

FY2015 Substance Abuse Treatment Area Plan and Budget

Bear River Health Department, Division of Substance Abuse
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 512,654	\$ 48,851	\$ 102,493	\$ 9,767	\$ 163,750	\$ 375,162	\$ 165,232	\$ 65,000	\$ 293,740	\$ 487,891	\$ 2,224,540

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Services													
Pre-treatment Services													
Screening and Assessment Only	\$ 2,747	\$ 232	\$ 510	\$ 58	\$ 869	\$ 2,005	\$ 1,161	\$ 348	\$ 3,660		\$ 11,590	122	\$ 95
Detoxification (24 Hour Care)													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
Rehabilitation/Residential													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	6,448	560			3,500	3,500	3,500			10,000	\$ 27,508	8	\$ 3,439
Long Term (Over 30 days: ASAM III.1 or III.3)	6,448	560			7,000	7,000	7,000			35,000	\$ 63,008	6	\$ 10,501
Rehabilitation/Ambulatory													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	303,820	29,213	62,421	5,929	89,849	210,712	81,455	39,212	175,528	245,791	\$ 1,243,930	1,218	\$ 1,021
Intensive Outpatient (ASAM II.5 or II.1)	192,814	18,255	39,474	3,759	62,532	151,945	72,116	25,300	114,527	186,315	\$ 867,037	184	\$ 4,712
Detoxification (Outpatient: ASAM I-D or II-D)	377	31	88	21				140	25	434	\$ 1,116	1	\$ 1,116
Recovery Support and Other Services													
Recovery Support (includes housing, peer support, case management and other non-treatment services)										10,351	\$ 10,351	76	\$ 136
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 512,654	\$ 48,851	\$ 102,493	\$ 9,767	\$ 163,750	\$ 375,162	\$ 165,232	\$ 65,000	\$ 293,740	\$ 487,891	\$ 2,224,540		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 34,860	\$ 3,322	\$ 6,765	\$ 645	\$ 72,222	\$ 27,387	\$ 165,232	\$ 9,874	\$ 44,061	\$ 58,426	\$ 422,794	246	\$ 1,719
Women (18+)	\$ 35,886	\$ 3,419	\$ 6,970	\$ 664	\$ 67,646	\$ 45,770		\$ 10,276	\$ 35,249	\$ 87,820	\$ 293,700	210	\$ 1,399
Men (18+)	\$ 426,528	\$ 40,629	\$ 85,683	\$ 8,165	\$ 15,707	\$ 252,484		\$ 41,250	\$ 190,931	\$ 341,214	\$ 1,402,591	675	\$ 2,078
Youth (0 - 17)	\$ 15,380	\$ 1,481	\$ 3,075	\$ 293	\$ 8,175	\$ 49,521		\$ 3,600	\$ 23,499	\$ 431	\$ 105,455	125	\$ 844
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 512,654	\$ 48,851	\$ 102,493	\$ 9,767	\$ 163,750	\$ 375,162	\$ 165,232	\$ 65,000	\$ 293,740	\$ 487,891	\$ 2,224,540	1,256	\$ 1,771

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court					19650			3250	29321	299870	\$ 352,091	125	\$ 2,817
FY2015 DORA					6386			2035	11456	161021	\$ 180,898	48	\$ 3,769

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue	\$ 17,567		\$ 3,555			\$ 234,826	\$ 54,700			\$ 17,500		\$ 328,148

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct	17,567					108,188				3,000			\$ 128,755	\$ 128,755
Universal Indirect			3,555			53,411							\$ 56,966	\$ 56,966
Selective Services						52,614							\$ 52,614	\$ 52,614
Indicated Services						20,613	54,700			14,500			\$ 89,813	\$ 89,813
FY2015 Substance Abuse Prevention Expenditures Budget	\$ 17,567	\$ -	\$ 3,555	\$ -	\$ -	\$ 234,826	\$ 54,700	\$ -	\$ -	\$ 17,500	\$ -	\$ -	\$ 328,148	\$ 328,148

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 34,508	\$ 73,464	\$ 13,737	\$ 36,873	\$ 57,270	\$ 18,974	\$ 234,826

Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1) Access and Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

We do not receive funding for these services.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?

All individuals receiving substance abuse related treatment must meet the following basic criteria: They must be a resident of Box Elder, Cache or Rich counties (District 1) to be able to apply for treatment at a subsidized rate. Those residing out of District 1 may receive treatment at full cost as caseloads allow. If the program reaches capacity and the need arises to discharge clients, those residing within the tri-county area will receive first priority. They may reside out of the region if currently enrolled at Utah State University or ordered specifically to the program by a court or probation order. They must be at least 18 years of age and of legal competency or have a signed consent for treatment from a legal guardian. They must be experiencing problems primarily related to the direct use or abuse of alcohol and/or drugs. They must meet any and all specific criteria for the funding source. For example, DORA clients must meet the LSI and arrest criteria set in the current DORA funding requirements.

All clients have access to all counseling services: assessment and evaluation, education, and all ASAM levels of care based on need and the amount of monies available within the funding source. Differences in covered services based on funding include: covered medication and mental health services for DORA clients, discounts in the cost of UA's in programs such as Drug Court and DORA, women's vouchers covering the cost of evaluation and intake for pregnant women or women with dependent children. Ancillary services specific to women's treatment include: prenatal care, immunization for dependent children, daycare assistance, parenting classes, abuse counseling for the child(ren), transportation assistance to treatment, resource and referral assistance with other government programs.

In the event funding is depleted during the year, we continue to provide services to existing clients. We would not, however, admit new clients and services may be adjusted based on budget constraints. Priority populations such as women and IV users are not turned away in the event funding was expended, however the level of care may be adjusted. For example, if a female with dependent children met ASAM criteria for residential care, but the women's funding was expended and she did not qualify for any other funding source, she would not be turned away from services but may be placed in intensive outpatient care. Jail services for any client would continue.

What are the criteria used to determine who is eligible for a public subsidy?

Individuals applying for services at a subsidized rate must meet the basic criteria listed above and any individual criteria for the specific funding source. The amount of funding allocated for each client and the client co-pay is based on income and family size. Additional adjustments to the co-pay or use of funding would be emergency or uncommon expenses such as loss of home due to disaster, ongoing or extreme medical expenses. Client and third party payers are considered before resorting to public subsidy.

Governance and Oversight Narrative

How is this amount of public subsidy determined?

The amount of public subsidy used is determined by the availability of resources from the client's income, available assistance to the client from family, clergy, and community, and other third party sources such as insurance, Medicaid and Medicare. Other factors affecting the amount of subsidy allocated for each client are: level of treatment need (residential vs. outpatient) and auxiliary services required (such as medication management or daycare assistance). These factors vary according to each client's situation and amount of funding available from the funding source.

How is information about eligibility and fees communicated to prospective clients?

Before intake, referral information is acquired that may affect funding eligibility, such as: approval for admittance to the Drug Court program. During intake, eligibility and financial information is gathered from the client which includes income, family size, uncommon expenditures, insurance information, financial support from other sources, and qualifiers for a specific funding source (e.g.: women's treatment). The client and intake worker review the funding source requirements specific to that client, the sliding fee scale, other costs (UA's, workbooks, etc.), and insurance co-pay amounts. The client reviews, signs, and is provided a copy of a payment agreement providing written information regarding costs and payment requirements.

Are you a National Health Service Core (NHSC) provider?

We are not a NHSC provider at this time.

Governance and Oversight Narrative

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

Before entering into an agreement with a sub-contractor, we will require specific information regarding their organization such as: licensure, insurance participation, staffing and treatment or service methods. Upon referring an individual for services, we will require regular ongoing updates regarding services specific to the client. With proper releases in place, cases will be staffed and services coordinated. Upon completion of the service, a discharge care plan will be prepared with the client and all providers. We will require audit and peer review information upon request. All documentation will be required on a yearly basis, at a minimum, and more frequently as needed in the event of an audit or review of our program.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

1) Screening and Assessment

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.

Individuals seeking or requiring a screening and/or assessment are scheduled an appointment at one of the following Health Department facilities: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. In addition, staff are available to conduct assessment services at jail or hospital facilities upon request. Screening and assessment services are offered to all populations: male and female general population, women with dependent children or who are pregnant, youth and children. Screening and assessments are offered during regular office hours, Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. In addition, two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times. Priority populations such as women who are pregnant or have dependent children, or IV users are offered services within 48 hours. Individuals in crisis situations are also offered immediate contact for assessment with a counselor.

Initial screening and assessment is conducted by a licensed clinician and consists of a face-to-face interview to ascertain the reason for the assessment, the initial needs and expectations of the client, and the client's state at time of presentation. During the interview, the clinician will gather client information such as presenting problem, use patterns and history, and family, legal and treatment history. A complete DSM-IV diagnostic questionnaire and ASAM criteria crosswalk will be completed to determine client need and recommended level of care. The clinician will administer the SASSI (Substance Abuse Subtle Screening Inventory), and the results will factor into the final recommendation.

The client will provide an initial urine sample to determine a baseline at assessment, and will complete a client history and profile for the first counseling session. Ongoing assessment will continue during follow-up sessions as the client meets with his or her counselor and the treatment plan is developed.

Include expected increases or decreases from the previous year and explain any variance.

It has been the policy of this agency that all clients are provided this service, and this will continue to be the standard practice. We are continually working with the local courts, probation offices, other treatment providers, and local schools to make sure we are available to provide this service wherever needed.

Describe any significant programmatic changes from the previous year.

Any changes from previous years relate to refining our new electronic health records system, therefore we are increasing our speed in collecting assessment information and developing correlating treatment plans, and completed assessments and all accompanying documentation are available in a more timely manner for counselors providing care, or referral sources requiring information.

The budget has been amended to reflect the breakdown of cost for the 122 projected screening/assessment only services. This also reflects the client collections income.

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

While we will not directly provide hospital inpatient services, we will work with individuals in need of this service to provide referral assistance.

Include expected increases or decreases from the previous year and explain any variance.

There are no expected increases or decreases from last year.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year.

Form B – Substance Abuse Treatment Budget Narrative

3) Detoxification Free Standing Residential (ASAM III.2-D)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

While we will not directly provide detoxification services, we will work with individuals in need of this service to provide referral assistance.

Include expected increases or decreases from the previous year and explain any variance.

There are no expected increases or decreases from last year.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year.

