

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 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:			

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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:			

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 and that proposed services do not duplicate existing services.

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>

Non-Duplication of Services Instructions:

Applicants for State Approval must provide a detailed narrative demonstrating the chemical dependency treatment services, proposed in the application, fill an unmet local need. In other words, Applicants must demonstrate that proposed services will not duplicate existing State Approved Chemical Dependency Treatment Services currently being provided within the county(ies) within which the Applicant proposes to provide chemical dependency treatment services. *The below list is not all-inclusive but is to be used as guidance.*

Examples of non-duplication of services could include:

- Offering specific chemical dependency treatment services not currently offered by State Approved providers
- Offering chemical dependency treatment services at times existing State Approved providers do not and for which a local need exists
- Providing more effective treatment for specific population types
- Providing payment options not available to existing State Approved providers in the proposed service area
- Providing a continuum of care differing from existing State Approved providers
- Providing integrated health care, mental health care or other supporting services available not currently available from existing State Approved providers
- Providing staffing patterns and licensure of staff that allows for individualized treatment (i.e. adolescent counselors, both male and female counselors available to provide services, etc.)
- Providing diversity and cultural treatment integration
- Providing documentation of wait list or length of time to receive chemical dependency treatment services
- Providing chemical dependency treatment services for a similar need not being adequately met by existing State Approved providers



Addictive and Mental Disorder Division – Chemical Dependency Bureau
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Please add local need & non-duplication narrative here: