

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. However, we will provide mental health services to anyone in need IF they do not qualify for treatment at the local mental health provider on a client pay for service basis. We coordinate with and refer to Bear River Mental Health so clients do not receive duplicate 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.

Local Authority:

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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.

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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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$11,590.00

FY16 Amount Budgeted: \$7,125.00

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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 initial needs and expectations of the client and the client's state at time of presentation, and the clinician will begin to build a therapeutic relationship with the client, attempting to provide the client with encouragement, initial relief, an immediate plan of action to generate hope. During the interview, the clinician will conduct a complete DSM-IV diagnostic questionnaire and ASAM criteria crosswalk to determine client need and recommended level of care. The clinician will administer the SASSI (Substance Abuse Subtle Screening Inventory) for youth or adults, and the results will factor into the final recommendation. The clinician will include a suicide assessment, using a State approved suicide assessment tool. The client will provide an initial urine sample to determine a baseline at assessment, and will complete a client history and profile in preparation 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

While we will continue to provide screening and assessment for **all** clients admitted to treatment services, this year we are decreasing our dedicated funding for screening and assessment **ONLY** services. This is due to the fact that most clients who attend a screening/assessment appointment express the desire to continue services at the agency rather than be referred elsewhere. Also, screening and assessment only was underreported in TEDS due to the new EHS system. We have adjusted our system to be able to report screening/assessment only clients in FY16.

Describe any significant programmatic changes from the previous year.

Screening and assessment services will now include a State approved suicide prevention assessment tool for all clients receiving this service. The initial screening write-up submitted to referral sources, has been compacted to allow time for this additional screening, and to permit more time for client appointments and interaction.

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2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)

FY15 Amount Budgeted: \$1,116.00

FY16 Amount Budgeted: \$1,116.00

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, Dr. Edward Redd, will be called in any possible detoxification situation. He will examine 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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. As previously 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 we are fortunate to have the opportunity, with Dr. Redd on staff, to seek his intervention before an individual reaches this level of need.

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3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

FY15 Amount Budgeted: \$90,516.00

FY16 Amount Budgeted: \$49,000.00

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.

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 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 and appropriate licensure. 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. **Current contracted providers are House of Hope and Odyssey House.** 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Due to budget cutbacks and an increase in requests for services provided in-house, we are reducing our allocation for residential care. We will continue to offer residential services to those who are unable to successfully achieve and maintain sobriety and complete treatment at a lesser level of care. As in FY15, 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, or 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.

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4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: \$0.00

FY16 Amount Budgeted: \$0.00

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. Examination and monitoring services are provided as a benefit of the internal cooperation between the Health Department's Division of Substance and Medical Services Division at no additional cost to the client or funding sources.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

We will maintain our level of service from FY15 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.

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5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$1,243,930.00

FY16 Amount Budgeted: \$1,033,582.00

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.

Per ASAM criteria, individuals participating in outpatient care attend 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 an evaluation as described in the screening and assessment section and initial treatment planning. In addition to essential needs identified by ASAM dimensions and in the initial screening and assessment, and requirements of referral sources or programs, recovery plans outline measureable and achievable goals and objectives, and take into account client's motivations, needs and abilities. 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. 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, MRT group, recovery skills group, step group, relapse prevention group, aftercare group, relationship group, life skills group, and anger management group. We have a total of 55 groups available at multiple times to accommodate multiple client schedules. Outpatient care includes specific treatment, tasks, or requirements for specified populations such as women, youth, Drug Court or DORA, which are outlined in designated sections of this plan.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Our projected client counts for FY16 are slightly lower than this FY15 numbers due to changes in referral sources leading to decreases in referrals, and increases in other programs such as IOP.

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. Evidenced based treatment methods such as Integrated Treatment for Co-occurring Disorders, Relapse Prevention Therapy, and MRT will be explored and offered as treatment options.

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

FY15 Amount Budgeted: \$867,037

FY16 Amount Budgeted: \$1,036,811.00

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 for adults and six or more for youth 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 Tuesday through Friday from 8:00 a.m. to 11:00 a.m. in Logan and Brigham City. Youth IOP is held Monday through Thursday between 4:00 and 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. IOP addresses a wide range of issues including physical, mental and emotional effects of substances, triggers, managing emotions, thinking errors, stages of change, and factors that influence life change due to the presence of addiction. While in IOP, clients also meet with their treatment counselor for individual recovery planning. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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 increases in referring sources utilizing this service.

Describe any significant programmatic changes from the previous year.

We have eliminated any waiting time in the assessment for appropriateness of IOP or entering IOP by reducing the IOP group to three hours per day and implementing a "transition group". This new group is held daily for one hour and allows clients to experience an introduction to treatment or a transition from one level of care to another.

Peer support services are now offered in IOP in the form of successfully completing clients attending appropriate groups to offer support, encouragement, and unique perspectives and education.

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7) Recovery Support Services

FY15 Amount Budgeted: \$10,351.00

FY16 Amount Budgeted: \$48,300.00

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 relapse prevention 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 or 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.

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

We have met with and will continue to meet with local agencies that offer housing assistance such as BRAG and CAPSA to coordinate services for those clients requiring help with safe housing. This coordination occurs in treatment staff meetings where other agencies are invited, or in individual staffing meetings discussing specific case needs.

One of our counselors has been asked to be involved in a coalition to create a women's retreat house and a men's sober house in the Logan area. These houses will be modeled after two successful Weber County houses. Resources are being formally set up and an implementation team is being organized.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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.

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8) Drug Testing

FY15 Amount Budgeted: ---

FY16 Amount Budgeted: \$225,000.00

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

Drug testing is an integral part of treatment, and clients may be required to provide random or scheduled urine samples to document clean time. Urine samples are collected at any treatment office location: 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 sample collection hours are designated throughout the day, Monday through Friday, and random Saturdays and Sundays. If an individual needs to provide a sample at other times during the day, accommodations can be arranged.

Clients in treatment may provide regularly scheduled UA's or could be placed in the random urine sample system by their individual counselor, and individual counselors have authorization to require additional testing on a case-by-case basis, scheduled or random. When a urine sample is required by a referral source, the client must provide the sample to be compliant in treatment. Self-referred clients struggling to provide samples will be staffed by their individual counselor to determine a course of action. Many clients are assigned a color and must be prepared to provide random urine samples Monday through Saturday of each week, unless otherwise determined by their counselor and approved by supervision. Each morning, colors are recorded on a specified phone message line, used by all clients assigned a color. Clients are to call the number each morning to learn the day's colors and whether a sample is required that day. If a client's color is called, he or she must provide a sample that day. Clients assigned to a color that has not been called by Friday of any week must provide a UA on Friday.

The Health Department lab is certified using Dade Behring equipment and procedures. Samples may also be sent to a contracted outside lab for testing result verification, testing at a higher level, or upon client request. Currently, samples are sent to Redwood Labs, a certified lab located in California. Specific procedures are in place regarding urine sample collection and observation, sample storage, handling and chain of custody, sample testing and recording, and handling and retesting positive samples. Discussions and consequences for clients testing positive while in treatment will be handled by the client's individual counselor. Clients who continually test positive will be staffed with supervision to determine a course of action in the best interest of the client.

As a community service, urine sample testing is provided for requesting individuals or community agencies such as probation offices and local schools.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Drug testing has not previously been recorded as a separate budget line item, therefore the increase indicated is due to new budget reporting requirements.

Describe any significant programmatic changes from the previous year.

No specific programmatic changes are anticipated.

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9) 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 also review schedules, frequency, availability, need and attendance numbers of our services including assessments, individual sessions, classes, groups, and outside services to make sure we are effectively providing the most service in the time available.

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 trained in MRT, and more are due to be trained. Staff have been tasked to research training for other evidenced based practices and will be trained as options are available. Assigned staff regularly attend state meetings and retrieve information regarding evidence based practices and funding requirements or new trends. 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 cooperatives, and explore options to enhance our services to meet client need within budget constraints.

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10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility

FY15 Amount Budgeted: ---

FY16 Amount Budgeted: \$1840.00

FY16 SAPT Funds Budgeted: \$1840.00

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. Feedback from clients entering treatment after attending one of these groups in jail has been positive, proving this to be a valid precursor to 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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. As a new line item on this year's budget, the amount allocated will show as an increase this year.

The dollar amount indicated above includes scheduled groups taught directly at jail facilities, and involves a minimal cost for staff time as all other costs such as building and overhead are provided by the jail. Jail clients receiving services at the Health Department, such as those released for IOP are incorporated in the budget under the services they receive. We do not separate clients who are attending sessions at Health Department facilities, such as IOP, into "jail" and "non-jail".

We are currently working with Chad Jensen, Cache County Sheriff regarding expanding our services in the Cache County Jail by adding at least two additional groups per week, using MRT and Prime for Life curriculum on a fee for service basis.

Describe any significant programmatic changes from the previous year.

There are no significant program changes from the previous year.

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11) Integrated Care

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

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. We are actively involved in 1st District Mental Health Court, with staff attending committee meetings, court, working directly with the judge, probation, and Bear River Mental Health to ensure comprehensive services are provided.

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. Men and 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 Medicare or other insurance, 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 or the DOWD program through AP&P.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

We currently have staff trained and are conducting Recovery Plus tobacco cessation groups as needed, both adult and youth. The Health Department's Health Promotions Division also offers tobacco cessations courses on a regular basis. These services are 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 if desired by the client is part of the individual's recovery plan. By policy, tobacco use is not allowed on any Bear River Health Department grounds, and notices of such policies are clearly posted at all facilities.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$716,494.00

FY16 Amount Budgeted: \$779,652.00

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 residential care. 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.

Treatment for women includes objectives and interventions focused on gender specific topics and actions, including trauma informed care, parenting and child care issues, relationships, and treatment to include children. We work with CAPSA (Citizens Against Physical and Sexual Abuse), BRAG, DCFS, Bear River Health Department’s Nursing and Health Promotions Divisions, and Bear River Mental Health to offer our clients the benefit of cooperative programs.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Our projected client counts for FY16 are consistent the current year's projections **as women in treatment has consistently averaged 35%.**

Describe any significant programmatic changes from the previous year.

This year we will explore gender specific evidence based practices, acquiring training for staff, and implementing EBP into our women’s programs.

We are working with Adult Probation & Parole to implement a group specifically for women using Hazeldon’s *Moving On: A Program for At-Risk Women* curriculum. This evidence based curriculum provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources and draws on relational theory and cognitive-behavior therapy. This program will be presented as an open group that allows for continuous entry and completion.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$105,455.00

FY16 Amount Budgeted: \$107,841.00

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 residential care. Youth screening and assessment is conducted as outlined in the screening and assessment section of this plan, TO include the youth SASSI. Youth outpatient services consist of individual and group sessions, and all youth are assigned an individual counselor to work with throughout their treatment. Youth groups include IOP, youth group, anger management, and tobacco cessation. Youth outpatient and IOP groups focus on adolescent issues such as peer support and pressure, behavior and consequence, goal setting, as well as substance abuse and addiction education, recovery skills and planning. Parents and families are involved in treatment as appropriate and as much as possible. Designated staff attend juvenile justice services meetings regularly to coordinate services and ensure youth have access to all available community service options. Our cooperation with local juvenile courts and probation also ensure that our services meet the requirements youth involved in their systems must accomplish.

Describe efforts to provide co-occurring services to adolescent clients.

At intake, youth are assessed for co-occurring disorders, and if needed appropriate mental health services are incorporated into the recovery plan. Our cooperation with other agencies such as Bear River Mental Health extends to youth in treatment.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Our projected client counts for FY16 are consistent the current year's projections.

Describe any significant programmatic changes from the previous year.

As with adult services, we will explore available evidenced based practices and provide appropriate training and program implantation to enhance our youth services.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$352,091.00

FY16 Amount Budgeted: \$226,485.00

FY15 Recovery Support Budgeted: \$10,351.00

FY16 Recovery Support Budgeted: \$33,420.00

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.

The First District Drug Court adheres to all requirements for Felony Drug Courts. Drug Court clients are offered access to all treatment services provided directly through the Substance Abuse Division described in the services listed above, 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. Intake includes the screening and assessment required for all substance abuse clients in addition to the RANT required by Drug Court rules. 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. If needed, medication management is provided as described in the medication management section of this Form, and if funding is available. 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.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

This coming fiscal year, we expect to serve the maximum number of Drug Court participants allowed. No decrease in Drug Court admissions is expected this year. Recovery support services increased this year as we now understand which services we can include in this category.

Describe any significant programmatic changes from the previous year.

We now offer MRT groups for Drug Court clients as part of treatment as appropriate. We have also offer peer support in the form of Drug Court graduates attending suitable groups to encourage and help educate new Drug Court participants. We will explore, train staff and implement evidenced based practice options applicable to Drug Court clients.

Describe the Recovery Support Services you will provide with Drug Court RS funding.

Drug Court clients are offered access to all recover support services described in the Recovery Support section such as: relapse prevention, recovery skills, aftercare and women's groups, individual sessions that focus on the development of a relapse prevention plan and building a support system, episodes of service sessions with individual counselors after discharge.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

Local community agencies met in April to develop a District I JRI team. Our final JRI team will include Brock Alder, Division Director of the Bear River Health Department, Division of Substance Abuse; Reed Ernstrom, Director, Bear River Mental Health; Craig Buttars, Cache County Executive; Jeff Scott, Box Elder County Commissioner; Bill Cox, Rich County Commissioner; First District Court Judge Thomas Willmore; Logan City Court Judge David Marx; D. Chad Jensen, Cache County Sheriff; Kevin Potter, Box Elder County Sheriff; Northern Region Adult Probation and Parole Supervisor Kirk Lambert; James Swink, Cache County Attorney; and Stephen Hadfield, Box Elder County Attorney. Lloyd Berentzen, Director, and Todd Barson, Deputy Director of the Bear River Health Department, and Dennis Kirkham and Rob Johnson of Bear River Mental Health also attended the initial JRI meeting held in April.

Brock Alder has spoken with Reed Ernstrom at Bear River Mental Health regarding the next meeting, which will be scheduled as soon as possible. Brock has also spoke at length with Judge David C. Marx, of Logan City Justice Court regarding a Misdemeanor Drug Court. Brock visited Judge Ruben J. Renstrom of Riverdale Justice Court on July 2, 2015, to discuss their Misdemeanor Drug Court program.

Our intent is to use this funding:

- for a Misdemeanor Drug Court,
- to fund our Felony Drug Court more fully, and
- to hire a case manager.

Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

We plan to implement a treatment program specifically for individuals involved in the justice system to access treatment and other resources using evidence based treatment including: Moral Reconation Therapy (MRT), cognitive behavioral therapy (CBT), integrated treatment for co-occurring disorders, relapse prevention therapy, Hazeldon's Moving On: A Program for At-Risk Women, and Prime for Life. Screening and assessment tools will integrate our initial face-to-face clinical interview, completing a DSM-IV diagnosis and ASAM criteria crosswalk to determine client need and recommended level of care, administration of the SASSI (Substance Abuse Subtle Screening Inventory) and RANT. The clinician will include a suicide assessment, using a State approved suicide assessment tool. The client will provide an initial urine sample to determine a baseline at assessment, and will complete a client history and profile. Ongoing assessment will continue during follow-up sessions as the client and counselor develop the treatment plan. Implementation of screening and assessment will be smooth as these tools and processes are already in use. We are currently working with Chad Jensen, Cache County Sheriff regarding expanding our services in the Cache County Jail by adding at least two additional groups per week, using MRT and Prime for Life curriculum. This cooperation between treatment, prevention, justice and legal system staff will allow the client to be involved in activities tailored for his or her recovery, while under supervision and handling court or probation requirements. We hope to reduce costly sanctions, while supporting the client's movement through probation and treatment at a progressive pace.

Identify your proposed outcome measures.

Outcome measures will include length of time in treatment, successful completion rates, reduced sanctions and increased rewards. We look forward to clarification and guidance from DSAMH and will actively participate on the Performance Development Committee.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: \$180,898.00

FY16 Amount Budgeted: \$156,513.00

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Our local planning and implementation team includes: Brock Alder, Directory, Bear River Health Department, Division of Substance Abuse; Roland R. Parent, DORA Coordinator, Bear River Health Department, Division of Substance Abuse; Kevin Allen, First District Court Judge; Kirk Lambert, Supervisor, Logan Adult Probation and Parole; Barbara Lachmar, Prosecuting Attorney, Cache County; Kevan Penrose, Probation Officer, Adult Probation and Parole; Jim Campos, Probation Officer, Adult Probation and Parole; Bernie Allen, Defense Attorney, Box Elder; Steve Hadfield, Prosecuting Attorney, Box Elder, Brandon Thalman, Substance Abuse Counselor, Bear River Health Department.

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

We anticipate approximately 48 clients served in DORA funded treatment throughout FY16 with 26 of the clients currently enrolled in DORA to be carried over into FY16.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

DORA clients are offered access to the full continuum of services available through the Substance Abuse Division, including: Treatment at ASAM Levels I, II.1, II.D, III; random UA testing through the color system; ancillary services; and women's case management sessions. DORA clients attend a hand-off meeting with treatment and probation personnel at the start of their program for orientation as to the expectations of the program. Outpatient treatment and case management services are provided directly at Health Department facilities. Residential care, if needed, is provided through State approved contracted providers. If needed, and if funding is available, medication management may be provided.

Individuals admitted as DORA clients complete an assessment, evaluation and intake process, to be used with the LSI-R to determine eligibility and treatment needs. Assessment tools include a DSM-IV diagnostic and ASAM placement criteria interview, a Substance Abuse Subtle Screening Inventory (SASSI), and a client profile which gathers further information related to use, medical, legal and employment history, family and/or social issues, and readiness for change.

Local Authority: Bear River Health Department, Division of Substance Abuse

16) Drug Offender Reform Act (Cont.)

During treatment, counseling staff continue to assess level of care according to ASAM criteria, client need and motivation. The client and counselor create and continually update individualized recovery plans to respond immediately to changes in the client's progression and problems that may arise. Client discharge summaries are required to be completed in a timely manner and to contain necessary information required by mandates. Treatment services outlined below are indicated by ASAM level or ancillary services.

1. ASAM Level I: Outpatient Services

Individuals meeting ASAM criteria for Levels I and 0.5 outpatient care participate in up to nine (9) hours per week of face-to-face individual, group or family counseling and/or education. Initial and ongoing assessment and evaluation determines individualized level, frequency, and length of treatment. Clients meet regularly with their treatment counselor and may attend one or more groups during the course of treatment. During outpatient group sessions, the client to staff ratio will average 8 to one and will not exceed licensure requirements.

2. ASAM Level II.1: Intensive Outpatient Services

IOP is a highly structured program consisting of a minimum of 9 hours per week of individual and group counseling sessions for a minimum of four consecutive weeks. In addition to group sessions, clients meet with their counselor individually. Initial and ongoing screening and assessment determines level, frequency, and length of treatment. Upon completion of the intensive program, clients attend weekly individual and group sessions for the duration of treatment, based on client progress and need.

3. ASAM Level II.D: Ambulatory Detoxification with Extended Onsite Monitoring

Clinically monitored ambulatory detoxification by referral to appropriate detoxification facility, under the supervision of the Bear River Health Department Medical Director. Individuals receive medical services, such as: monitoring signs of withdrawal and vital statistics, medication management, and family education/intervention. Length is short-term, until the individual's physical condition has stabilized. When an individual is assessed by medical personnel as requiring social detoxification, that recommendation and action is indicated in the referral. This service is provided as needed on a 24-hour basis. Requests for detoxification services outside regular office hours are referred through our on-call crisis staff.