Form B – Substance Abuse Treatment Budget Narrative

4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

While we will not directly provide hospital inpatient detoxification services, we will work with individuals in need of this service to provide referral assistance.

Include expected increases or decreases from the previous year and explain any variance.

There are no expected increases or decreases from last year. Our residential numbers reported in the TEDS system do not reflect all clients receiving this level of care, indicating only a couple served per year rather than the actual number. We are tightening our intake and change in service procedures to ensure we report a more accurate number in TEDS.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year.

Form B – Substance Abuse Treatment Budget Narrative

5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Short term, clinically managed residential treatment is offered to clients who meet ASAM criteria; adult and youth; male, female, and women with dependent children or who are pregnant through a contracted provider. Women and IV drug users receive priority admission.

Clients who may be eligible for this level of care meet with a clinical treatment staff member at the Bear River Health Department for a comprehensive evaluation and diagnostic interview at one of the following locations: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. Regular office hours are Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times.

If the clinician determines that the client qualifies under ASAM criteria for short term residential care, he or she works with the client to find placement at an approved facility. After placement, direct treatment is provided through contracts with residential facilities located in the state that document accepted treatment criteria and procedures. Approved programs must be State certified, provide both group and individual treatment sessions by appropriately licensed staff, and require drug screenings from clients, and approved by administration. Co-ed, gender and age specific treatment options are assessed and referrals are made according to the individual client's needs and circumstances. The clinician will continue to meet with the client to lend assistance through the referral process, and ensure continued contact and treatment during any waiting period.

Include expected increases or decreases from the previous year and explain any variance.

We plan to continue to utilize this service at last year's level as far as number of clients referred to short term residential care, however, if any client is able to successfully achieve and maintain sobriety and complete treatment at a lesser level of care, we will pursue that option first. As in FY14, for those requiring this level of care, we will work with clients to try to find financial assistance first through their own support systems, i.e.: family, clergy, other community agencies. We will also continue to provide treatment at the highest level of care in-house in the event our funding is expended and clients cannot afford this treatment option.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year. Our residential numbers reported in the TEDS system do not reflect all clients receiving this level of care, indicating only a couple served per year rather than the actual number. We are tightening our intake and change in service procedures to ensure we report a more accurate number in TEDS.

Form B – Substance Abuse Treatment Budget Narrative

6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Long term, clinically managed residential treatment is available for adults and youth; male, female, and women with dependent children or who are pregnant through in-state contracted providers. Women and IV drug users receive priority admission.

Clients meet with a clinical treatment staff member at the Bear River Health Department for a comprehensive evaluation and diagnostic interview at one of the following locations: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. Regular office hours are Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times.

If the clinician determines that the client qualifies under ASAM criteria for long term residential care, he or she works with the client to find a suitable placement as a qualified facility. Approved programs must be State certified, provide both group and individual treatment sessions by appropriately licensed staff, and require drug screenings from clients, and approved by administration. After placement, direct treatment is provided through contracts with residential facilities located in the State that document accepted treatment criteria and procedures. Co-ed, gender and age specific treatment options are assessed and referrals are made according to the individual client's needs and circumstances. The clinician will continue to meet with the client to lend assistance through the referral process, and ensure continued contact and treatment during any waiting period.

Include expected increases or decreases from the previous year and explain any variance.

We plan to continue to utilize this service at last year's level as far as number of clients referred to long term residential treatment, however, budget constraints may affect the overall length of stay for each client. If a client appears to be stable enough to continue treatment at an outpatient level we will adjust the treatment referral accordingly. Again, if a client is able to successfully achieve and maintain sobriety and complete treatment at a lesser level of care, we will pursue that option first. As in FY14, for those requiring this level of care, we will work with clients to try to find financial assistance first through their own support systems, i.e.: family, clergy, other community agencies. We will also continue to provide treatment at the highest level of care in-house in the event our funding is expended and clients cannot afford this treatment option. **Our residential numbers reported in the TEDS system do not reflect all clients receiving this level of care, indicating only a couple served per year rather than the actual number. We are tightening our intake and change in service procedures to ensure we report a more accurate number in TEDS.**

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year.

Form B – Substance Abuse Treatment Budget Narrative

7) Outpatient (Methadone - ASAM I)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Clients prescribed Methadone, Suboxone or other managed medication through their physician are required to do random UA's on our color system as part of their treatment plan. Proper releases are obtained and treatment staff works closely with the physician and client to incorporate medication management into the client's treatment plan.

Clients who would benefit from a prescription such as Antabuse or Campral are referred to their personal physician or if needed, the Bear River Health Department medical consultant, Dr. Edward Redd, for an examination and prescription, if recommended by the doctor. Clients take these medications on site at Health Department facilities, adhering to policy as follows: The client must take the prescribed amount as indicated by the doctor and under no circumstance can any staff member adjust that amount or advise the client to adjust the prescription. The prescriptions are administered any time during work hours. The client must handle, crush and swallow the pill within full view of staff. Both the client and staff member sign and date the medication log. The client must wait at least ten minutes before leaving the office.

Include expected increases or decreases from the previous year and explain any variance.

We will maintain our level of service from FY14 for this level of care.

Describe any significant programmatic changes from the previous year.

We do not foresee any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

8) Outpatient (Non-methadone – ASAM I)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Individuals meeting ASAM criteria for outpatient care participate in up to eight (8) hours a week of face-to-face individual, group or family counseling and/or education. Services are offered to all populations: male and female general population, women with dependent children or who are pregnant, youth and children. Women and IV drug users receive priority admission. All services are offered on site at one of the following Health Department facilities: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. Outpatient services are offered during regular office hours, Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. All services including UA's are available throughout these hours. In addition, UA colors may be called on Saturdays and holidays on our random color system. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times.

Clients begin treatment by meeting with a counselor for comprehensive evaluation as described in the screening and assessment section and initial treatment planning. Treatment plans correlate with ASAM dimensions, client need and goals, and requirements of referral sources or programs. Adjustments to treatment plans are made throughout treatment as clients' progress or needs change. Drug testing is an integral part of treatment, and clients must provide random or scheduled urine samples. Many clients are assigned a color and call a dedicated phone line six mornings a week to see if they must provide a urine sample that day. In addition to individual sessions, clients may be assigned to group based on need and ability to participate, and may attend one or more of the following: early recovery group, recovery skills group, step group, relapse prevention group, aftercare group, relationship group, life skills group, and anger management group. Gender specific options for women include women's treatment group, and meetings with a case manager. Case manager meetings explore the need for ancillary services: child care, transportation, and medical assistance for the client or client's children. If a need is ascertained, the case manager assists the client in connecting with appropriate resources. Youth and children attend individual and group sessions geared specifically to their age groups. Outpatient care may include specific tasks required for Drug Court and DORA programs.

Include expected increases or decreases from the previous year and explain any variance.

Our projected client counts for FY15 are slightly higher than this year's current numbers due to a drop in client data being entered during the process of developing the new electronic health system and its processes. These issues have been resolved and data accuracy has improved.

Describe any significant programmatic changes from the previous year.

Treatment planning will continue to focus on ASAM dimensions and training staff to build rapport with the client, realize the individual client's motivations, needs and goals, and to correlate session content and progress notes with the treatment plan to ensure client focused treatment.

We have worked with CAPSA (Citizens Against Physical and Sexual Abuse) to offer our clients the benefit of cooperative programs. We will take the State's advice and research more avenues and training to be more attentive to client needs and implement a more trauma informed approach.

Form B – Substance Abuse Treatment Budget Narrative

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

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

IOP is a highly structured day program consisting of nine or more hours per week of individual and group counseling sessions, for a minimum of four consecutive weeks. All populations, adults and youth, meeting ASAM requirements for intensive outpatient care, or who are ordered to IOP by a court may participate in the program. IOP is offered on site at one of the following Health Department facilities: 655 East 1300 North, Logan, Utah 84321; and 817 West 950 South, Brigham City, Utah 84302. The adult four hour IOP group is held Monday through Thursday from 8:00 a.m. to noon in Logan, and Monday, Tuesday, Thursday and Friday from 8:00 a.m. to noon in Brigham City. Youth IOP is held Monday through Thursday from 4:00 to 6:00 p.m. The offices are open Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. All services including UA's are available throughout these hours. In addition, UA colors may be called on Saturdays and holidays on our random color system. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times.

Unless ordered directly to IOP by a judge, clients meet with a counselor for initial assessment and treatment planning prior to entering IOP. Services and requirements of outpatient care are also part of intensive outpatient care, including: comprehensive evaluation, treatment planning, required urine sample testing, individual and group sessions in addition to IOP group based on client need, women's case management sessions. While in IOP, clients also meet with their treatment counselor for individual treatment. Initial and ongoing assessment determines length and focus of treatment. The needs and requirements of specific programs and populations such as Drug Court, DORA, women with children or who are pregnant, and youth, are addressed in intensive outpatient care. Upon completion of IOP, clients transition to outpatient treatment, where they continue to work on their objectives.

Include expected increases or decreases from the previous year and explain any variance.

We again anticipate higher numbers attending IOP due to our attempt to maximize our dollars by allowing clients the opportunity to succeed at a less expensive level of care than residential services, and also as we increase Drug Court and DORA participants according to funding allocations. Our projected client counts for FY15 are slightly higher than this year's current numbers due to a drop in client data being entered during the process of developing the new electronic health system and its processes. These issues have been resolved and data accuracy has improved.

Describe any significant programmatic changes from the previous year.

We will continue to train staff to recognize individual client need while in IOP, and coordinate each individual session with group curriculum as it pertains to the client, treatment plan and ASAM, and provide documentation of such in progress notes.

We have worked with CAPSA (Citizens Against Physical and Sexual Abuse) to offer our clients the benefit of cooperative programs. We will take the State's advice and research more avenues and training to be more attentive to client needs and implement a more trauma informed approach.

