

#### DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

#### SUD PREVENTION/EARLY INTERVENTION SERVICES STATE APPROVAL APPLICATION SUPPLEMENT

### County: \_\_\_\_\_

# **SUD Early Intervention Projected Services**

If providing SUD <u>early intervention</u> services, please provide the following information for each county where the Applicant proposes to provide early intervention services under this State Approval application.

| SUD Early Intervention Service |                             | Projected Number PER ONE WEEK          |
|--------------------------------|-----------------------------|--|
| 1.                             | Screenings (SBIRT)          | 1.1 Number of Screenings:              |
| 2.                             | DUI Assessments             | 2.1 Number of Assessments:             |
| 3.                             | ACT Services (DUI Services) | 3.1 Number of sessions held:           |
|                                |                             | 3.2 Average number of people in group: |
| 4.                             | MIP Services                | 4.1 Number of sessions held:           |
|                                |                             | 4.2 Average number of people in group: |

**Montana Code Annotated 53-24-208(2):** Facilities applying for approval shall demonstrate that a local need currently exists for proposed services.

#### **Local Need Instructions:**

Please provide a detailed narrative outlining the local need for SUD prevention and/or early intervention services existing **for each county** where the Applicant proposes to provide services. The narrative must include county level data references to support the need for SUD prevention and/or early intervention services Applicant proposes to provide.

| Local data reference examples   | Data websites that may be helpful   |
|---|---|
| <ul> <li>local county health data</li> <li>Montana Prevention Needs<br/>Assessment data</li> <li>Youth Risk Behavioral Survey<br/>data</li> <li>hospital and emergency<br/>discharge data</li> <li>judicial/criminal justice data</li> <li>drug court data</li> <li>other local data or partner<br/>letters evidencing alocal need<br/>for additional services</li> <li>needs of specific population<br/>types</li> </ul> | AMDD Prevention Specialists Resources:<br>https://dphhs.mt.gov/prevention/preventionspecialistresources<br>DPHHS Substance Abuse Prevention Program:<br>https://dphhs.mt.gov/prevention<br>Montana Healthcare Foundation Community Needs<br>Assessments:<br>https://mthcf.org/2017/04/community-health-assessments/<br>Montana Public Health Institute:<br>https://mtphi.org/<br>Montana's Indicator-based Information System for Public<br>Health (MT-IBIS) Topics:<br>http://ibis.mt.gov/topic/Index.html<br>DPHHS Office of Epidemiology and Scientific Support:<br>https://dphhs.mt.gov/publichealth/epidemiology<br>Health Data and Statistical Reports:<br>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.)