4. ASAM Level III: Residential Treatment

Clinically managed residential program provided by referral through Utah residential facilities that document State accepted treatment criteria and procedures. While in residential treatment, clients participate in treatment addressing legal, social, and personal consequences of substance use, develop recovery tools, and practice a sober lifestyle. Approved programs provide treatment in the form of group and individual sessions, accompanied by support groups, individual study time, and drug screenings. Additional support in the form of monitored medical management provided by qualified medical personnel may accompany higher levels of residential service. Assessment and evaluation is done by Bear River Health Department before a referral is made to the appropriate facility and level of service.

5. Ancillary Services

In addition to substance abuse treatment services, other related services are offered, which may include counseling services such as: life skills education and counseling; anger management education and counseling; relationship, communication and stress management counseling and education; mental health evaluation and limited treatment; education and/or vocational counseling; and parenting skills counseling.

6. Drug Screening

As a standard stipulation of treatment, clients are required to submit to regular and/or random urinalysis testing. Random testing is generally done through a color system method in which clients assigned a color are required to call the office daily to see if they must supply a sample that day. Our Logan facility houses a laboratory equipped with Dade Behring testing machinery utilizing EMIT principle technology. Staff members responsible for conducting testing have been certified, with documentation in the lab. Our policies and procedures clearly define the processes of sample collection, chain of custody, and consequences of positive or invalid sample submission.

4. Evidence Based Treatment: Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

We are in the process of researching, acquiring programs, and training staff to provide evidence-based treatment options. We currently provide Moral Reconciliation Therapy (MRT) to appropriate clients, and are looking at several other EBP options.

DORA hand-off and orientation includes a discussion between treatment and probation staff and the client regarding all DORA expectations, giving clients a clear understanding of their requirements. During assessment and treatment planning sessions, clients and counselors work together to identify the client's individual need and develop appropriate, measurable goals and treatment interventions. Treatment is not limited to substance abuse issues, thus treatment plans may integrate a diverse mixture of objectives and modalities that address individual client goals and issues. Identified needs that require outside services will be addressed through referral and coordination within the Health Department or other community service providers. Examples within the Health Department include, but are not limited to: medical services, TB, HIV/AIDS, or Hepatitis testing, nutritional education, or immunization assistance. Life Skills and Anger Management groups are offered to DORA clients struggling with these concerns. Proper releases are required to allow treatment, probation and judicial staff to work together to address criminal behaviors, and implement clear rewards and sanctions appropriate as clients progress through the program. Recovery skills implementation, relapse prevention, and aftercare planning is a necessary step before completion of the DORA program.

Average length of stay for outpatient treatment will be six months to one year. Intensive outpatient clients generally remain in treatment for one year or more. This has been a standard for our agency according to each client's needs. Actual client duration is subjective to the individual client need and progress.

5. Budget Detail and Narrative Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel	
Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.	
Total Personnel Costs	\$109,856.00

Brock Alder, Division Director, 15% FTE, \$728,229 DORA salary + benefits.
 Roland Parent, Division Dep Director/DORA Coord, 75% FTE, \$65,312 DORA salary + benefits.
 Brandon Thalman, Treatment Worker, 20% FTE, \$12,560 DORA salary + benefits.
 Jaylene McNeely, Intake Coordinator, 10% FTE, \$3,280 DORA salary + benefits.
 Suzanne Anderson, Billing Technician, 15% FTE, \$2,379 DORA salary + benefits.
 Laura Oliverson, Lab Technician, 15% FTE, \$3,611 DORA salary + benefits.
 Bear River Health Department Administration, \$13,241, 17% allocated salaries.

Contract Services	
Briefly describe the Contract Services you will pay for with DORA funding.	
Total Contract Costs	\$14,000.00

Costs allocated to contracted residential treatment services for six DORA clients.

Equipment, Supplies and Operating (ESO)	
Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.	
Total ESO Costs	\$31,774.00

ESO includes:
 Percentage of total salaries allocated to cover utilities, facilities maintenance: \$5,388.00
 Percentage of total salaries allocated to cover office consumables, equipment cost and maintenance, furniture, mailing expenses, software, and communication: \$4128.00
 Percentage of total salaries allocated to cover premiums paid for liability, vehicle, and property insurance, rents: \$910.00
 Percentage of total salaries allocated to cover costs associated with annual independent audit, collections, costs associated with returned checks: \$770.00 (Calculated at total salaries x 1.10%.)
 Conference fees for program staff: \$700.00
 Cost allocated to offset lab fees and costs for urinalysis testing: \$17,878.00
 Amount allocated to cover qualifying medical expenses for DORA clients: \$2000.00

Travel/Transportation	
Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.	
Total Travel/Training Costs	\$ 883.00

Includes \$420 in vehicle maintenance and \$463 in mileage.

Total Grant	\$156,513.00
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Local Authority: Bear River Health Department, Division of Substance Abuse

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.

During the summer of 2014 NUSAPT completed a community readiness assessment specific to youth marijuana use in Cache County. The assessment was completed using the Tri-Ethnic Center's Community Readiness Workbook as a guide. The results of the assessment will be used to help the coalition better address the issue youth marijuana use in the community.

NUSAPT also completed a youth alcohol use community readiness assessment in the winter of 2015. This assessment was also specific to Cache County and used the Tri-Ethnic Center's Community Readiness Workbook as a guide. The results will be used in a similar way.

This assessment, including assessing the community capacity to address youth marijuana and alcohol, 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.

Local Authority:

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.

Local Authority:

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 (NUSAPT) (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.

NUSAPT is in the process of using its recently completed community readiness assessments (marijuana, and alcohol) to increase the community's readiness to support and implement appropriate evidence-based policies, programs, and practices.

Local Authority:

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.

Local Authority:

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.

Local Authority:

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Local Authority:

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2015 and describe why they were discontinued.

Logic model 360: Drug Free Communities, which had been used to help fund and support the NUSAPT coalition and its activities has been removed because the grant funding had expired and NUSAPT's was not awarded additional funds with its new grant application in the fall of 2014.

Logic model 330: GYC, has been removed in anticipation of it being funded through another source.

The 361 logic models have been combined with the 370 logic models. The 361 programs were originally made when the DFC grant was awarded to the health department and were specific to each county, since that funding has ended it no longer makes sense to separate out each county from the other two counties.

Local Authority:

Form C – Substance Abuse Prevention Narrative

8) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

Mental health, substance abuse treatment, substance abuse prevention, sheriff's office (Box Elder/Cache county), county attorneys (Box Elder/Cache), Box Elder County Commissioner, Cache County Executive, courts, probation, and jails in both counties.