Form B – Substance Abuse Treatment Budget Narrative

10) Detoxification (Outpatient- ASAM I-D or II-D)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Any individual seeking detoxification assistance is seen without delay. Immediate contact is available at Bear River Health Department locations: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. Regular office hours are Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m. during business hours, and through the two crisis phones 24 hours a day, seven days a week. Anyone presenting with a possible need for detoxification will be seen by a clinician, and appointments will be moved to accommodate this need if necessary. Emergency services (911) will be called as needed. The Bear River Health Department medical consultant will be called in any possible detoxification situation. He will monitor the individual on-site, to include: physical examination, monitoring signs of withdrawal and vital statistics, medication management, and follow up. If determined by the medical consultant that more intensive detoxification is required, he will contact the appropriate medical center or hospital to facilitate the referral. Dr. Redd has extensive experience and contacts with local hospitals, area physicians, and other coordinating facilities, such as Bear River Mental Health and the Cache County jail, including being on staff and/or holding admitting rights at several facilities. Follow up is provided by Dr. Redd and counseling staff to continue the individual's treatment at the appropriate level of care after detoxification is completed.

Clients qualifying for detoxification meet ASAM criteria and include: adult male and female general population, women with dependent children or who are pregnant, and youth and children.

Include expected increases or decreases from the previous year and explain any variance.

No significant detoxification need presented in FY2014, therefore projected allocations for FY15 will remain the same as the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year are anticipated. As discussed with the State, we rarely see requests for this service directly. It has been our experience that individuals needing this service are referred directly to local hospitals. Regarding current clients, with Dr. Redd on staff, we have been fortunate to seek his intervention before an individual reaches this level of need.

Form B – Substance Abuse Treatment Budget Narrative

11) Recovery Support Services

Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

We provide several recovery support services options directly on site at the following Health Department locations: 655 East 1300 North, Logan, Utah 84321; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84337; 275 North Main, Randolph, Utah 84064; and 115 South Bear Lake Blvd., Garden City, Utah 84028. These services are available during regular office hours, Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Fridays 8:00 a.m. to 1:00 p.m.

Aftercare and women's groups provide clients with a forum to discuss their recovery efforts, and explore problems that have developed that may hinder their sobriety. Relapse prevention and recovery skills groups allow those in later stages of treatment opportunities to explore the challenges of sobriety.

As a client nears the end stages of treatment, individual sessions begin to focus on the client developing a recovery plan and building a support system that will enable him or her to maintain that plan. Plans are individual to each client's needs and may include: one of the groups listed above, solidifying their support system of family, friends, and sponsors, identifying AA or NA groups that provide a comfortable fit and where they feel supported, and building their list of activities, actions, and phone numbers to use if or when they hit a "road block".

Any client may return for individual or aftercare group sessions after completion of treatment to discuss obstacles or set-backs that may be threatening their recovery plan. These visits are termed "Episodes of Service", meaning there is no charge to the client unless it becomes necessary for the client to be admitted to more continuous care.

All of these services are offered to all clients throughout treatment and nearing completion of treatment. Some clients take advantage of the distinct services offered and are reflected in the budget projections. For others, these services are wrapped into ongoing treatment activities such as recovery skills group. This year, we will look closely at these distinctions for an accurate count.

Include expected increases or decreases from the previous year and explain any variance.

As a necessary component of treatment, we expect no decrease in recovery support services this fiscal year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year are anticipated.

Form B – Substance Abuse Treatment Budget Narrative

12) Quality and Access Improvements

Describe your Quality and Access Improvements

We consider feedback from the community a valuable tool in quality and access improvements. Staff attend First District Court, Logan City Municipal Court, Smithfield Court, and Juvenile Justice Service meetings on a regular weekly basis. We attend and often initiate meetings with other community agencies including probation offices, in addition to in-house meetings with other public service divisions of the Health Department in order to maintain effective relationships. We also have staff attending Juvenile Justice meetings regularly to ensure we are responding to the needs of youth in our area. We have staff facilitating jail sessions to ensure all members of the community have access to our services. We coordinate regularly with other treatment providers in the area, including those at Utah State University, local counseling agencies and a local pain clinic to ensure our availability to their clients. We continue to offer women's services vouchers to local Division of Child and Family Services offices that they may use when referring women to services.

Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

In addition to the undertakings described above, clients are invited to give their opinions regarding services in a variety of ways: staff are counseled to hear and respond to clients' concerns, clients may request a review with the Director, and they are encouraged at intake to give feedback as outlined in the Client Rights and Responsibilities that they sign and are given a copy. A formal grievance policy is written into the Policy and Procedure manual. Data and comments from the MHSIP surveys, as well as information given in client interviews, are reviewed in staff meetings or individually if the information is of a sensitive nature. Board of Health meetings are announced and open to the public. Substance abuse staff assist Health Promotions and the Public Health Information Officer with materials and requests for information regarding services and statistics to distribute as they speak in the community.

Accessibility and best practice is discussed frequently in business and case staffing meetings. We review data gathered in-house as well as state and federal reports to measure outcomes and needs. We are in the final stages of implementing our electronic health system, now focusing on the reporting aspect of the system, which will allow us to improve our ability to gather data, provide quality control options, and free up staff time to provide direct services.

Staff is given as many opportunities as possible within budget constraints to attend trainings and report back to staff regarding ways to improve services. Three clinicians are scheduled to attend MRT training to expand evidence based treatment options for clients. Assigned staff regularly attend state meetings and retrieve information regarding evidence based practices. Gathered information is discussed in staff meetings where we develop or revise services accordingly, and discuss viable evidence based treatment possibilities.

We will continue to explore evidence based treatment training opportunities and implementations. We will also continue to meet with community agencies to further develop and maintain these relationships, and explore options to enhance our services to meet client need within budget constraints.

Form B – Substance Abuse Treatment Budget Narrative

13) Services to Incarcerated People

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Services are conducted in the local jail facilities by qualified treatment staff from the Health Department Division of Substance Abuse. Clinicians teach several weekly groups at the jail, scheduled according to jail timelines, inmate need, and specific requests. Group topics include early recovery, life skills and finances, and anger management. Treatment staff also conduct evaluation and assessment interviews at any of the jail locations in the tri-county area, by request of courts, probation offices, and individuals seeking treatment.

Several courts issue treatment release orders for inmates, most often for IOP services. With proper releases, we work closely with courts and jail staff to coordinate schedules to comply with these court orders, while not allowing inmates to abuse the privilege. These services are provided at Health Department facilities located at 655 East 1300 North, Logan, Utah 84321; and 817 West 950 South, Brigham City, Utah 84302.

Include expected increases or decreases from the previous year and explain any variance.

We expect at a minimum, to maintain our current presence in the jail facilities teaching group sessions, conducting evaluation and assessment interviews, and coordinating IOP care for incarcerated individuals.

Describe any significant programmatic changes from the previous year.

There are no significant program changes from the previous year.

What is the amount of SAPT funds that are used to provide services to County jails?

We have budgeted approximately \$7,000 for FY15.

Form B – Substance Abuse Treatment Budget Narrative

14) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

We have a continuing cooperative relationship with Bear River Mental Health and refer clients with chronic mental health diagnoses to them for ongoing care. With proper releases in place, we coordinate treatment for those with a mental health treatment worker to ensure both treatment plans benefit the client's need. For those without SPMI or Medicaid/Medicare eligibility, we provide mental health counseling services directly as a part of their treatment plan with us. The cost to provide this treatment is covered through client collections, insurance, and a State of Utah Health Department grant.

Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.

As part of the Health Department, we have direct access to medical services provided through our other divisions including Baby Your Baby, WIC, and the Nursing Division's immunization, testing, and medical services. In addition, we have built strong relationships with Bear River Mental Health, the Division of Child and Family Services, and the Division of Aging and Adult Services. We share our new Tremonton building with Bear River Mental Health and have plans to house a FQHC there. Our medical consultant, Dr. Edward Redd, has been involved in and/or holds admitting rights to several hospital and medical facilities in the community. We are also a provider of treatment services referred by treatment staff from the Comprehensive Treatment Clinic of Logan, a local agency providing EAP services to local employers. We have also recently developed a relationship with a local pain clinic, and provide services at their request according to the needs of the client.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Our effort to meet the physical, mental and substance abuse needs in an integrated way is combination of direct treatment through Substance Abuse counseling staff, education and resource assistance from the Health Promotions staff, and medical and nutritional care through the Nursing Divisions of the Health Department. Women in treatment have immediate access to a case worker who may assist them in finding local resources for their particular needs such as transportation, child care, housing, assistance in applying for Medicaid, or connecting with service providers such as a doctor or nutritionist. Our extensive long-time communication and coordination with local community agencies assists in any service not easily provided through the Health Department, such as: Bear River Mental Health providing long-term mental health treatment for chronic mental illness; housing assistance through BRAG; and employment assistance through Vocational Rehab.

Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.

Clients prescribed Methadone, Suboxone or other managed medication through their physician are required to do random UA's on our color system as part of their treatment plan. Proper releases are obtained and treatment staff works closely with the physician and client to incorporate medication management into the client's treatment plan. **While the only medication we may currently require is Antabuse, we do not interfere with their prescribed medications, and, as stated above, we work closely with their physician and include medication management in their treatment plans.**

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

We currently have staff trained and are conducting Recovery Plus tobacco cessation groups on a regular basis, both adult and youth. This training is an available option for any treatment staff, with the intent that as many as possible are educated in Recovery Plus curriculum. This service is available to clients as well as non-clients. We offer tobacco cessation kits to anyone who wishes to quit and offer assistance to finding resources such as the tobacco quit line. Questions regarding tobacco use and desire to quit are asked at assessment and followed through during treatment if part of the individual treatment plan. By policy, tobacco use is not allowed on any Bear River Health Department grounds, and notices of such policies are posted clearly at all facilities.

Form B – Substance Abuse Treatment Budget Narrative

15) Drug Court

Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.

Drug Court clients are offered access to all treatment services provided directly through the Substance Abuse Division, including: assessment, treatment at all ASAM levels of care, assigned individual counselor, random UA testing through the color system, and women's case management sessions. In addition, all Drug Court clients are assigned a case manager with whom they meet weekly to discuss their progress through their Drug Court requirements. The case manager provides them with an orientation to the Drug Court program, and tracks their progress in employment, education, housing, attendance to AA, and any other conditions they have been required by Drug Court to meet. If needed, medication management is provided as described in the medication management section of this Form, and if funding is available. Outpatient treatment and case management services are provided directly at Health Department facilities. Residential care, if needed, is provided through contracted providers as listed under the residential services section of this Form.

We continue to be actively involved in the weekly Drug Court committee meetings and court proceedings, to ensure participants and our Drug Court partners receive our full support and cooperation.

Include expected increases or decreases from the previous year and explain any variance.

