Addictive and Mental Disorder Division – Chemical Dependency Bureau
100 North Park Ave. Suite 300, PO Box 202905
Helena MT 59620-2905

CHEMICAL DEPENDENCY 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:_____

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 Age 0-20	Total
1.	Private Insurance			
2.	Medicaid			
3.	IHS			
4.	Montana Healthy Kids			
5.	Probation/Parole			
6.	None			
7.	Other:			

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 currently exists ***for each county*** where the Applicant proposes to provide chemical dependency treatment services. The narrative 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 judicial data
- other local data or partner letters evidencing a local need for additional services
- needs of specific population types

Data Websites that may be helpful:

County Snapshots:
http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/CountySnapshots2016

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

Youth Risk Behavioral Survey:
http://opi.mt.gov/Reports&Data/YRBS.html

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

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

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

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