The BRHD has decided this is for treatment services

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

The plan will be to provide a transition specialist to support offenders as they transition back into the community. This might involve linking to employment services, health services, housing services, treatment services and other reentry services as needed. Offenders would also be assessed and placed into parenting classes, and Prime for Life classes.

This is for treatment services

Identify your proposed outcome measures.

Measures will include number of individuals contacted, number of services participated in, crime reduction and ultimately a reduction in recidivism.

This is for treatment services

Local Authority:

Program 310: Parents Empowered		Cost: \$10,473		Evidence Based: State Evidence-Based Workgroup				
LSAA: Bear River Health Department		Tier Level: 3						
	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)	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

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320: Professional Development Trainings		Cost: \$52,306 (all 320 programs)	Evidence Based: State Evidence-Based Workgroup					
LSAA: Bear River Health Department			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p> <p>Reduce 30 day inhalant use among students in grades 6-8.</p>	Parental Attitudes Favorable toward ASB	<p>First year teachers in Cache, Logan, Box Elder, and Rich School Districts</p> <p>FY2016 (Goal): 50 teachers & 40 afterschool teachers (based on new hires)</p>			<p>BRHD will invite all new teachers, if any, to attend trainings K-8 provided by USOE.</p> <p>BRHD will provide training opportunities for each health teacher in the 9-12 grades. Each afterschool site will be invited to participate in PD training for afterschool staff (2). Each elementary and secondary school will have an assigned contact to act as a liaison between the school and the Bear River prevention staff. The contacts will be required to provide a monthly report concerning PD lessons taught in their schools and fulfill other objectives developed from BRHD or USOE.</p> <p>Hours of direct service: 30 Number of sessions: 5 Locations: Cache, Logan, Box Elder Districts Type of activities: Teacher Trainings</p>	<p>Parental Attitudes Favorable toward ASB will decrease by 5% from 2011 to 2015 in all grades.</p> <p>Parental Attitudes (All Grades): 2011 38.9% 2015 33.8%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 2%.</p> <p>Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.</p> <p>30 day inhalant use among students in grades 6-8 will decrease by 1%.</p> <p>2007 Alcohol: Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%</p> <p>Marijuana: Grade 10: 4.2% Grade 12: 2.8%</p> <p>Inhalants Grade 6: 2.0% Grade 8: 3.3%</p> <p>2017 Alcohol: Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%</p> <p>Marijuana: Grade 10: 4.7% Grade 12: 3.3%</p> <p>Inhalants: Grade 6: 1.0% Grade 8: 2.3%</p> <p>Inhalants Grade 6: 2.0% Grade 8: 3.3%</p> <p>2017 Alcohol: Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%</p> <p>Marijuana: Grade 10: 2.2% Grade 12: 0.8%</p> <p>Inhalants: Grade 6: 1.0% Grade 8: 2.3%</p>
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2011 SHARP Report	Numbers of participants Self-report from school contacts concerning number of new teachers			Number of teachers trained Training Pre/Post Survey Number of lessons taught	BRHD 2015 SHARP Report	BRHD 2017 SHARP Report

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320: Classroom Services		Cost: \$52,306 (all 320 programs)	Evidence Based: State Evidence-Based Workgroup					
LSAA: Bear River Health Department			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p> <p>Reduce 30 day inhalant use among students in grades 6-8.</p>	Attitudes Favorable toward ASB, Peer/Individual Domain	K-12 student population in Cache, Logan, Box Elder, and Rich School Districts. The primary focus will be on grades 6,7, and 8.			<p>During the 2015-2016 school year, school based resources will be provided for all BRHD schools by providing services which enhance or support existing drug prevention activities. 65% of all activities will be based on risk and protective factors.</p> <p>During the 2015-2016 school year a minimum of 10 services, classroom presentations, equipment, etc. for a minimum of 1 high school and 6 middle school classes will be provided in the BRHD school districts upon request from the school.</p> <p>Hours of direct service: 236 Number of sessions: 236 Locations: Logan, Cache, Rich, Box Elder School Districts School Presentations Type of activities: Classroom presentations, PD Lessons Presentations</p>	<p>Attitudes Favorable toward ASB will decrease by 5% from 2011 to 2015 in all grades.</p> <p>Parental Attitudes (All Grades): 2011: 22.7% 2015: 17.7%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 2%.</p> <p>Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.</p> <p>30 day inhalant use among students in grades 6-8 will decrease by 1%.</p> <p>2007 Alcohol: Grade 8: 5.1%; Grade 10: 13.5%; Grade 12: 9.0%</p> <p>Marijuana: Grade 10: 4.2%; Grade 12: 2.8%</p> <p>Inhalants Grade 6: 2.0%; Grade 8: 3.3%</p> <p>2017 Alcohol: Grade 8:3.1%; Grade 10:11.5%; Grade 12:7.0%</p> <p>Marijuana: Grade 10: 4.7%; Grade 12: 3.3%</p> <p>Inhalants: Grade 6: 1.0%; Grade 8: 2.3%</p>
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2011 SHARP Report	Number of students reached from attendance sheets as well as number and grade levels of classes taught			<p>Lessons taught from the curriculum</p> <p>Number of students reached</p> <p>Number of courses taught</p>	BRHD 2015 SHARP Report	BRHD 2017 SHARP Report

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325: Question Persuade Refer		Cost: \$19,12		Evidence Based: SAMHSA's National Registry of Evidence-Based Programs and Practices (February 2013)				
LSAA: Bear River Health Department		Tier Level:						
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	<p>Reduce 30 day alcohol use among students in grades 6-12.</p> <p>Limit increases in 30 day Marijuana use among students in grades 10-12.</p> <p>Reduce 30 day use of prescription sedatives among students in grades 6-12.</p>	<p>Depressive Symptoms (Box Elder County)</p> <p>Low Neighborhood Attachment (Box Elder County)</p>	<p>Brigham City community over the age of 18.</p> <p>2015: 15 presentations, 12 locations</p> <p>2016 goal: 15 presentations, 10 locations</p>			<p>Provide QPR gatekeeper training (how to question, persuade and refer someone suicidal to professional help) to at least 15 various community organizations/groups.</p> <p>Assist and coordinate pool of local QPR presenters.</p> <p>QPR gatekeeper training presentation is approximately 1.5 hours in length.</p> <p>Hours of direct service: 22.5 Number of sessions: 15 Locations: Box Elder County Schools and community organizations Type of activities: Training presentations</p>	<p>Depressive Symptoms in Box Elder County will decrease by 5% from 2011 to 2015 in all grades.</p> <p>Low Neighborhood Attachment in Box Elder County will decrease by 5% from 2011 to 2015 in all grades.</p> <p>Depressive Symptoms 2011: 33.2% 2015: 28.2% (All Grades)</p> <p>Low Neighborhood Attachment 2011: 32.7% 2015: 27.7% (All Grades)</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 2%.</p> <p>Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.</p> <p>30 day inhalant use among students in grades 6-8 will decrease by 1%.</p> <p>30 day prescription drug abuse will decrease by 1%.</p> <p>2007 Alcohol: Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%</p> <p>Marijuana: Grade 10: 4.2% Grade 12: 2.8%</p> <p>Inhalants: Grade 6: 2.0% Grade 8: 3.3%</p> <p>Prescription Narcotics: Grade 12: 1.8%</p> <p>2017 Alcohol Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%</p> <p>Marijuana Grade 10: 6.7% Grade 12: 5.3%</p> <p>Inhalants Grade 6: 1.0% Grade 8: 2.3%</p> <p>Prescription Narcotics Grade 12: 0.8%</p>
Measures & Sources	BRHD 2007 SHARP Report	Box Elder SD 2011 SHARP Report	BRHD Progress Report Attendance Records		Evaluation Forms Attendance Records	Box Elder School District 2015 SHARP Report	BRHD 2017 SHARP Report	

