

## **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 under this contract. However, we will provide limited 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. We have applied for a grant through the Department of Health to provide mental health assessment and treatment services for those who do not qualify to attend local mental health providers. Clients under this contract would have to be under or uninsured, not on Medicaid or Medicare, not diagnosed with chronic mental illness or for services with the local provider, and would have to qualify for early intervention or short-term care.

**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. Clients 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. Individuals convicted as sex offenders or those with prior convictions for violent crimes are allowed admission into the program. Cases are reviewed individually as to appropriate treatment and contact with other clients. If a threat is made or offense committed towards the Health Department staff or another client in treatment, or against Health Department facilities, the client will be reviewed and may be discharged and referred back to his or her referral source and may not be allowed back into the program.

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.

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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.

### **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. These requirements will be included in the contract or agreement.

Upon referring an individual for services, we will require regular ongoing updates and invoices regarding services specific to the client. With proper releases in place, cases will be staffed and services coordinated. Upon completion of the service, a discharge care plan will be prepared with the client and all providers. We will require audit and peer review information upon request. All documentation will be required on a yearly basis, at a minimum, and more frequently as needed in the event of an audit or review of our program.

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

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

**1) Screening and Assessment**

*Form B - FY16 Amount Budgeted: \$7,125.00*

*Form B - FY17 Amount Budgeted: \$42,812.00*

*Form B – FY16 Projected Clients Served: 75*

*Form B – FY17 Projected Clients Served: 504*

**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.**

Appointments for screening and assessment are scheduled 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. Screenings 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. The clinician will begin to build a therapeutic relationship with the client, attempting to provide the client with encouragement, initial relief, and an immediate plan of action to generate hope. During the interview, the clinician conducts a complete DSM diagnostic questionnaire and ASAM criteria crosswalk to determine client need and recommended level of care. The clinician administers 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. An initial urine sample is collected to determine a baseline at assessment. The client completes a client history and profile in preparation for the first counseling and treatment planning session. Ongoing assessment will continue during follow-up sessions as the client meets with his or her counselor and the treatment plan is developed, revised (if necessary), and completed. We have refined our assessment and placement of clients to determine high risk/high need or low risk/low need clients, and use this criteria to help determine level of care and treatment modality. Specific examples would include type and number of groups or individual sessions, separation of our groups into high need and low need, and the exploration and/or incorporation of coordinated or ancillary services or medication management. This practice would be utilized in all programs (including Drug Court, DORA and JRI) and across all levels of care.

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

It will continue to be the standard practice and policy of this agency that all clients are provided screening and assessment services. We are continually working with local community agencies, courts, probation offices, other treatment providers, and local schools to make sure we are available to provide this service wherever needed. This year's projected client counts are markedly increased as last year we reported assessment only services. This year, on the advice of the Division, we have included all assessments in our projections. This number includes those seeking an assessment only, those assessed and referred to education only, and those assessed and then admitted for treatment. We will seek further clarification and continue to work on our new EHS system to include assessments in TEDS.

**Describe any significant programmatic changes from the previous year.**

There are no significant programmatic changes from last year. We will continue with last year's implementation of a suicide prevention assessment and working with referral sources to produce sufficient screening and assessment for our needs and theirs.

**Form B – Substance Abuse Treatment Budget Narrative**

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

***Form B - FY16 Amount Budgeted: \$1,116.00***

***Form B - FY17 Amount Budgeted: \$1,116.00***

***Form B – FY16 Projected Clients Served: 1***

***Form B – FY17 Projected Clients Served: 1***

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

Any individual seeking assistance for detoxification 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. Individuals seeking detoxification services may connect with treatment staff during regular business hours, or through the two crisis phones available 24 hours a day, seven days a week. Anyone presenting with a possible need for detoxification will be seen by a clinician, and regular 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, including: physical examination, monitoring signs of withdrawal and vital statistics, medication management, and follow up. If determined by the doctor 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 monitoring is provided by Dr. Redd, and counseling staff will 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. In years past we have rarely seen 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.

**Form B – Substance Abuse Treatment Budget Narrative**

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

***Form B - FY16 Amount Budgeted: \$\$49,000.00***

***Form B - FY17 Amount Budgeted: \$49,000.00***

***Form B – FY16 Projected Clients Served: 9***

***Form B – FY17 Projected Clients Served: 9***

**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 through contracted providers to clients who meet this ASAM criteria level; adult and youth; male, female, and women with dependent children or who are pregnant. Women and IV drug users receive priority admission and are offered services within 48 hours.