This coming fiscal year, we expect to serve the maximum number of Drug Court participants allowed. Actual numbers will depend upon the funding allocation for our District, and we will adjust our admissions accordingly.

Describe any significant programmatic changes from the previous year.

Our color system has been changed to reflect the requirements of the State Drug Court mandates for minimum and maximum weekly UA's.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

DORA clients are offered access to all treatment services provided directly through the Substance Abuse Division, including: treatment services described at the beginning of this Form, random UA testing through the color system, and women's case management sessions. DORA clients attend a hand-off meeting with treatment and probation personnel at the start of their program to discuss the expectations of the program. If needed, medication management is provided as described in the medication management section of this Form, and if funding is available. Outpatient treatment and case management services are provided directly at Health Department facilities. Residential care, if needed, is provided through contracted providers as listed under the residential services section of this Form.

We continue to be actively involved in the weekly DORA meetings, DORA hand offs, and to host quarterly DORA Steering Committee meetings, to ensure participants and our DORA partners receive our full assistance and teamwork.

Include expected increases or decreases from the previous year and explain any variance.

We will adjust our DORA client numbers according to funding allocation, and plan to maximize our numbers served to the fullest extent funding allows.

Describe any significant programmatic changes from the previous year.

We will reintegrate the DORA program in Box Elder County.

Form B – Substance Abuse Treatment Budget Narrative

17) Women’s Treatment

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Our women's treatment program encompasses all services available including assessment, all ASAM levels of care outlined in this plan, access to an individual counselor, individualized treatment planning, and UA testing. Evaluation and outpatient treatment services are provided at all Health Department facility locations. Residential treatment services are provided through contract as described in the sections outlining short and long-term residential care. Objectives and interventions for our female population include gender specific topics and actions. In addition to general treatment services, gender specific options for women include women’s treatment group, and meetings with a case manager. Case manager meetings are at no cost to the client, and explore the need for ancillary services: child care, transportation, and medical assistance for the client or client’s children. If a need is ascertained, the case manager assists the client in connecting with appropriate resources. As a priority population, women who are pregnant or have dependent children are offered face to face contact with a treatment worker within 48 hours of first contact.

We have worked with CAPSA (Citizens Against Physical and Sexual Abuse) to offer our clients the benefit of cooperative programs. We will take the State’s advice and research more avenues and training to be more attentive to client needs and implement a more trauma informed approach.

Include expected increases or decreases from the previous year and explain any variance.

Our projected client counts for FY15 are consistent the current year's projections.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

18) Adolescent (Youth) Treatment

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Youth are offered all services available including: assessment, all ASAM levels of care described herein, and access to an individual counselor. Evaluation and outpatient treatment services are provided at all Health Department facility locations. Residential treatment services are provided through contract as described in the sections outlining short and long-term residential care. Youth outpatient services consist of individual and group sessions, and youth are assigned an individual counselor to work with throughout their treatment. Youth outpatient and IOP groups focus on adolescent issues as well as substance abuse and addiction education, recovery skills and planning. Parents are involved in treatment as appropriate and as much as possible.

Include expected increases or decreases from the previous year and explain any variance.

Our projected client counts for FY15 are consistent the current year's projections.

Describe any significant programmatic changes from the previous year.

We expect no significant programmatic changes this year. We will continue to work with local juvenile justice systems to ensure we are available to provide services as needed.

Form C – Substance Abuse Prevention Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

1) Prevention Assessment

Describe your area prevention assessment process and the date of your most current community assessment(s).

In the Fall of 2011, new risk and protective factors were prioritized. The Bear River Health Department Prevention Staff reviewed the data along with the Northern Utah Substance Abuse Prevention Team's data workgroup and prioritized one risk and one protective factor to address throughout the entire health district (Parental Attitudes Favorable toward ASB & Community Rewards). Other groups conducted needs assessments and prioritized factors specific to their target populations.

- Northern Utah Substance Abuse Prevention Team (NUSAPT) for Cache County: Poor Family Management & Community Rewards for Prosocial Involvement.
- The Hispanic Health Coalition: Academic Failure (specific to Hispanic youth)
- Box Elder County Safe Communities Coalition: Community Rewards for Prosocial Involvement and Parental Attitudes Favorable Toward Antisocial Behavior.

In the winter of 2013, SHARP data was evaluated. In addition, juvenile court data, and law enforcement data were also analyzed in an effort to prioritize substances of concern among the district population as well as confirm or contradict the chosen risk and protective factors. From this assessment, it was discovered that Alcohol remains the primary substance of concern and prescription drug use among youth remains low. However, it was also clear that marijuana use and incidences related to marijuana are on the rise when compared to other substances. In fact, it was discovered that marijuana is now used more than alcohol in certain demographics including BRHD 10th graders and BRHD 12th grade Hispanic students. The risk and protective factors were also confirmed and remain the same as described above.

This assessment including assessing the community capacity to address youth marijuana use is ongoing and is following the Strategic Prevention Framework, the PRECEDE-PROCEED health program planning model, and the Tri.Ethnic Center's handbook for assessing community readiness.

Overall, the prevention plan addresses the 10-year plan identified in January 2009. At which time, NUSAPT used SHARP and arrest data to identify substances most abused by youth. It was those substances that make up our Long Term objectives found on the Logic Models. Though there has been some slight movement regarding prescription drugs and marijuana use, the risk and protective factors to address the use have remained the same.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

Identify the prioritized risk/protective factors for each community identified in box #1.

As mentioned above the following risk and protective factors were prioritized for the respective community areas/sectors:

- Northern Utah Substance Abuse Prevention Team (NUSAPT) for Cache County: Poor Family Management & Community Rewards for Prosocial Involvement.
- The Hispanic Health Coalition: Academic Failure (specific to Hispanic youth)
- Box Elder County Safe Communities Coalition: Community Rewards for Prosocial Involvement and Parental Attitudes Favorable Toward Antisocial Behavior.

Form C – Substance Abuse Prevention Narrative

3) Prevention Capacity and Capacity Planning

Describe prevention capacity and capacity planning within your area.

The Bear River Health Department will continue to coordinate the Northern Utah Substance Abuse Prevention Team (Cache), Safe Communities (Box Elder) and the Hispanic Health Coalition (HHC) (District).

Additionally, prevention specialists will continue to support community coalitions:

Brigham's Coordinated Community Initiative (CCI), North Box Elder Suicide Prevention Coalition (NBESPC), Cache Schools Safe and Drug-Free Schools Group, and Utah State University's Alcohol and Drug Advisory Board (USUADAB). BRHD will continue to provide resources and reimburse community partners who implement substance abuse prevention activities in their specific areas: SA Prevention Contacts in elementary schools and GYC advisors and student district representatives in secondary schools. Staff will ensure that all programs, policies, and strategies are implemented in a culturally competent manner for the community and target population. Additionally, the HHC and our Hispanic Outreach employee work to ensure effective, culturally sensitive prevention programming is reaching the Spanish-speaking population. Extra funds have been allocated each year since 2009 for SHARP Reports that are specific to Hispanic youth in order to assist the HHC in developing an effective plan.

In addition to the above support, coordination, and collaboration, BRHD is in the process of conducting a community capacity assessment utilizing the Strategic Prevention Framework as a guide as well as the Tri-Ethnic Center's Community Readiness Workbook. This capacity assessment is specific to youth marijuana use in Cache County. The results of this assessment will be used to facilitate engaging the community in a culturally competent manner in order to address youth marijuana use through appropriate evidence-based policies, programs, and practices.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

Bear River Health Department prevention staff follows the Strategic Prevention Framework (SPF) model or the PRECEDE-PROCEED health program-planning model to identify each of the policies, programs, and practices outlined in the Logic Models. These processes are utilized due to the fact that they are evidence-based methodologies that are ongoing and continuously engage the target population to optimize opportunities for sustainability and cultural competence.

Each of the policies, programs, and practices that are planned, implemented, and evaluated are based on the prioritized risk and protective factors identified through the SPF process. The prevention staff attends monthly prevention meetings to ensure the accomplishment of the program plans and the progress of the objectives. All prevention program managers attend a prevention-planning meeting each Spring and all staff are SAPST trained within one year of hire. Staff is required to assess specific activities/strategies to identify if they continue to reduce the prioritized risk factors, raise the prioritized protective factors, or if changes are necessary. More detailed information of program plans are included in the Logic Models of the individual programs.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

Process objectives are measured using the measures outlined in each of the Logic Models. Each program/strategy implemented has a Logic Model to show the program correlation to the Long Term Outcomes and the Prioritized Risk and Protective Factors, and identifies the methods of evaluation, including the Process, Short-term, and Long-term outcomes for each. Additionally, direct service counts, demographics and other requested information will be entered into the DSAMH approved system on a regular basis. Removal of ineffective programs/strategies and/or changes to the programs/strategies will be made based on evaluation results.

In Fall 2011 the NUSAPT hired an external evaluator to assess their effectiveness. The evaluator is paid for with the Drug Free Community funding, but it will influence the effectiveness of prevention as a whole in the Bear River area. This contract is due to expire on September 29th 2014.

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2013 and describe why they were discontinued.

Logic model 325: Second Step, which outlines the Second Step Program in Box Elder County has been removed due to an inability to implement the program with fidelity. Additionally, another community agency also offers the same program.

Logic Model 343: Women's Services has also been removed from the plan due to the anticipation that it will be funded through another source.

Form C – Substance Abuse Prevention Narrative

8) Prevention Activity

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

Program 341 (PRIME MIP course) is a course that the health department has noticed great impacts with. For starters, the program draws a significant portion of the highest use age demographics (18-24). This is significant because this age range can be very difficult to identify and provide prevention services to. This program also illustrates a unique collaborative effort at the community level. Referrals are received primarily from juvenile district court, but BRHD has also been working closely with Utah State University in order to assist in meeting their needs. In the past few months, the health and wellness center has worked with BRHD to modify a referral process and fee schedule for the curriculum allowing for BRHD to accept more USU students in a timely manner. Referrals also come from law enforcement, treatment, and schools.

In addition to being a great evidence based curriculum that has fostered increased capacity in the community for addressing underage drinking, the program has also shown promising results from pre-post data. Below are some summary data from the most recent program evaluation (April 2014) conducted using 246 paired before and after program surveys.

