & Parole			
9.	Attorney			
10.	Family Services			
11.	Employer			
12.	School			
13.	Family			
14.	Other TX program			
15.	Other:			

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Montana Code Annotated 53-24-208(2): Facilities applying for approval shall demonstrate that a local need currently exists for proposed services. As of July 1, 2017, the justification for non-duplication of services by county is no longer required with the implementation of House Bill 95.

Local Need Instructions:

Please provide a detailed narrative outlining a local need for chemical dependency treatment services currentlyexists ***for each county*** where the Applicant proposes to provide chemical dependency treatment services. Thenarrative must include 3 or more local data references to support the need for chemical dependency treatment services Applicant proposes to provide. State level data will not be accepted as a demonstration of local need.

Local data references can include:

- county snapshot data
- local county health data
- Montana Prevention Needs Assessment data
- Youth Risk Behavioral Survey data
- hospital and emergency discharge data
- judicial/criminal data
- drug court data
- wait list data
- local public health, law enforcement or judicialdata
- other local data or partner letters evidencing alocal need for additional services
- needs of specific population types

Data Websites that may be helpful:

Montana Prevention Needs Assessment:
http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/PNADATA.aspx

Youth Risk Behavioral Survey:
http://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey

Montana Board of Crime Control:
http://mbcc.mt.gov/Data/crimedata/crimedata.asp

Health Data and Statistical Reports:
http://dphhs.mt.gov/StatisticalInformation

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Please add local need narrative here or attach in a separate document.

(Submitting county health data alone will not be accepted, it should be reviewed and incorporated into a narrative. It should include the substances of great concern, the availability of resources, the gaps of care, and how the program will fill the needs of the county with specific services they will offer.)