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, and the client needs assistance, the counselor 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, procedures, and appropriate licensure. Accepted programs must be State certified, provide both group and individual treatment sessions by appropriately licensed staff, require drug screenings from clients, provide sufficient ongoing supervision, and are approved by administration. We currently have a contract with Odyssey House and are working to restart our contract with House of Hope. 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.**

We anticipate no increases in requests for residential services. Due to our increase in IOP options we are maintaining last year's projections 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. We will continue to work with individuals 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.

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Outpatient (Methadone - ASAM I)**

*Form B - FY16 Amount Budgeted: \$0*

*Form B - FY17 Amount Budgeted: \$0*

*Form B – FY16 Projected Clients Served: 0*

*Form B – FY17 Projected Clients Served: 0*

**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 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.

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 through their physician into the client's treatment plan. Medication assisted treatment needs are assessed during the initial treatment planning sessions, and reviewed consistently through treatment. Through our efforts to develop community partners, we will include possible MAT referral physicians, and look at ATR vouchers to assist clients in accessing needed Medication-assisted Treatment.

**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.**

We do not foresee any significant programmatic changes from the previous year. Under Dr. Redd’s supervision, we have researched and trained staff on the use of Naloxone for opiate overdose, and it’s availability in the Health Department. We offer this same education to our clients.

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Outpatient (Non-methadone – ASAM I)**

*Form B - FY16 Amount Budgeted: \$1,033,582.00*

*Form B - FY17 Amount Budgeted: \$859,218.00*

*Form B – FY16 Projected Clients Served: 1,048*

*Form B – FY17 Projected Clients Served: 1070*

**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, early intervention, and/or education. Services are offered to all populations: male and female, women with dependent children or who are pregnant, youth and children. Women and IV drug users receive priority admission, and are offered an appointment within 48 hours. All services are available 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 weekends and holidays through 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. Treatment plans are reviewed on a timeline according to requirements for the client's level of care, and 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 groups: early recovery, MRT, Seeking Safety, Moving On, recovery skills, step, relapse prevention, aftercare, relationships, life skills, and anger management. We currently have a total of 67 groups available at multiple times throughout each week to accommodate multiple client schedules, and are continually adding, removing, or adjusting group times based on client need and attendance. Outpatient care includes specific treatment, tasks, or requirements for specified populations such as women, youth, Drug Court or DORA, which are outlined in their 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 FY17 are slightly higher than FY16 numbers. We are seeing an increase in admissions. Also, we are making progress in our work to improve the accuracy and reporting capability of the new EHS system. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Describe any significant programmatic changes from the previous year.**

We continue to explore, and provide training and certification in evidenced based treatment methods such as MRT, Moving On, and Seeking Safety.

**Form B – Substance Abuse Treatment Budget Narrative**

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

*Form B - FY16 Amount Budgeted: \$1,036,811.00*

*Form B - FY17 Amount Budgeted: \$682,424.00*

*Form B – FY16 Projected Clients Served: 262*

*Form B – FY17 Projected Clients Served: 203*

**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 IOP follows ASAM rules as 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. Clients attend IOP for a minimum of four consecutive weeks. All populations, including adults and youth, who meet 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. There are now two options for adults in IOP. Daytime IOP group is held Tuesday through Friday from 8:00 a.m. to 11:00 a.m. in Logan and Brigham City. Evening IOP is held Monday through Wednesday from 5:00 p.m. to 8:00 p.m. in the Logan office. Youth IOP is held Monday through Thursday between 4:00 and 6:00 p.m. Our regular business 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. All services supporting IOP, including UA's, are available throughout these hours. In addition, UA colors may be called on weekends and holidays through 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 assessment, evaluation, and treatment planning prior to entering IOP. If ordered directly to IOP by a judge, clients meet with a counselor for an initial assessment and approval for admittance to IOP, and are connected with a counselor as soon as possible for a full evaluation and treatment planning. 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 stabilization; 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 during intensive outpatient care. Upon completion of IOP, clients transition to outpatient treatment, where they continue to work on their individual recovery plan objectives.

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

We have decreased our projections based on actual FY16 numbers, but anticipate higher numbers than those reported in FY16, due to our increased IOP options. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Describe any significant programmatic changes from the previous year.**

We are introducing an additional IOP group in the evenings in an effort to be more client friendly, accommodating more client schedules and offering more options. We will hold evening IOP in the Logan office initially, and depending upon its' success and if the need arises, we are ready to expand to the Brigham City office.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Recovery Support Services**

*Form B - FY16 Amount Budgeted: \$48,300.00*

*Form B - FY17 Amount Budgeted: \$102,701.00*

*Form B – FY16 Projected Clients Served: 76*

*Form B – FY17 Projected Clients Served: 150*

**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 nearing the end of treatment to explore the challenges of sobriety. Approaching completion of care, individual sessions focus on developing a relapse prevention plan and building a support system that enable clients to maintain that plan. Plans are individual to each client's needs and may include: one of the groups listed above, solidifying support system of family, friends, and sponsors, identifying AA or NA groups that provide a comfortable fit where they feel supported, and building a list of activities, actions, and phone numbers to use if or when they hit a "road block". Any client may return for individual and/or aftercare group sessions after completion of treatment to discuss obstacles or set-backs that may be threatening their recovery plan. There is no charge for these visits unless it becomes necessary for the client to be admitted to more continuous care. These services are offered to all clients throughout treatment or nearing completion of treatment. We have utilized our case managers for all populations to assist clients in finding community resources, including childcare, respite care, and transportation. These appointments are free to clients. Counselors assist clients in their job search efforts through our life skills and financial planning groups, and referrals to local employment assistance programs such as UDOWD. For qualifying clients, ATR funding will provide recovery support services for community resources that previously they may have been unable to access. Through our community partnerships, we will be able to take an additional step in referring clients to needed services using vouchers. We hope to formalize processes with our community partners to use the ATR vouchers for transportation, childcare, housing, and medical assistance.

**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 meetings discussing specific case needs. We will explore the possibility to work with community housing agencies such as BRAG to further identify any available resources, or if necessary, use ATR funding for housing vouchers to assist clients in finding stable housing for qualified clients. Drug Court, JRI, ATR, and women's case managers will assist clients in connecting with BRAG, CAPSA and any other available housing assistance as needed.

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

We have projected an increase in numbers served as we focus more on recovery support and research available options. ATR funding will also expand our ability to provide recovery support to qualifying clients, freeing other funding that will be able to be used for clients not qualifying for ATR funds.

**Describe any significant programmatic changes from the previous year.**

As described above, our focus on holistic care as well as ATR funding will allow us to explore all our community options, create partnerships, and apply the use of vouchers for recovery support services.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Drug Testing**

*Form B - FY16 Amount Budgeted: \$206,280.00*

*Form B - FY17 Amount Budgeted: \$201,930.00*

*Form B – FY16 Projected Clients Served: 1,311*

*Form B – FY17 Projected Clients Served: 1,604*

**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 are 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 weekends and holidays. 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 color system by their individual counselor. Counselors may also require additional testing on a case-by-case basis, scheduled or random. When a urine sample is required by a referral source, such as a court, 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 on any given day 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 must provide a UA on Friday.

The Health Department lab is certified using Seimens Healthcare equipment and procedures. Samples may also be sent to a contracted outside lab for result verification, testing at a higher level, or upon client request. Currently, samples are sent to Redwood Labs or Millennium Labs, both certified to provide urine testing. 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, and are outlined in detail in the policy and procedure manual. Confirmation testing is done through the Health Department lab or Redwood or Millennium Labs for result verification, testing at a higher level, or upon client request. Discussions and consequences for clients testing positive while in treatment are handled by the client's individual counselor. Clients who continually test positive will be staffed with supervision to determine a course of action. Urine sample collection and testing procedures are reviewed and discussed during regular staffing meetings and will be trained specifically on DSAMH Drug testing Directives on June 27, 2016.

As a community service, urine sample testing is provided for requesting individuals or community agencies. We regularly receive requests from probation offices, the Division of Family Services, and local schools, and at times local employers.

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

With the purchased of upgraded equipment, we anticipate the ability to test more samples more efficiently, and make testing more readily available to clients, community entities and referral sources, and the public, thus we expect an increase in the number of samples tested. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Describe any significant programmatic changes from the previous year.**

We have upgraded our UA machine and actually purchased it outright. We will be able to do additional drug testing of additional substances such as Spice, with increased testing speed. Our goal is to purchase a mobile testing unit to be able to provide better access and do more testing for the community. We would actually go to employment locations and do testing on-site. ~~With this unit in addition to our current testing for clients and transporting samples from schools~~

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

## Form B – Substance Abuse Treatment Budget Narrative

### 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, and Juvenile Justice Service meetings on a regular weekly basis to provide immediate access to referrals and ensure our services meet the needs of regular court orders. We attend and often initiate meetings with other community agencies including probation offices and other community service providers, in addition to in-house meetings with other public service divisions of the Health Department in order to maintain functional relationships. Staff attending Juvenile Justice meetings regularly also ensure we are responding to the needs of youth in our area. We have several staff conducting groups in jail so all members of the community have access to our services. We coordinate our Prime for Life services with Utah State University so together we can offer the highest variety of options to students. We work regularly with other treatment providers in the area, including local counseling agencies and the local pain clinic to ensure our availability to their clients as needed. 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. Through all these cooperative relationships, we derive valuable insight and feedback to improve our services where needed and provide the most options possible for our clients. Monday through Thursday we are open an extended 10 hours per day, and offer all services, including groups in the mornings and late afternoons. We have expanded our UA collection hours to accommodate more schedules. The implementation of an evening IOP that will be held beyond our regular business hours will allow clients who work during the day to access this service.

#### **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 collaborations described above, clients are invited to give their opinions regarding services in a variety of ways: staff are trained 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 which 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, along with information from 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 throughout the communities.

Accessibility and best practice is discussed frequently in our weekly 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 all our services including assessments, individual sessions, classes, groups, and outside services to make sure we are effectively providing the optimal service times. Examples of this include the number of groups we hold at peak client requested times such as at the beginning or end of the day, and adding an evening IOP for clients unable to attend during the day. As described above, we are open for most services beyond the "normal" 8:00 to 5:00 business hours.

Staff is given as many opportunities as possible within budget constraints to attend trainings, and are encouraged to report back to staff regarding ways to improve services. All personnel are provided ample opportunity to attend training sufficient to maintain licensure and any program requirements. All clinicians and our case manager were trained and certified in MRT this last year. Several staff were also trained and certified to use the Seeking Safety curriculum. Staff have been asked to research other evidenced based practices and make recommendations for other EBP options. 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.

**Form B – Substance Abuse Treatment Budget Narrative**

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

**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 local jail facilities by qualified treatment staff from the Health Department Division of Substance Abuse. Our staff teach several weekly groups at the jail, scheduled according to jail timelines, inmate need, and specific requests. Group topics include early recovery, MRT, life skills and finances, and anger management. 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. 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. The case manager conducts the RANT for those in jail in the process of qualifying for Drug Court.

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 to continue to increase our current presence in the jail facilities teaching group sessions, conducting evaluation and assessment interviews, and coordinating IOP care for incarcerated individuals. This last year we have increased our services in the Cache County jail; and throughout the year we have been meeting with the Box Elder County jail to determine what services they want us to provide and their preferred schedule. We have notified them we are able to accommodate all their requests, and are just waiting for confirmation from them to begin services.

**Describe any significant programmatic changes from the previous year.**

We are ready to begin teaching groups in the Box Elder County jail. We are also looking at having staff certified in Thinking for Change as another option for jail services.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

We have no plans at this point to expend SAPT block grant dollars for direct jail services.

**Form B – Substance Abuse Treatment Budget Narrative**

**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 and clients on Medicaid with mental health diagnoses to them for 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 without contradiction. 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 has been covered through client collections, insurance, and a State of Utah Health Department grant. We are actively involved in First District Mental Health Court, with staff attending committee meetings and court, working directly with the judge, probation, and Bear River Mental Health to ensure comprehensive services are provided, and referrals to us are received and handled immediately.

**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 with and/or holds admitting rights to several hospital and medical facilities in the community. We also provide treatment services referred by the Comprehensive Treatment Clinic of Logan, a local agency providing EAP services to local employers. We continue our working relationship with Southwest Spine and 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, and other care providers as listed above. 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 connecting with service providers, a doctor or nutritionist for example, or other needs including transportation, child care, housing, assistance in applying for Medicaid or Medicare or other insurance. 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 UDOWD program through AP&P. The ATR funding will help qualified clients with vouchers for other community agencies as we develop agreements for that funding.

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

We currently have three staff trained and are conducting Recovery Plus tobacco cessation groups as needed, both adult and youth, and are in the process providing training for another counselor. Bear River Health Department's Health Promotions Division offers tobacco cessations courses on a regular basis. These services are available to clients as well as non-clients. We have placed Recovery Plus information throughout the office and offer tobacco cessation kits to anyone who wishes to quit, and we 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 on the individual's recovery plan. We will discuss admission to discharge data in staff meetings to monitor our progress meeting the 5% reduction rate. 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**

***Form B - FY16 Amount Budgeted: \$779,652.00***

***Form B - FY17 Amount Budgeted: \$631,619.00***

**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 available services including assessment and evaluation, 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: 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. 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. 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, Moving On, Seeking Safety, and meetings with a case manager. Case manager meetings are at no cost to the client, and explore the need for supplementary 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 and expenditures for FY17 have increased due to the increase in requests for treatment, requests for higher levels of care, increased treatment options for women, higher levels of dual-diagnosis and utilization of programs such as Mental Health Court for female clients, and increases in recovery support services for women. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Describe any significant programmatic changes from the previous year.**

This year we will implement Seeking Safety as an additional option to women’s group. We have staff that are trained and certified and have groups scheduled and ready to begin. Seeking Safety is an evidence based model dedicated to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement. This will be a closed group to allow clients to develop trust and a level of comfort within the group.