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343: Parenting Wisely		Cost: \$4,655	Evidence Based: SAMHSA's National Registry of Evidence-based Programs and Practices					
LSAA: Bear River Health Department			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p>	<p>Parental Attitudes Favorable toward ASB</p>	<p>Parents referred by CAPSA (Domestic Violence Shelter) and BRHD Treatment</p>			<p>Offer the Parenting Wisely computer-based curriculum to clients at three sites (BRHD-Logan, BRHD-Brigham, and CAPSA). Provide materials to offer program at YCU in Brigham City.</p> <p>Instruction time is about 3 hours. Participants will take a pre/post test and survey. All participants who complete the program receive a \$20 grocery gift card. Provide curriculum to at least 20 parents.</p> <p>Hours of direct service: 60 Number of sessions: 20 Locations: BRHD Logan, BRHD Brigham City, CAPSA Type of activities: Parenting Wisely computer-based program</p>	<p>Parental Attitudes Favorable toward ASB will decrease by 5% from 2011 to 2015 in cumulative score.</p> <p>Parental Attitudes 2011: 38.8% 2015: 33.8% (All Grades)</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 2%.</p> <p>Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.</p> <p>2007 Alcohol: Grade 8: 5.1%; Grade 10: 13.5%; Grade 12: 9.0%</p> <p>Marijuana: Grade 10: 4.2%; Grade 12: 2.8%</p> <p>2017 Alcohol: Grade 8: 3.1%; Grade 10: 11.5%; Grade 12: 7.0%</p> <p>Marijuana: Grade 10: 6.7%; Grade 12: 5.3%</p>
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2007 SHARP Report 2007 Archival Indicators Report (Bach Harrison)	NUSAPT roster Meeting agendas and roles Number of coalition meetings attended			<p>NUSAPT roster Meeting agendas and roles</p> <p>Number of coalition meetings attended Number of community members involved in the events Annual satisfaction survey</p>	Cache County 2015 SHARP Report	BRHD 2017 SHARP Report

350: Northern Utah Substance Abuse Prevention Team		Cost: \$44,263 (all 350 programs)	Evidence Based: Follows SPF model. Links to evidence based programs such as SHARP, Parents Empowered, All Stars, and Parenting Wisely					
LSAA: Bear River Health Department			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p> <p>Reduce 30 day inhalant use among students in grades 6-8.</p> <p>Reduce 30 day narcotic prescription drug abuse among students in grade 12.</p>	<p>Poor Family Management</p> <p>Community Rewards</p>	<p>About 25 community members who represent a diverse population and have access to the 12 sectors of the community.</p>			<p>Conduct bi-monthly NUSAPT meetings.</p> <p>During FY2012, NUSAPT will implement at least one underage drinking activity, one inhalant activity, and reassess the Prioritized Risk Factors using the 2011 SHARP Report.</p> <p>NUSAPT will also educate the community on SHARP, possible groups to educate: Board of Health, GYC, School Boards, Hispanic Health, and Substance Abuse Division.</p> <p>Hours of direct service: 36 Number of sessions: 18 Locations: Cache County Agencies Type of activities: Coalition and workgroup Meetings</p>	<p>In Cache County, Poor Family Management will decrease by 5% from 2011 to 2015.</p> <p>In Cache County, Community Rewards will increase by 5% from 2011 to 2015.</p> <p>Poor Family Management 2011: 29.4% 2015: 24.4% (All Grades)</p> <p>Community Rewards 2011: 62.7% 2015: 67.7% (All Grades)</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 2%.</p> <p>30 day marijuana use among students in grades 10-12 will decrease by 2%.</p> <p>30 day inhalant use among students in grades 6-8 will decrease by 1%.</p> <p>30 day prescription drug abuse will decrease by 1%.</p> <p>2007 Alcohol: Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%</p> <p>Marijuana: Grade 10: 4.2% Grade 12: 2.8%</p> <p>Inhalants: Grade 6: 2.0% Grade 8: 3.3%</p> <p>Prescription Narcotics: Grade 12: 1.8%</p> <p>2017 Alcohol Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%</p> <p>Marijuana Grade 10: 2.2% Grade 12: 0.8%</p> <p>Inhalants Grade 6: 1.0% Grade 8: 2.3%</p> <p>Prescription Narcotics Grade 12: 0.8%</p>
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2007 SHARP Report 2007 Archival Indicators Report (Bach Harrison)	NUSAPT roster Meeting agendas and roles Number of coalition meetings attended			NUSAPT roster Meeting agendas and roles Number of coalition meetings attended Number of community members involved in the events Annual satisfaction survey	Cache County 2015 SHARP Report	BRHD 2017 SHARP Report