Means and Standard Deviations for Commitment Items on Before and After Program Surveys

<u>Questionnaire Item</u>	<u>M</u>	<u>SD</u>
<u>My commitment to not consume alcohol before age 21 (Before Program)</u>	<u>7.89</u>	<u>2.85</u>
<u>My commitment to avoiding drug problems (Before Program)</u>	<u>9.26</u>	<u>1.77</u>
<u>My commitment for following the low-risk guidelines (After Program)</u>	<u>8.80</u>	<u>2.20</u>

Scores from this chart are based on a semantic differential scale ranging from 1 (low commitment) to 10 (high commitment).

Additionally, course evaluations are also promising in that 99.39% of participants reported that “I will be able to use what I learned in my life”; 83.64% responding “yes” to the question “I would recommend this course to others”; and 96.97% responding “yes” to the question “I think this course will help me avoid problems with drugs in the future”.

**BEAR RIVER HEALTH DEPARTMENT
DIVISION OF SUBSTANCE ABUSE
SLIDING FEE SCALE**

All fees are assessed based on the ability to pay, taking into account income, dependents, and extreme expenses such as medical bills, garnishments, etc. No individual will be refused services based on an inability to pay.

SA Fee Annual Fees		Group Session	Individual 1 hr. Session	FPL	
0.00 - 2999.99	A	\$2.00*	\$2.00*	0%	36.00%
3000 - 5999.99	B	\$5.00*	\$5.00*	37%	55.00%
6000 - 8999.99	C	\$10.00	\$10.00	56%	82.00%
9000. - 10,890.00	D	\$15.00	\$15.00	83%	100.00%
10890.01- 14484.00	E	\$20.00	\$20.00	101%	133.00%
14484.01 - 16335.00	F	\$20.00	\$25.00	134%	150.00%
16356.01 - 20147.00	G	\$20.00	\$30.00	151%	185.00%
20178.01 - 24503.00	H	\$20.00	\$35.00	186%	225.00%
24503.01 -24999.99	I	\$20.00	\$40.00	226%	230.00%
25000. - 29999.99	J	\$20.00	\$45.00	231%	275.00%
30000. - 32999.99	K	\$20.00	\$50.00	276%	303.00%
33000. - 35999.99	L	\$20.00	\$55.00	304%	331.00%
36000. - 38999.99	M	\$20.00	\$60.00	332%	358.00%
39000.0 - 41999.99	N	\$20.00	\$65.00	359%	386.00%
42000 - 44999.99	O	\$20.00	\$70.00	387%	413.00%
45000. - 47999.99	P	\$20.00	\$75.00	414%	441.00%
48000. - 50999.99	Q	\$20.00	\$80.00	442%	463.00%
51000. - 53999.99	R	\$20.00	\$85.00	464%	496.00%
54000. - 56999.99	S	\$20.00	\$90.00	497%	523.00%
57000. - 59999.99	T	\$20.00	\$95.00	524%	551.00%
60000. - 62999.99	U	\$20.00	\$100.00	552%	559.00%
63000. - 65999.99	V	\$20.00	\$105.00	560%	606.00%
66000. - 108791.10	W	\$32.00	\$110.00	607%	999.00%

*Per Director or Deputy Director approval.

BEAR RIVER HEALTH DEPARTMENT DIVISION OF SUBSTANCE ABUSE	IV. BILLING AND COLLECTIONS
POLICIES AND PROCEDURES	JANUARY 2013

POLICY:

Cost of services provided by the Division of Substance Abuse is determined by actual cost, contract requirements, allowable cost parameters set by third party payors, cost of living in the counties served, and market research and comparisons. Individuals residing within the approved area for state or federal funding may apply for treatment at subsidized rates. No service is denied to individuals who document an inability to pay.

PROCEDURES:

IV.1 COSTS AND FEES

Individuals receiving a billable service without enrolling as a client may be responsible for the full cost of the service. Any time during treatment, clients who meet program requirements for funding may apply for a reduction of fees. If the client is eligible for subsidized rates, state or federal grant funding will be used to assist in costs. Eligibility is based on client's income, dependents, qualifying expenses such as: child support, garnishments, extreme medical bills or other extraordinary financial hardships. No client is charged more than actual cost of services. Billing policies are discussed at admission and outlined in the payment agreement.

All costs and fees are due and payable in full at the time of service, unless a payment plan has been arranged. Payment plans may be available if a client is justifiably unable to meet his or her co-pay amount. However, a client cannot complete the program successfully until all fees are paid in full. Failure to pay may result in discharge from the program. If, after signing a payment agreement a client seeks treatment elsewhere, he or she is responsible to pay for the services received up to the time the program is notified of the change in treatment.

If a client's financial situation changes during treatment, the client and counselor will review the financial worksheet and may determine a new cost per session. Fees may be reviewed and modified at any time during treatment to reflect current income and ability to pay; and it is the client's responsibility to notify the program immediately of any change which may affect fees, ability to pay, or the program's ability to collect (such as change in address, financial situation or income, or insurance). Supplying false information regarding financial status, referral reasons that may affect cost, or insurance information will negate any payment arrangements made in the client's behalf, the client may be charged the full cost for services, and may be discharged from the program.

May 9, 2008

IV.1.A Screening and Evaluation. The full cost of the evaluation is \$95.00. Those who qualify for subsidized fees are charged a flat fee of \$30.00 for screening and evaluation testing.

April 1, 2003

IV.1.B Admission Interview. The full cost of intake is \$85.00, which includes the intake interview and paperwork. Those who qualify for subsidized fee rates are charged \$30.00 for the intake. A client may make payment arrangements if he or she is unable to pay at the time of admission.

April 1, 2003

IV.1.C Individual or Family/Couple Counseling Sessions. Actual program cost to provide individual or family counseling sessions is \$110.00 per session. Clients eligible for subsidized funding will be assessed a per session fee (co-pay). This fee is determined at admission using the program's current fee schedule. Cost per session includes services up to one hour. Services extending beyond the first hour will be billed in half hour increments. The fee is due at the time service is provided, unless payment arrangements are made through the Director, Deputy Director, or assigned employee.

March 1, 2011

IV.1.C.i Driving Related Referrals Counseling Cost. As governed by the local authority, the minimum per session fee assessed to clients entering treatment as a result of a driving related alcohol or drug charge is \$20.00.

April 1, 2003

IV.1.C.ii Cancelled or Broken Appointments. Clients will be charged for all appointments not cancelled 24 hours in advance. Broken appointments are charged \$10.00 regardless of the client's per session fee. Appointments cancelled by staff, or if the counselor has asked the client to leave due to client illness will not be charged. Clients have the right to review charges for broken appointments with the Director or Deputy Director after all treatment has been completed.

February 2, 2010

IV.1.C.iii Brief Encounter. Sessions that are less than 15 minutes in duration, either a scheduled appointment or emergency walk-in, are considered brief encounters and are not billed to the client. The procedures for brief encounters outlined in the treatment section of this manual must be followed for an appointment to be considered a brief encounter. If these procedures are not followed, the session will be considered a billable session.

February 1, 2009

IV.1.D Group Sessions. The actual program cost to provide group counseling is \$32.00 per hourly group. Clients will be charged \$20.00 or \$32.00 per hour for group, according to the fee scale, unless the client's individual per session fee is less than \$20.00, in which case the group will be the same as the cost of the individual sessions. Group fees are due at the beginning of each group, unless a prior payment arrangement has been made.

August 23, 2006

IV.1.E Urinalysis (UA). The cost for urinalysis testing at the Health Department lab is \$20.00 per sample, each time the sample is tested. Clients participating in a funded program allocating money for UA costs, such as Drug Court, may be offered a discounted rate depending on the current year's funding.

October 1, 2011

IV.1.E.i Non-client Urinalysis. The cost for UA testing for non-clients is \$20.00, due at the time sample is collected. If the individual cannot or will not pay, the Director or Deputy Director is consulted before the sample is collected and results are released.

August 10, 2009

IV.1.E.ii Positive Sample Retests. A sample that tests positive for any illicit chemical, or a chemical not excused by the client's counselor and/or physician will be retested to verify the results and an additional \$20.00 testing fee is charged. Counselors will inform the front desk of any client who is not to be charged the UA retest fee due to valid medications. Also, the front desk staff will receive the testing results from the lab after each testing cycle and bring them into the next staff meeting to determine if charges should be applied. If the first (intake) UA is positive, no retest fee is charged.

October 13, 2005

IV.1.E.iii Independent Lab Testing. Health Department staff, clients, or referring parties may request that a sample is tested by a lab outside the Health Department. The Health Department contracts with a certified lab for this purpose. The cost of independent testing to the client is determined by the actual cost incurred from sample shipping and testing.

March 1, 2011

IV.1.F Youth Counseling. Costs for youth counseling follow procedures outlined in this section for adult services, with the exceptions listed herein. The cost for the youth IOP group is \$30.00 per day, unless a reduction is approved by the Director, or the client is assessed full cost of treatment. The cost per session for youth is based on the parent or guardian income level and total number of dependents of that parent or guardian. Parents and responsible parties will be billed on a monthly basis and youth are not required to pay before each service.

April 6, 2009

IV.1.G DUI/Not A Drop Level I Education Classes. Clients attending DUI Level I Education Prime for Life classes will be charged a set \$225.00 class fee. Clients will be referred to the Health Promotions Division for payment information. Fees for screening, admission and any counseling sessions are separate from the cost of the class and must be paid prior to completing DUI classes.

April 1, 2003

IV.1.H MIP class attendees will be charged \$80.00, and will be referred to the Health Promotions Division for payment information. Fees for screening, admission and any counseling sessions are separate from the cost of the class and must be paid prior to completing MIP class.

April 10, 2006

IV.1.I First offender class attendees will be charged \$75.00, and will be referred to the Health Promotions Division for class information and payment of these services.

October 1, 2011

IV.1.J Early Intervention Group (EIG) attendees will be charged \$20.00 per group for a total of six groups. Payment is required at each group, following the policies for group attendance and payment. Fees for screening, admission and any counseling sessions are separate from the cost of the class and must be paid prior to completion.

May 23, 2012

IV.1.K Life Skills Group is charged \$20.00 per group session, unless the client's regular cost per session is less than \$20.00. If the client's regular fee per session is less than \$20.00, the client is charged his or her regular cost per session. Broken groups will be charged at \$10 per group whether the individual is a client or not. No completion letter is provided until all fees are paid.