We also have staff trained and certified in Hazeldon’s Moving On: A Program for At-Risk Women curriculum. We will offer this group as an alternative option to women’s group. 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 is presented as an open group that allows for continuous entry and completion.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Adolescent (Youth) Treatment**

*Form B - FY16 Amount Budgeted: \$107,841.00*

*Form B - FY17 Amount Budgeted: \$70,749.00*

**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: 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. 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. 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, with a parent or guardian present and providing consent in writing. 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. We will continue designate staff to be present in Juvenile Justice Services meetings to ensure referrals are immediate and we are meeting the requirements of the juvenile justice system for our clients.

**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 FY17 are slightly lower than the current year's projections. Youth referrals have decreased in the last couple years with changes to the criteria for youth facing legal issues which have resulted in fewer youth being ordered to treatment services, and a reduction in youth on probation in the First District, according to youth probation services. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Describe any significant programmatic changes from the previous year.**

As with adult services, we will continue to 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**

**Form B - FY16 Amount Budgeted: \$226,485.00**

**Form B - FY17 Amount Budgeted: Felony \$311,469.00**

**Form B - FY17 Amount Budgeted: Family Dep.**

**Form B - FY17 Amount Budgeted: Juvenile**

**Form B1 - FY16 Recovery Support Budgeted: \$10,351.**

**Form B1 - FY17 Recovery Support Budgeted: \$19,175.**

**Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

The First Judicial District Drug Court is an adult felony drug court. Clients eligible for the Drug Court program are identified as high risk/high need by the Risk and Needs Triage Assessment (RANT), and must meet the following criteria:

- (a) Individuals must have a prior drug conviction (misdemeanor or felony) or two prior drug arrests that have been adjudicated or resolved prior to the date of the offense alleged in the current case referred to Drug Court.
- (b) Individuals must have pending 2<sup>nd</sup> or 3<sup>rd</sup> degree felony drug charges transferred to Drug Court.
- (c) Clients must have the capacity to manage the structure of Drug Court. Those with serious mental illness, disruptive behavior, or not in need of drug treatment may be excluded from the program.
- (d) Individuals may not have a conviction for a crime of violence or a pending crime of violence charge, or a history of violence.
- (e) Alcohol and/or marijuana cannot be the primary source of dependency.
- (f) Must be a legal resident of the United States.

In addition, clients must meet the basic general admission requirements for treatment to include:

- (a) The individual must be a resident of the tri-county area of Box Elder, Cache or Rich counties (District 1) to be able to apply for treatment at a subsidized rate (see Billing procedures).
- (b) The individual may reside out of the funded region if he or she is currently enrolled at Utah State University, or ordered specifically to the program by a court or probation order.
- (c) The individual must be at least 18 years of age and of legal competency, or have a signed consent for treatment from his or her legal guardian.
- (d) The individual must be experiencing problems primarily related to the direct use, misuse, or abuse of alcohol and/or drugs (illegal or pharmaceutical).

**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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

The First District Drug Court adheres to all requirements for Adult Felony Drug Courts. Drug Court clients are offered access to all treatment services provided directly through the Substance Abuse Division and described 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 screening and assessment in addition to the RANT as 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. 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. Peer support is offered in the form of Drug Court graduates who attend several groups to support and assist Drug Court participants. We are actively involved in weekly Drug Court committee meetings and court proceedings, to ensure participants and our Drug Court partners receive our full support and cooperation.

**Form B – Substance Abuse Treatment Budget Narrative**

**14) Drug Court cont.**

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

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 continue to utilize and expand services in this category. The projected dollar amount listed above does not include projected collections from clients or third party sources such as insurance.

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Additional fees are minimal and would include: Initial screening and assessment at a \$60.00 maximum client co-pay, UA testing costs at \$15.00 per sample, Alco Screen saliva tests at \$2.00 each, and some group workbooks which cost \$5.00, \$10.00, or \$17.00 per book. Insurance and Medicaid or Medicare may offset some of these costs, such as assessments and UA's. We have a contract with Millennium Labs which tests all our Medicaid insured UA's at no cost to the client.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

We have expanded our IOP to include an evening schedule for client convenience. We have also expanded our number of MRT groups, and have scheduled to begin Seeking Safety groups for Drug Court clients as part of treatment as appropriate. We are looking to expand the role of our Peer Support Drug Court graduates to involve them in further groups such as aftercare. We will continue to explore, train staff, and implement evidenced based practice options.

**Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Drug Court clients are offered access to all recovery support services described in the Recovery Support section including: case management and women's case manager for resource assistance, and services 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**

***Form B - FY16 Amount Budgeted: \$196,184.00***

***Form B - FY17 Amount Budgeted: \$235,408.00***

**Identify the members of your local JRI Implementation Team.**

Our JRI team includes Bear River Health Department, Divisions of Substance Abuse and Health Promotions, Bear River Mental Health, Cache County Executive and Box Elder and Rich County Commissioners, Cache County and Box Elder County judges, Cache and Box Elder County jail staff, Cache and Box Elder County sheriff's offices, local Adult Probation and Parole, and attorneys from the tri-county area. We have had several JRI team meetings throughout the year.

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

We intend to use this funding to augment our Adult Felony Drug Court, allowing us to provide more availability of our evaluation, IOP and outpatient services as described herein. Included in these services are our evidenced based groups MRT and Seeking Safety, and recovery support services such as: aftercare and women's groups, relapse prevention and recovery skills groups, individual sessions that focus on the client developing a relapse prevention plan and building a support system, the opportunity to return individual or aftercare group sessions after completion of treatment, ongoing Drug Court case management, or women's resource case management.

We are also moving forward to develop a Misdemeanor Drug Court. Judge David C. Marx of Logan City Justice Court, has our proposal for final approval. We will model this Drug Court after our Adult Felony Drug Court, providing the same access to all services, levels of case, and resource assistance through case management. 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.

The budget increase includes supplemental funding to JRI services, such as county match, does not include projected collections from clients or third party sources such as insurance and client collections.

**Identify training and/or technical assistance needs.**

We would appreciate assistance in collaborating with the State to get our Misdemeanor Drug Court going. We would also welcome help with the jails being able to release their testing so JRI services can flow more quickly and efficiently.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

*Form B - FY16 Amount Budgeted: \$156,513.00*

*Form B - FY17 Amount Budgeted: \$157,597.00*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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; Phil Rodriguez, 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, Simon Kayiki, 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 2017? 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, 2016)?

We anticipate approximately 48 clients served in DORA funded treatment throughout FY17 with 15 of the clients currently enrolled in DORA to be carried over into FY17.

- 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. Upon completion of the program, they attend an exit interview with the team, and receive a completion certificate. 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. During treatment, counseling staff continue to assess level of care according to ASAM criteria, client need and motivation.

## **16) Drug Offender Reform Act (Cont.)**

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.

**16) Drug Offender Reform Act (Cont.)**

**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 have trained all treatment and case management staff in Moral Reconciliation Therapy (MRT) and have expanded out MRT groups to more several times per week so clients have a variety of group options. We have staff trained in Hazelton's Moving On, and offer this curriculum as needed. We also have two staff trained in Seeking Safety which is now available to appropriate clients. We continue to look into 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)**

<b>Personnel</b>	
<b>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.</b>	
<b>Total Personnel Costs</b>	<b>\$ 110,940.00</b>

Brock Alder, Division Director, 15% FTE, \$16,473 DORA salary + benefits.  
 Roland Parent, Division Dep Director/DORA Coord, 80% FTE, \$52,724 DORA salary + benefits.  
 Simon Kayiki, Treatment Worker, 10% FTE, \$6,389 DORA salary + benefits.  
 Brandon Thalman, Treatment Worker, 10% FTE, \$6,389 DORA salary + benefits.  
 Jaylene McNeely, Intake Coordinator, 10% FTE, \$4,939 DORA salary + benefits.  
 Suzanne Anderson, Billing Technician, 15% FTE, \$3,543 DORA salary + benefits.  
 Laura Oliverson, Lab Technician, 15% FTE, \$4,365 DORA salary + benefits.  
 Bear River Health Department Administration, \$16,118, 17% allocated salaries.

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

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

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

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

<b>Travel/Transportation</b>	
<b>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.</b>	
<b>Total Travel/Training Costs</b>	<b>\$ 883.00</b>

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

<b>Total Grant</b>	<b>\$ 157,597.00</b>
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Local Authority: Bear River Health Department, Division of Substance Abuse

Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:  
<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**Provisional MH/SUD Justice Certification Application Continued†**

**SITE 1:**

Site Name: Bear River Health Department, Division of Substance Abuse

Site Administrator's Name: Brock Alder, L.C.S.W., Substance Abuse Division Director

Address: 655 East 1300 North

Logan, UT 84341

Phone Number: 435-792-6420 Administrator's Email Address: balder@brhd.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 2:**

Site Name: Bear River Health Department, Division of Substance Abuse

Site Administrator's Name: Brock Alder, L.C.S.W., Substance Abuse Division Director

Address: 817 West 950 South

Brigham City, UT 84302

Phone Number: 435-734-1321 Administrator's Email Address: balder@brhd.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 3:**