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370: Peer Court		Cost: \$29,815 (all 370 programs)	Evidence Based: Office of Juvenile Justice and Delinquency Prevention					
LSAA: Bear River Health Department			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 6-12 (all grades).</p> <p>Reduce 30 day Marijuana use among students in grades 10-12.</p> <p>Reduce 30 day inhalant use among students in grades 6-8.</p> <p>Reduce 30 day use of any prescription drugs among students in grades 6-12 (all grades).</p>	<p>Community Rewards for Prosocial Involvement</p> <p>Parental Attitudes Favorable Toward Antisocial Behavior</p>	<p>All youth who come through the Cache Valley Peer Court Program</p> <p>Estimated Number Served: 65 cases during 28 sessions of peer court</p>			<p>Co-advise the Cache Valley Peer Court Program and link offenders to other services in the community.</p> <p>Hours of direct service: 90 Number of sessions: 35 Locations: Logan Municipal Courthouse Type of activities: Peer Court</p>	<p>Community Rewards for PSI will increase by 5% from 2011 to 2015 for All Grades.</p> <p>Parental Attitudes Favorable toward ASB will decrease by 5% from 2011 to 2015 for All Grades.</p> <p>Parental Attitudes (All Grades) 2011: 38.8% 2015: 33.8%</p> <p>Community Rewards (All Grades) 2011: 62.1% 2015: 67.1%</p>	<p>Reduce 30 day alcohol use rates among students in grades 6-12 by 1% (all grades).</p> <p>Limit increase of 30 day Marijuana use among students in grades 10-12 to 2.5%.</p> <p>Reduce 30 day inhalant use among students in grades 6-8 by 1%.</p> <p>Reduce 30 day use of any prescription drugs among students in grades 6-12 by 1% (all grades).</p> <p>2007 Alcohol: All Grades 7.3%</p> <p>Marijuana: Grade 10: 4.2% Grade 12: 2.8%</p> <p>Inhalants: Grade 6: 2.0% Grade 8: 3.3%</p> <p>2009 Any prescription drugs All Grades: 2.7%</p> <p>2017 Alcohol: All Grades: 6.3%</p> <p>Marijuana: Grade 10: 6.7% Grade 12: 5.3%</p> <p>Inhalants: Grade 6: 1.0% Grade 8: 2.3%</p> <p>Any Prescription drugs All Grades: 1.7%</p>
Measures & Sources	BRHD 2007 & 2009 SHARP Report	BRHD 2011 SHARP Report	FY2014 BRHD demographic reports.			FY2014 BRHD demographic reports. FY2014 Cache Valley Peer Court Evaluation upon completion of Peer Court Review	BRHD 2015 SHARP Report	BRHD 2017 SHARP Report

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370: Alcohol Compliance Checks		Cost: \$29,815 (all 370 programs)		Evidence Based: www.thecommunityguide.org/alcohol/summaryCGRecommendations.pdf		
LSAA: Bear River Health Department			Tier Level:			
	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 Increase retailer compliance to alcohol laws	Retailers and their employees who sell alcohol. Estimated Number Served: 213 check in 71 stores	BRHD will work with law enforcement within Box Elder, Cache and Rich counties to ensure that alcohol compliance checks are being conducted. Coordinate with law enforcement to prepare for alcohol compliance checks. Ensure communication between business licensing and law enforcement. Communicate laws and norms with law enforcement through Cops and Courts Prevention Bulletin. Hours of direct service: 50 Number of sessions: 12 + 2 Cops and Courts Prevention Bulletin Locations: Brigham City, Box Elder County, Logan City, Cache County and Rich County Type of activities: Alcohol Compliance Checks	Parental Attitudes Favorable toward ASB will decrease by 5% from 2011 to 2015 for grades 8-12. By FY2015, 85% of alcohol retailers in the Bear River Health District will be in compliance. Parental Attitudes 2011: Grade 8: 40.2% Grade 10: 44% Grade 12: 45.2% 2015: Grade 8: 35.2% Grade 10: 39% Grade 12: 40.2% BRHD Compliance FY2011: 94% compliance rate FY2015 (Goal): at least 85% compliance rate	Reduce 30 day alcohol use rates among students in grades 8-12 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 FY2011 Alcohol Compliance Check Data	FY2014 Alcohol Compliance Check data	FY2014 Alcohol Compliance Check data Number of Prevention Bulletins Number of compliance checks conducted Number of stores checked at least once Number of law enforcement conducting checks	BRHD 2015 SHARP Report FY2013 Alcohol Compliance Check Data	BRHD 2017 SHARP Report

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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 2016 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: CACHE COUNTY

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

PLEASE PRINT:

Name: Craig W Butters

Title: Executive

Date: 5/1/15

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

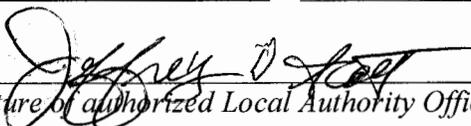
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 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: Jeffrey D. Scott
Title: BE. County Commissioner
Date: 4-28-2015

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

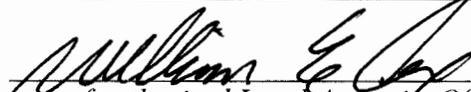
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 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: William E Cox

Title: Commissioner

Date: APRIL 28 2015

BEAR RIVER HEALTH DEPARTMENT DIVISION OF SUBSTANCE ABUSE	IV. BILLING AND COLLECTIONS
POLICIES AND PROCEDURES	June 2015

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 \$15.00 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.

June 9, 2015

IV.1.E.i Non-client Urinalysis. The cost for UA testing for non-clients is \$15.00, 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.

June 9, 2015

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 \$15.00 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.