May 23, 2012

IV.1.L Anger Management Group is charged \$20.00 per each group session, unless the client's regular cost per session is less than \$20.00. If the client's regular fee per session is less than \$20.00, the client is charged his or her regular cost per session. Broken groups will be charged at \$10 per group whether the individual is a client or not. No completion letter is provided until all fees are paid.

May 23, 2012

IV.1.M Discharges. All fees must be paid in full before a client may be discharged from the program for successful treatment completion. If the client was court/probation referred, no communication that the client has completed successfully will take place until all fees are paid. If full payment is not received within 30 days of the last visit date, the client will be discharged. In that case the discharge is entered into the client data system as completed, but the completion letter will be held in the file until full payment is received.

October 13, 2005

IV.1.N Readmissions. Clients re-entering the program after being discharged for reasons other than successful completion will be charged for the evaluation and intake at full, non-subsidized cost. If the readmission occurs less than six months from the discharge date the cost is \$85.00, which includes admission interview, and file preparation. If the readmission is more than six months from the discharge date, the cost is \$180.00, which includes the admission interview, paperwork, and evaluation. These costs are due at the time of readmission, unless payment arrangement criteria is satisfied.

Discharged clients with outstanding balances who seek readmission will be connected with the billing department for information regarding the previous balance. If the client is unable to pay the previous balance at readmission or within 30 days, an appointment with the Director or Deputy Director will be arranged for payment arrangements.

October 1, 2011

IV.1.N.i Readmission for Driving Related Charges. Per mandate by the Board of Health, an additional fee of \$100.00 is charged for each DUI after the first DUI charge. (For example: an individual appearing for a second DUI would pay a flat \$100.00 DUI fee in addition to the client's treatment costs; a third DUI would be a \$200.00 DUI fee, etc.)

April 1, 2003

IV.1.O Alco Screen Tests. The cost to the client for each Alco stick test is \$2.00, due at the time of the test.

April 1, 2003

IV.1.P Workbooks. The cost of group workbooks is \$5.00 per book for weekly groups and \$10.00 per IOP book. It is the client's responsibility to keep and bring the book to group. If a client needs a replacement, he/she will be charged the cost for an additional book.

April 10, 2006

IV.1.Q Intensive Outpatient Program (IOP). The full cost for IOP includes the cost of evaluation and admission, urinalysis and Alco Screen testing, and the actual cost for each hour of individual, couple, or family counseling (@\$110.00), each group session (@\$32.00), and the cost of workbooks and materials. Clients who qualify for IOP at subsidized rates are charged on the standard sliding fee scale. The four-hour IOP group is charged per hour at the client's cost per group session.

Charges that may extend above the monthly limit include positive urine sample retesting, a confirmation sample test outside our agency, charges for broken appointments, or replacement costs for lost materials.

Insurance and other third party payors will be charged the full cost of each service provided during the client's intensive outpatient program. The Health Department will not receive more than the full cost of services from all payors. However, depending upon the amount of coverage, insurance or third party payments may not necessarily reduce the cost of the intensive outpatient program to the client. Medicaid clients participating in IOP are responsible for any costs not covered by Medicaid, such as urinalysis testing and broken appointments.

February 2, 2009

IV.1.R Drug Court Program. Full cost for Drug Court includes cost of evaluation and admission, urinalysis and Alco Screen testing, and actual cost for each hour of individual, couple, or family counseling (@\$110.00), group session (@\$32.00), and costs of materials. Beginning July 1, 2008, Drug Court clients who qualify for services at subsidized rates are charged on the standard sliding fee scale. UA sample testing for Drug Court clients is \$5.00 per sample, with retesting fees at regular client cost. Drug Court clients will be charged \$5.00 for each case management session.

Charges that may extend above the monthly limit include retesting for positive UA tests, confirmation UA testing from an outside lab, broken appointment charges, or replacement costs for lost materials.

Clients sent by the Drug Court judge to do preliminary evaluation or urinalysis testing prior to being accepted into Drug Court will be charged non-client costs associated with those services.

Insurance or third party payors will be charged the full cost of services. The Health Department will not receive more than the full cost of service from all payors. Depending on the amount of coverage, insurance or third party payments may not reduce the cost of the program to the client. Medicaid clients in Drug Court are responsible for costs not covered by Medicaid, such as urine sample testing and broken appointments.

Successful Drug Court graduates qualify for services at no charge under the parameters listed herein. Drug Court graduates may attend aftercare at any time after graduation. As with any individual, Drug Court graduates may have up to two episodes of service with a counselor. Drug Court graduates may attend individual sessions or groups other than aftercare at no charge, but they must first complete a full intake and be admitted as a client, assigned a counselor, and meet with that counselor monthly. Drug Court graduates may request a urinalysis at \$5.00 per test. If a Drug Court graduate has been arrested or charged since he or she graduated from Drug Court, that person is not eligible for these free or discounted services.

March 14, 2011

IV.1.S Document and Copy Fee. The Division will follow the Health Department Policy in charging a \$15.00 fee for copies of file documents. This fee will not be implemented for infrequent copies of one or two pages. If a request for more copies is made, payment must be received before the copies are released.

April 6, 2009

IV.2 CHARGES AND PAYMENTS

IV.2.A Charges and Encounter Forms. Services are input by the front desk using the encounter forms submitted by staff. Encounter forms must be completed by the employee providing the service. Encounter forms submitted with missing information will be returned for immediate completion. All services must be recorded on an encounter form and entered into CDP. On discharge, the "date last seen" on the discharge summary must match the date of last service in the client data system.

Payment for service is due at the time of the service. If a client is unable to pay for a session, he or she must contact the office to reschedule. If the client cancels 24 hours in advance, the appointment will not be charged. If rescheduling occurs within 24 hours of the appointment, a cost of \$10.00 will be charged. A client who is not seen for more than 30 days is at risk for being discharged from the program for non-compliance, therefore, clients rescheduling more than one appointment consecutively due to finances will be referred to the Director or Deputy Director for a payment arrangement.

Clients must pay or provide proof of payment arrangement to be admitted to each group or individual session. If a client fails to follow through with the agreed arrangement, he or she will be refused services until fees are caught up or a new payment arrangement has been signed. If a client misses a payment, he/she must pay the missed payment and the current payment at the next service, or service will be refused. If a client does not attend a scheduled payment arrangement appointment, services may be refused until a new payment arrangement appointment has been attended.

October 13, 2005

IV.2.B Payments. Payments may be submitted to the office during regular business hours, or made by mail. Payments will be accepted in the form of check, cashier's check, money order, cash, credit card, or certified funds. Two party checks will not be accepted.

April 1, 2003

IV.2.B.i Refunds. In the event a client's fees are waived after payment, or client overpays on his or her account, a refund will be processed. All refunds must be approved by the Director of the Substance Abuse Division.

April 1, 2003

IV.2.B.ii Returned Checks. Returned checks will be charged a \$15.00 service fee. Clients who have submitted a check using insufficient funds may be required to make future payments with some other method of guaranteed payment.

March 1, 2011

IV.2.B.iii Credit Card Payments. All credit card payments must be made in person by the holder named on the credit card. Bear River Health Department will not accept any credit card payment over the phone whether the caller can be verified or not, nor will credit card numbers be accepted by mail.

March 1, 2011

IV.2.B.iv Cash/Money Back. Cash back for change will only be given if the client pays in cash, i.e.: if the client pays for a \$10 appointment with a \$20 bill. Cash back from a credit card or payment by check is not allowed. Payments that have been entered into the cash register must go through the accounting office to be refunded.

March 1, 2011

IV.2.C Encounter/Payment Entry to CDP. The following steps are followed for each appointment.

1. Client checks in at the front desk.
2. Receptionist prints two encounter labels and places them on an encounter sheet and duplicate carbon.
3. The receptionist takes the client's payment, prints a cash register receipt and writes the name of the client on the receipt. One copy of the receipt is given to the client, the other copy is attached to the encounter form. If the client has previously paid for the session or made payment arrangements, he or she must present a receipt or proof of payment arrangement to continue.
4. The encounter sheets are given to the counselor.
5. The counselor meets with the client and marks all applicable services provided to the client; then places the duplicate encounter form in the designated box at the end of each session. The original copy containing the progress note is placed in the client file by the counselor.
6. The receptionist enters the encounter form information into the data system by the end of the business day.
5. Daily, the billing office generates the outstanding encounter list and researches missing encounters. The date on the encounter label and the date of service must be the same, encounter labels cannot be used for services provided on a different day.
6. Daily, the billing office generates a service report of encounters for the previous day and checks it for accuracy. Encounter entry errors are corrected by the billing technician. Service code errors on the encounters are given to the Director for correction.

April 1, 2011

IV.2.C.i Group Check-In. Clients must check in at the front desk prior to attending group. Clients are told to arrive early to allow for any wait time while front desk staff check-in multiple clients. When clients check in at the front desk, they are given a receipt for payment and a group attendance slip for that group only. Clients then give that slip to the employee conducting the group as they enter group. After group, staff returns all the attendance slips to the front desk to compare with the check-in roll to ensure all clients who attended group checked in at the front desk and attended the group after checking in. Clients who enter group without checking in are asked to go to the front desk immediately, or will not be given credit for attending and will be charged for a broken group.

January 5, 2009

IV.2.D Statements. Billing statements will be mailed no later than the 15th of each month, and will reflect charges and payments through the last day of the previous month. Statement balances or monthly payments are due by the first of the month.

April 1, 2003

IV.3 PAST DUE BALANCE COLLECTION PROCEDURES

Delinquent accounts may be referred to outside collection agencies. The client is responsible for collection or legal charges incurred by the Division when pursuing payment of a delinquent account. Referred accounts will be charged a \$15.00 collection fee from the program, along with any interest or fees charged by collection agencies. Clients must be discharged before any referral to a collection agency is made. If the client has been referred by court or probation, the court/probation office will be notified of the discharge and referral to a collection agency.

October 13, 2005

IV.3.A Accounts 30 days past due will receive a (PAST DUE) notice on the monthly billing statement. Clients who have not made a payment in 30 days or more will be required to pay their per session fee or monthly payment before receiving further services. The client will also have the opportunity to discuss his or her situation with the Director or Deputy Director for a payment arrangement.