Site Name: Bear River Health Department, Division of Substance Abuse

Site Administrator's Name: Brock Alder, L.C.S.W., Substance Abuse Division Director

Address: 40 West 100 North

Tremonton, UT 84337

Phone Number: 435-257-3318 Administrator's Email Address: balder@brhd.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

† Please copy this page and complete for additional sites being submitted in this request

**SITE 4:**

Site Name: Bear River Health Department, Division of Substance Abuse

Site Administrator's Name: Brock Alder, L.C.S.W., Substance Abuse Division Director

Address: 275 North Main

Randolph, UT 84064

Phone Number: \_\_\_\_\_ Administrator's Email Address: balder@brhd.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 5:**

Site Name: Bear River Health Department, Division of Substance Abuse

Site Administrator's Name: Brock Alder, L.C.S.W., Substance Abuse Division Director

Address: 115 South Bear Lake Blvd.

Garden City, UT 84028

Phone Number: 435-793-2445    Administrator's Email Address: balder@brhd.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** Bear River Health Department, Division of Substance Abuse

**Agency Director's Name:** Lloyd Berentzen, Director, Bear River Health Department

**Agency Director's Email Address:** lloydber@brhd.org

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified;  
***The Bear River Health Department holds a license from the Utah Office of Licensing for Substance Abuse Outpatient Treatment for Adults and Youth, for each of the five sites listed above.***
- b. Accreditations;
- c. Levels of care:
  - i. Criminogenic- High, Moderate, Low,
  - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
  - iii. Substance Use Disorders per ASAM;  
***All five sites listed above provide ASAM Levels .5 and 1, early intervention and outpatient care through direct treatment, and for all applicable criminogenic levels. Two sites: Logan, and Brigham City, provide ASAM Level II.1, directly on-site, for criminogenic levels appropriate for that level of care. All five sites also provide ASAM Levels IV-D, III.7-D, I-D, II-D (Detoxification Services) through referrals to local medical facilities made by the Bear River Health Department Medical Director. All five sites provide ASAM Levels III.7, III.5, III.1 through contracted providers.***
- d. Population Capacity for Males and Females  
***Capacities listed apply to both male and female clients:***  
***Logan site: 400***  
***Brigham City: 180***  
***Randolph: 5***  
***Garden City: 5***
- e. Evidence Based Practices currently being used  
***We are currently offering the following Evidence Based Practices: Moral Reconation Therapy (MRT), Seeking Safety, and Moving On. These services are available at all sites, depending on client need.***

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*

- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

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Signature of Authorizing Officer

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Date

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Bear River Health District	Parental attitudes favorable toward ASB, attitudes favorable to ASB, favorable attitudes toward drug use, family conflict, poor family management	Rewards for prosocial involvement	Prevention Dimensions, ParentsEmpowered, Youth Life Skills, Parenting Wisely, Shoulder Tap, Retailer Ed, Minor in Possession, All Stars, Peer Court, EASY Checks, Coalitions
NUSAPT (Cache County)	Low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, parental attitudes favorable to ASB	Prosocial involvement, rewards for prosocial involvement (school)	These were recently prioritized and NUSAPT is working on a plan that addresses these factors
BRSCC (Box Elder)	Parental attitudes favorable toward ASB	Community Rewards	ParentsEmpowered, Parenting Wisely, environmental strategies
NUHHC (Hispanic)	Poor family management, depressive symptoms, perceived risk of drug use	Rewards for prosocial involvement (family)	All-Stars, environmental strategies

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

The BRHD's capacity plan for FY17 will focus on strengthening the three prevention coalitions within the district. The BRHD plans to send coalition coordinators and coalition members to the UPCA Coalition Summit, and to the Utah specific CADCA training if or when that becomes available.

Coalition coordinators and BRHD prevention staff will be provided SPF specific training at monthly prevention meetings that will aid in the capacity of the BRHD to deliver quality prevention.

The BRHD will also seek coalition trainings and feedback from the Regional Director as needs arise. The BRHD hopes the Regional Director will work closely with each coalition coordinator to provide feedback on where the coalition is at, and ways to move it forward. Quality feedback along with helpful suggestions on meetings, the SPF process, and coalition activities will help the capacity of the BRHD

Prevention staff at the BRHD will also have the opportunities to attend NPN, and Fall Conference. These Conferences will aid the BRHD by providing the knowledge the staff needs to continue to be excellent prevention workers.

Throughout the year coalitions will be working on finding evidence based programming and strategies to address recently prioritized risk and protective factors. The BRHD will also evaluate whether current programming matches up with prioritized risk factors.

Logic models will be reaching long term goals during FY17 and the BRHD will be in a position to update prioritized factors and set new short and long term goals through the prioritization of substance abuse problems, and risk/protective factors once the 2017 sharp report is made available.