June 9, 2015

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

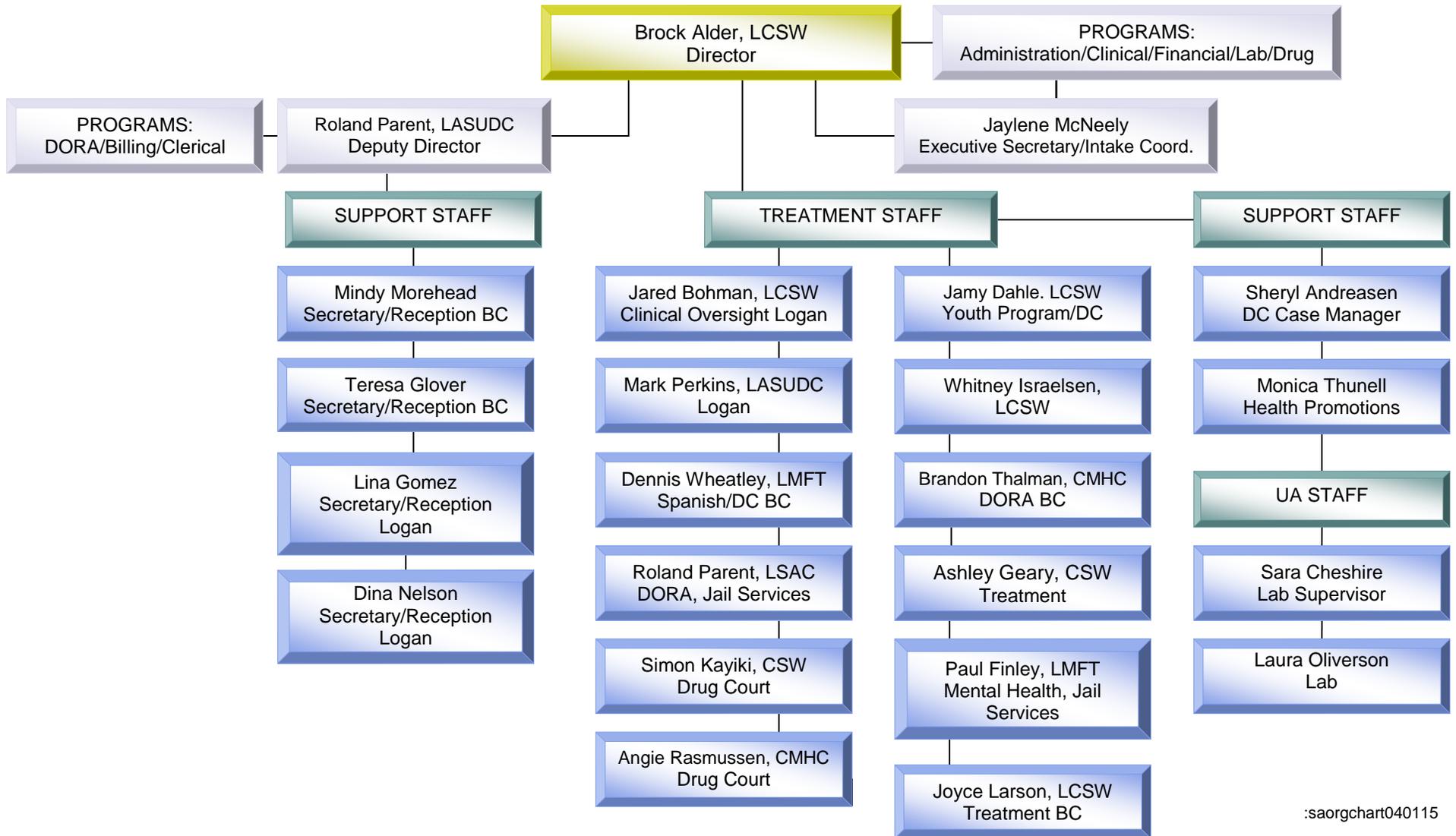
The following chart outlines the sliding fee scale for those who qualify for a reduced, subsidized rate. All fees are assessed based on the ability to pay, taking into account income, dependents, and extreme expenses such as medical bills, garnishments, etc. No individual will be refused

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.

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%

April 27, 2014

BEAR RIVER HEALTH DEPARTMENT, DIVISION OF SUBSTANCE ABUSE



FY2016 Substance Use Disorder Treatment Area Plan and Budget

Bear River Health Department, Division of Substance Abuse

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	206,781	19,704											\$226,485
Drug Offender Reform Act	142,896	13,617											\$156,513
Local Treatment Services	510,061	44,811	196,184	140,923	9,655		372,842	165,232					\$1,439,708
Total FY2016 Substance Use Disorder Treatment Revenue	\$859,738	\$78,132	\$196,184	\$137,143	\$13,068	\$178,095	\$372,842	\$165,232		\$93,750	\$281,250	\$25,500	\$2,400,934

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served
Assessment Only	1,314	125	392	313	35	534	1,234	712		214	2,252		\$7,125	75
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	769	73	0	88	21					140	25		\$1,116	1
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	12,782	1,218	7,000			7,000	10,500	10,500					\$49,000	9
Outpatient (Methadone: ASAM I)	0												\$0	0
Outpatient (Non-Methadone: ASAM I)	320,293	30,521	73,373	83,840	7,978	75,307	176,763	67,986		33,470	147,476	16,575	\$1,033,582	1,048
Intensive Outpatient (ASAM II.5 or II.1)	326,164	31,080	74,550	52,902	5,034	95,254	184,345	67,134		59,926	131,497	8,925	\$1,036,811	262
Recovery Support (includes housing, peer support, case management and other non-clinical)	39,795		8,325					18,900					\$48,300	76
Drug testing	158,621	15,115	32,544										\$206,280	1,311
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$859,738	\$78,132	\$196,184	\$137,143	\$13,068	\$178,095	\$372,842	\$165,232	\$0	\$93,750	\$281,250	\$25,500	\$2,400,934	2,782

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	97,422	8,987	21,694	9,301	886	78,362	40,217	165,232		14,250	42,188	4,845	\$483,384
All Other Women (18+)	77,436	7,319	20,048	9,583	913	73,553	48,487			16,813	38,750	3,366	\$296,268
Men (18+)	658,251	59,217	154,442	114,032	10,866	17,275	247,923			57,531	177,813	16,091	\$1,513,441
Youth (12- 17) (Not Including pregnant women or women with dependent children)	26,629	2,609	0	4,227	403	8,905	36,215			5,156	22,499	1,198	\$107,841
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$859,738	\$78,132	\$196,184	\$137,143	\$13,068	\$178,095	\$372,842	\$165,232	\$0	\$93,750	\$281,250	\$25,500	\$2,400,934

Total FY2016 Cost/ Client Served
\$95
\$1,116
\$5,444
#DIV/0!
\$986
\$3,957
\$636
\$157
\$863

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Health Department, Division of Substance Abuse
Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	1,080	1,056			2,136
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	0			0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	14,000	7,000			21,000
Outpatient (Methadone: ASAM I)	0	0			0
Outpatient (Non-Methadone: ASAM I)	74,638	102,865			177,503
Intensive Outpatient (ASAM II.5 or II.1)	10,795	36,271			47,066
Recovery Support (includes housing, peer support, case management and other non-clinical)	4,900	33,420			38,320
Drug testing	51,100	45,873			96,973
FY2016 DORA and Drug Court Expenditures Budget	156,513	226,485	0	0	382,998

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue	\$ 17,300			\$ 3,460			\$ 230,603				\$ 13,700	\$ 57,000	\$ 322,063

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	17,300						90,965				1,500			\$ 109,765	\$ 109,765
Universal Indirect				3,460			59,219							\$ 62,679	\$ 62,679
Selective Services							44,438							\$ 44,438	\$ 44,438
Indicated Services							35,981				12,200	57,000		\$ 105,181	\$ 105,181
FY2016 Substance Abuse Prevention Expenditures Budget	\$ 17,300	\$ -		\$ 3,460	\$ -	\$ -	\$ 230,603	\$ -	\$ -	\$ -	\$ 13,700	\$ 57,000	\$ -	\$ 322,063	\$ 322,063

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 10,473	\$ 89,791	\$ 56,261	\$ -	\$ 44,263	\$ 29,815	\$ 230,603