October 13, 2005

IV.3.B Accounts 60 days past due will be given to the client's counselor if the individual is a current client. These clients will be referred to the Director or Deputy Director before attending their next session to discuss the status of their treatment and make further payment arrangements. Delinquent accounts of 60 days or more will be required to pay their per session fee or monthly payment before receiving further services.

October 13, 2005

IV.3.C Accounts 90 days past due will be turned over for an administrative review with the Director or Deputy Director to determine dismissal or compliance with program billing policies.

October 13, 2005

IV.4. INSURANCE

By state and federal contract, all possible sources of payment will be pursued before the client may qualify for a subsidized rate. These sources may include insurance or other community agencies, in addition to the client's personal income, resources, or family support. A client may refuse to provide access to insurance or other possible payors, however, that client will be required to pay full, actual costs for all services.

Insurance coverage information should be requested at admission, or as soon as possible after coverage takes effect. Upon receipt of a client's insurance information, staff will copy of both sides of the insurance card and immediately forward it to billing with the client name and date of birth clearly marked. Billing will enter the information on registration screens one and two of the computer data system. If a counselor receives insurance information from a client, he or she will immediately forward that information to billing.

Clients are responsible for their per session fee/co-payment. Any delays from third party sources will not release any client from responsibility to pay his or her co-payment before each session. Accounts are adjusted to reflect insurance payments as they are received. If a client has paid his or her costs per session, a completion letter and discharge will not be withheld pending insurance billing or payment.

April 10, 2006

IV.4.A Medicaid When Medicaid eligible, clients must provide all information necessary to bill Medicaid and continue to bring in proof of eligibility each month. Medicaid clients are responsible for costs not covered by Medicaid, such as: UA's, broken appointments, workbooks, or Alco Screen tests. Medicaid clients will be charged a minimum fee for these services and materials.

November 1, 2012

IV.4.B Medicaid Billing for Residential Treatment. In cases where the client is sent to a residential facility under the contract to bill Medicaid through this agency, the client must have an open file during his or her residential stay. The residential provider will forward treatment information to this agency for payment and billing to Medicaid.

October 13, 2005

IV.4.C Insurance Payments. When an insurance payment is received, the check is sent through the Health Department's accounting system and Substance Abuse Division's billing office receives the accompanying Explanation of Benefits form (EOB). The billing technician will enter the payment amount onto the client's account for the date(s) indicated on the EOB, and will transfer the remainder of the balance from the insurance account to the client's account. If the remaining balance is greater than the client's co-pay or per session fee amount, only the co-pay amount will be transferred to the client's balance and the remainder will be adjusted off the client's account. Insurance payment adjustments will be completed by the end of the month in which they are received.

April 10, 2006

IV.4.D Insurance Client Assignment. It is the responsibility of the counselor doing an intake or session to ascertain the specifics of a client's insurance, i.e.: Medicaid, Medicare, or other insurance company, and to determine whether they qualify as a provider. If the counselor is not a provider for a client's insurance, the he or she must immediately transfer the client to an appropriate counselor who is covered to bill insurance. The counselor will review the transfer with the Director according to treatment policy in Section III.

March 1, 2011

IV.5 CONTRACTS

IV.5.A Women's Treatment Funding. Each year, a portion of SAPT grant monies is earmarked for pregnant women and women with dependent children. Vouchers are available and distributed to community agencies that consistently work with this population. Vouchers may be used to cover all or part of the cost of screening and admission for qualified candidates.

Staff may use women's treatment vouchers to cover costs of evaluation and admission if the individual qualifies. Staff will indicate use of the voucher on the payment agreement, encounter form, and will staple the voucher (if available) to the encounter form. Use of women's funding for further reduction in fees is determined by the Director or Deputy Director by request. These changes, if approved, are input in the computer system and documented in the client's file by a new payment agreement.

October 13, 2005

IV.5.B Other Contracts. Any employer or other community agency holding an agreement with the program to provide services at a set cost is billed directly for those services. If the employer or community agency has made arrangements with the client that differ from the standard agreement, the referring agency must notify the program or billing will proceed per the standard agreement.

April 1, 2003

IV.5.C.i Division of Child and Family Services. Individuals referred from DCFS for urine sample testing will pay the non-client UA cost if they are not clients and the client cost if they are current clients. The individual will be responsible to pay for the test before providing the sample. If DCFS is to pay for the test, they will work with their client to provide payment. Bear River Health Department will not bill DCFS, nor reimburse the individual for the cost of the UA. A women's voucher may be applied to the cost of the UA only if the UA is given as part of an evaluation or intake. A release must be signed each time an individual provides a sample for results to be released to DCFS. Results for current clients will be sent by the individual counselor. Results for non-clients will be sent by the lab as the results come in.

April 16, 2010

IV.5.C DORA. Income and ability to pay is taken into consideration when determining the amount and length of time a client is eligible for the use of DORA funding. Services will not be interrupted or withheld in the event the funding is depleted. DORA clients are charged a fee per session based on factors listed for the general population with the following exceptions: Urine samples for DORA clients are \$5.00 per sample. Clients will be reviewed at intake by the DORA coordinator to verify eligibility. Clients who demonstrate a need for further assistance may be approved for further discount by the DORA coordinator. Similarly, clients who demonstrate an ability to pay beyond the standard DORA rates may be responsible for increased costs according to the program's sliding fee scale, not to exceed the full cost of services. The availability of DORA monies is contingent upon the funding source and is not guaranteed for the duration of any client's treatment.

November 3, 2008

IV.6 CLIENT CHANGES

IV.6.A Demographic Changes. It is the client's responsibility to notify the office immediately of any change in address that would affect his/her receiving billing correspondence and statements. Failure to do so will not exempt clients from payments due or stop the collection process. It is the responsibility of the reception staff to verify current demographic and insurance information, and to input demographic changes in the registration screens or immediately inform assigned data reporting staff of changes to demographic screens. Notification of changes concerning client demographics that are received from someone other than the client or client's responsible party must be verified with the client before being implemented.

April 1, 2003

IV.6.B Financial Changes. During the course of treatment, any changes in a client's financial status that may have a permanent affect in fees must be reported to the office immediately by the client or responsible party. The need for adjustments in charges or fee waivers must be discussed with the Director, Deputy Director, or designated staff member and then approved by the Director or Deputy Director. Changes in fees or payment arrangements must be entered and documented in the computer system by data reporting staff. Delays in reporting income changes affecting costs will not guarantee retroactive adjustments to the client's account.

March 5, 2007

IV.6.C Adjustments. Clients have the right to discuss costs with the Director or Deputy Director. These authorized personnel may make adjustments to the client's charges, balance, or cost per session if circumstances warrant. Adjustment to any client account must be approved by the Director or Deputy Director before it is made. Adjustments to accounts due to a client disputing the charge (such as a broken appointment) must be resolved between the client and Director or Deputy Director at the completion of treatment. If an employee error occurs (such as an incorrect service code marked or entered), an immediate adjustment may be made after approval from the Director or Deputy Director.

Only authorized personnel may make any financial or demographic change on the computer system, as follows:

1. income adjustment: counselor and Director/Deputy Director;
2. cost per session: counselor, after approval from the Director/Deputy Director;
3. account balance adjustment: billing office, after approval from the Director/Deputy Director;
4. adjustment to a service entry: billing office, after approval from the Director/Deputy Director;
5. registration screen change (address, phone number): support staff;
6. demographic screen change (Name, SSN, DOB, program or fee change, DSM-IV): assigned data reporting staff.

All changes to any client account must be documented in the client file or billing file, and in the computer system.

March 5, 2007

IV.6.D Program Changes. It is the responsibility of each client's counselor to inform assigned support staff of any client changes in program or services that may affect the billing or data reporting of that client. Examples of applicable changes would be: changes in diagnosis, discharge and readmission due to changing service level or program.

May 8, 2008

IV.6.E Staff Involvement in Billing. Staff will be involved in client fees and billing only to the extent that they are assigned by the Director. No staff, unless expressly authorized, will discuss discounts, write-offs, refunds, or fee adjustments with clients. Under no circumstance will any staff discuss a client's costs with another client.

Any service provided without payment must be approved by the Director, Deputy Director, or designated staff before the service is provided. No staff member can direct the front desk to check-in any client before that approval.

October 6, 2008

IV.6.F CDP Billing Notes. Any fee change, payment arrangement, or adjustment to a client's account in CDP must be notated in the client's note screen in CDP. If a note screen is too full to hold further information, billing will print the screen for file with the client's billing information to make room for more comments.

December 1, 2008

IV.7 SLIDING FEE SCALE

The following chart outlines the sliding fee scale for those who qualify for a reduced, subsidized rate. All fees are assessed based on the ability to pay, taking into account income, dependents, and extreme expenses such as medical bills, garnishments, etc. No individual will be refused

services based on an inability to pay. Per session fees indicated with an asterisk require Director or Deputy Director approval. Deviations from the fee scale require Director or Deputy Director approval.