3. Attach Logic Models for each program or strategy.

Local Authority												
FY2017 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Drug Court	182,584	17,398			16,166	33,892		77,595	7,470	22,411		\$357,516
Drug Offender Reform Act	143,886	13,711			6,466				2,988	8,964		\$176,015
JRI	179,107	17,067	35,821	3,413	31,523				14,567	43,700		\$325,198
Local Treatment Services	485,239	46,239	100,050	9,534	107,503	385,098	165,232		49,677	124,530	24,500	\$1,497,602
Total FY2017 Substance Use Disorder Treatment Revenue	\$990,816	\$94,415	\$135,871	\$12,947	\$161,658	\$418,990	\$165,232	\$77,595	\$74,702	\$199,605	\$24,500	\$2,356,331

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	6,570	625	1,262	120	2,079	4,796	2,772	14,997	832	8,759		\$42,812	504	\$85
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	769	73	88	21					140	25		\$1,116	1	\$1,116
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	19,173	1,827			7,000	10,500	10,500					\$49,000	9	\$5,444
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	433,251	41,285	80,246	7,647	67,135	181,046	66,987	34,056	26,543	88,008	14,700	\$1,040,904	1,070	\$973
Intensive Outpatient (ASAM II.5 or II.1)	289,187	27,557	54,275	5,159	85,444	204,159	66,073	26,214	47,187	81,281	9,800	\$896,336	203	\$4,415
Recovery Support (includes housing, peer support, case management and other non-clinical )	57,504	5,480				18,489	18,900	2,328				\$102,701	150	\$685
Drug testing	184,362	17,568								21,532		\$223,462	1,450	\$154
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$990,816	\$94,415	\$135,871	\$12,947	\$161,658	\$418,990	\$165,232	\$77,595	\$74,702	\$199,605	\$24,500	\$2,356,331	3,387	\$696

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	145,148	13,831	19,022	1,813	71,130	41,591	165,232	12,863	8,964	20,977	3,675	\$504,246
All Other Women (18+)	133,396	12,711	17,663	1,683	64,663	55,486		15,087	10,458	25,459	3,675	\$340,281
Men (18+)	685,316	65,305	95,653	9,114	17,782	284,558		49,645	43,328	141,964	17,150	\$1,409,815
Youth (12- 17) (Not Including pregnant women or women with dependent children)	26,956	2,568	3,533	337	8,083	37,355			11,952	11,205		\$101,989
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$990,816	\$94,415	\$135,871	\$12,947	\$161,658	\$418,990	\$165,232	\$77,595	\$74,702	\$199,605	\$24,500	\$2,356,331

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Health Department, Division of Substance Abuse  
Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only	4,067	10,617			14,684
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	14,000	10,500			24,500
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	69,497	148,016			217,513
Intensive Outpatient (ASAM II.5 or II.1)	48,964	104,284			153,248
Recovery Support (includes housing, peer support, case management and other non-clinical )	9,003	19,175			28,178
Drug testing	30,484	64,924			95,408
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>176,015</b>	<b>357,516</b>	<b>0</b>	<b>0</b>	<b>533,531</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue	\$ 16,440		\$ 3,288			\$ 235,855	\$ 42,125			\$ 12,000	\$ 58,000	\$ 367,708

  

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	16,440					91,983				1,000			\$ 109,423	\$ 109,423
Universal Indirect			3,288			61,323	42,125						\$ 106,736	\$ 106,736
Selective Services						44,812							\$ 44,812	\$ 44,812
Indicated Services						37,737				11,000	58,000		\$ 106,737	\$ 106,737
FY2017 Substance Abuse Prevention Expenditures Budget	\$ 16,440	\$ -	\$ 3,288	\$ -	\$ -	\$ 235,855	\$ 42,125	\$ -	\$ -	\$ 12,000	\$ 58,000	\$ -	\$ 367,708	\$ 367,708

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 31,861	\$ 107,692		\$ 37,737	\$ 29,749	\$ 28,816	\$ 235,855

<b>BEAR RIVER HEALTH DEPARTMENT DIVISION OF SUBSTANCE ABUSE</b>	<b>IV. BILLING AND COLLECTIONS</b>
<b>POLICIES AND PROCEDURES</b>	<b>DECEMBER 2015</b>

**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.

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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.

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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.

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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.

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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.

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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.

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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.

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August 23, 2006

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

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October 1, 2011

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

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August 10, 2009

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

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.)

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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.

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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.

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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.

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February 2, 2009

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

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

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

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

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

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March 14, 2011

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

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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January 5, 2009

IV.2.D Statements. Billing statements will be mailed no later than the 15<sup>th</sup> 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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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