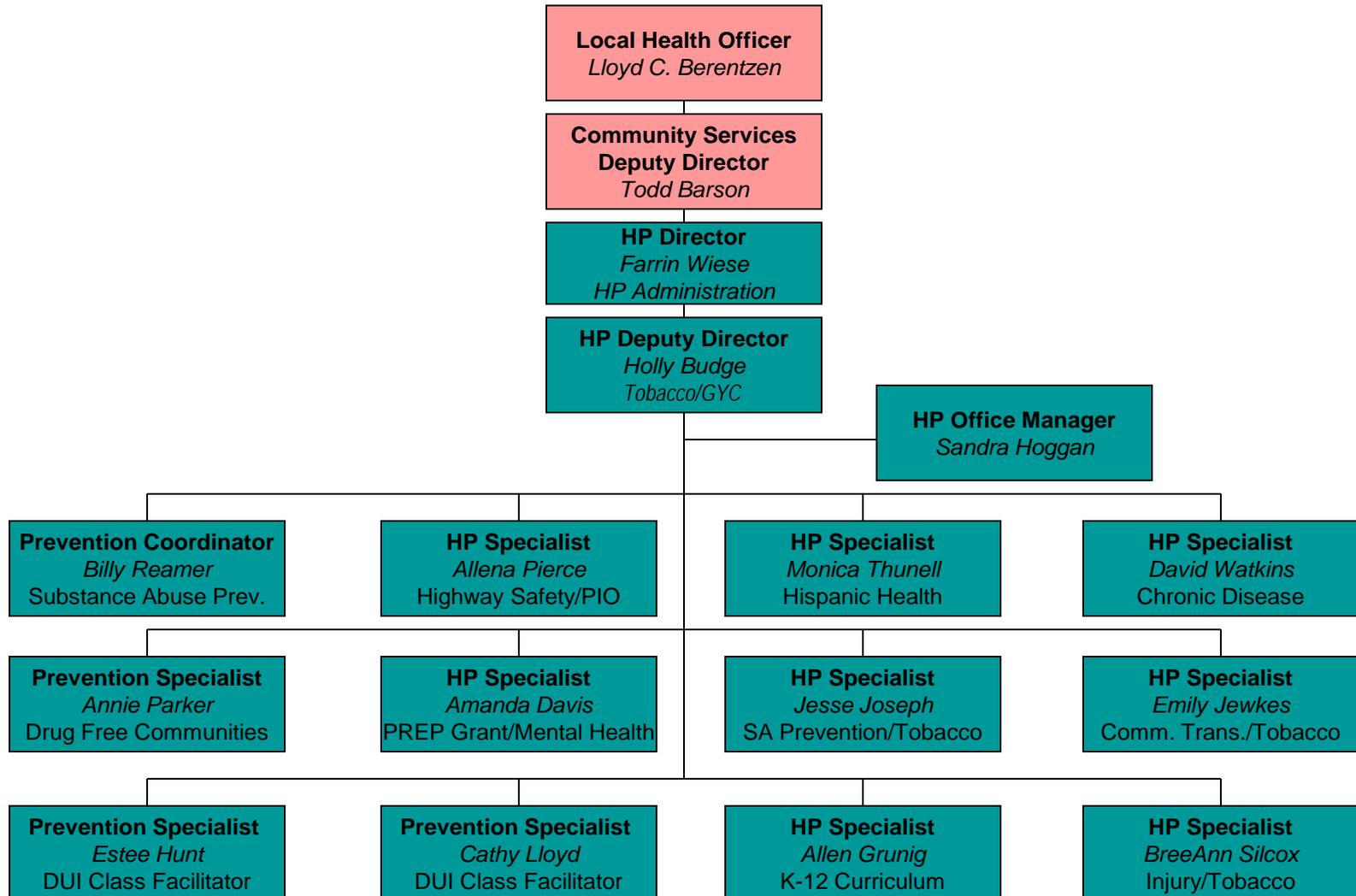
Gross Income Amount	Group	1 Hr. Session
Full Cost:	\$32.00	\$110.00
\$0.00 – 249.99	\$2.00*	\$2.00*
\$250.00 – 499.99	\$5.00*	\$5.00*
\$500.00 – 749.99	\$10.00	\$10.00
\$750.00 – 999.99	\$15.00	\$15.00
\$1000.00 – 1249.99	\$20.00	\$20.00
\$1250.00 – 1499.99	\$20.00	\$25.00
\$1500.00 – 1749.99	\$20.00	\$30.00
\$1750.00 – 1999.99	\$20.00	\$35.00
\$2000.00 – 2249.99	\$20.00	\$40.00
\$2250.00 – 2499.99	\$20.00	\$45.00
\$2500.00 – 2749.99	\$20.00	\$50.00
\$2750.00 – 2999.99	\$20.00	\$55.00
\$3000.00 – 3249.00	\$20.00	\$60.00
\$3250.00 – 3499.00	\$20.00	\$65.00
\$3500.00 – 3749.99	\$20.00	\$70.00
\$3750.00 – 3999.99	\$20.00	\$75.00
\$4000.00 – 4249.99	\$20.00	\$80.00
\$4250.00 – 4499.99	\$20.00	\$85.00
\$4500.00 – 4749.99	\$20.00	\$90.00
\$4750.00 – 4999.99	\$20.00	\$95.00
\$5000.00 – 5249.99	\$20.00	\$100.00
\$5250.00 – 5499.99	\$20.00	\$105.00
\$5500.00 -	\$32.00	\$110.00

September 11, 2008

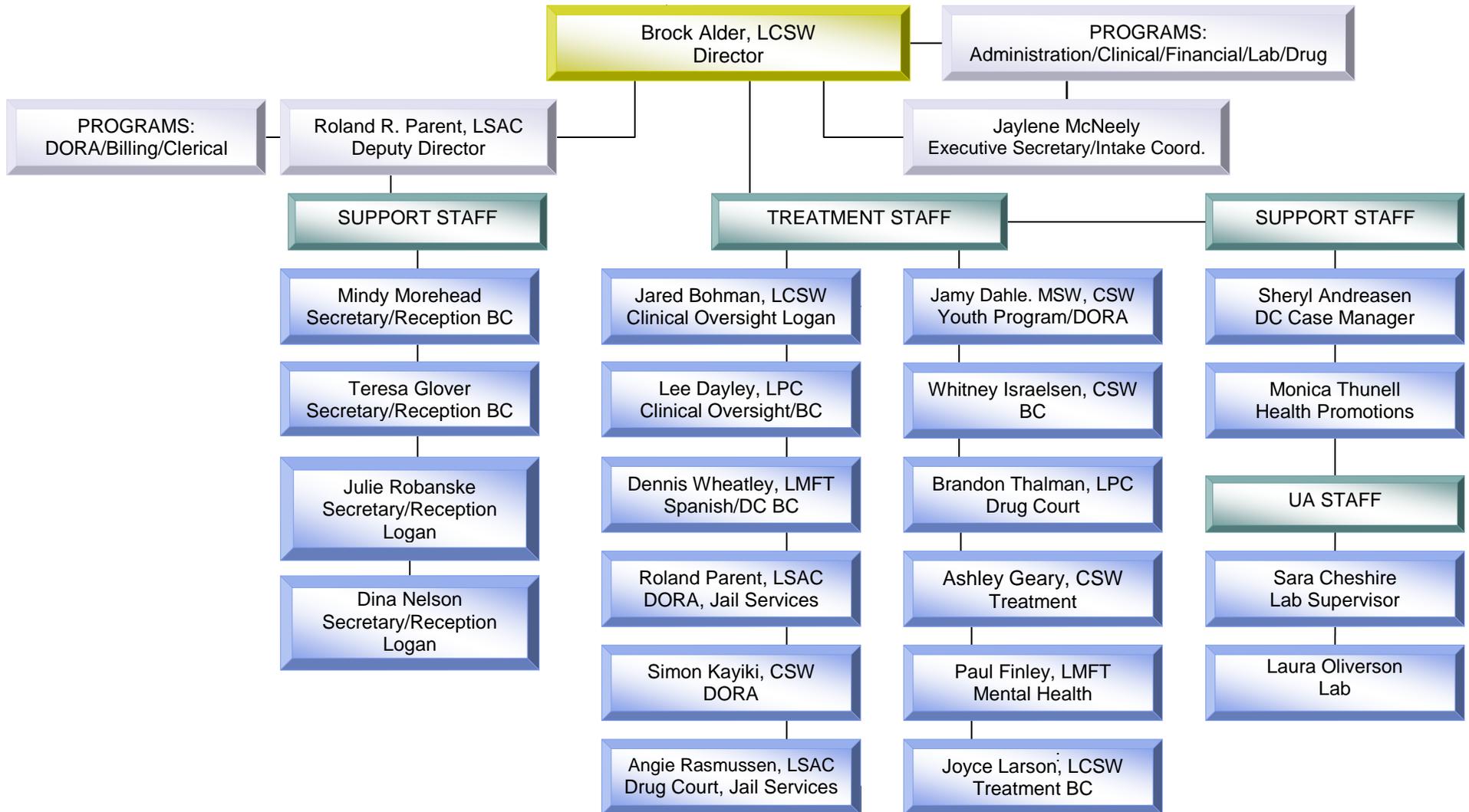
Program 310: Parents Empowered								
LSAA: Bear River Health Department								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Parental Attitudes Favorable toward ASB (Family Domain) Rewards for Prosocial Involvement (Community Domain)	Parents with teenagers between the ages of 12-16 who request Parents Empowered information. Estimated Number Served: 700 people			Develop a P.E. media plan including newspaper, prevention bulletins, and radio (English and Spanish). Send a press release on a quarterly basis to various media outlets. Put an article or print ad in 80% of Prevention Bulletins. Attend at least 3 community events with P.E. information in English or Spanish (using the large P.E. banners), and distribute collateral items that are available and appropriate for event. Purchase and run Parents Empowered Ads on local radio stations. Present the Parents Empowered PowerPoint to at least 3 groups of parents. Plan, implement, and evaluate a 5K/1 mile Parents Empowered race event during October Partner with local PTA boards at our Elementary and Secondary level schools Hours of direct service: 20-40 Number of sessions: 10 Locations: schools, community venues Type of activities: presentations, booths, community events and race	Parental Attitudes Favorable to ASB will decrease by 5% and Rewards for Prosocial Involvement will increase by 5% from 2011 to 2015 in all grades. Parental Attitudes Favorable to ASB (Family Domain) 2011: 38.8% (All Grades) 2015: 33.8% (All Grades) Rewards for Prosocial Involvement (Community Domain) 2011: 62.1% (All Grades) 2015: 67.1% (All Grades)	30 day alcohol use among students in grades 8-12 will decrease by 2%. 2007 (Alcohol) Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0% 2017 (Alcohol) Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2011 SHARP Report	Number of participants Media Reach			Completion of media plan Media contracts Numbers from events, participants, and presentations Parents Empowered Month evaluation forms Number of materials disseminated	BRHD 2015 SHARP Report	BRHD 2017 SHARP Report
Evidence Based	State Evidence-Based Workgroup							

Bear River Health Department Division of Health Promotion

FY 2015



BEAR RIVER HEALTH DEPARTMENT, DIVISION OF SUBSTANCE ABUSE



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

By: 
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: M. LYNN LEASON

Title: COUNTY EXECUTIVE

Date: 4/29/14

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

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LOCAL AUTHORITY

By: Jeffrey D. Scott
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: Jeffrey D Scott
Title: B.E. County Commissioner
Date: 5-1-2014

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

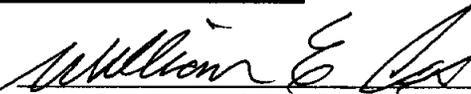
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LOCAL AUTHORITY

By: 
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: William E. Cox

Title: Commissioner

Date: April 1 2014