

## GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Bear River Substance Abuse

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character  
Limit/Count**

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

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We provide mental health services to non-Medicaid clients, due to one time JRI funding for FY17, and a grant through the State of Utah Health Department. Eligible clients are those living within the catchment area, adult or youth, who are experiencing mental health or co-occurring issues. Clients must not have Medicaid coverage to receive mental health services through BRHD. Those with Medicaid coverage are referred to Bear River Mental Health as the local Medicaid mental health services provider, and we coordinate with BRMH so clients do not receive duplicate services. We will apply for further funding for FY18, such as the PIPBHC grant, to continue to provide mental health services to non-Medicaid clients, and will not turn individuals away if they do not have Medicaid and are seeking pay for service treatment. Our mental health services consist of outpatient treatment, assessment and evaluation, MRT and life skills and anger management education groups.

978

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

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	<p>Clients must meet the following basic criteria: 1) They must be a resident of the catchment area to apply for subsidized treatment. 2) They must be at least 18 years of age and of legal competency or have a signed consent for treatment from a legal guardian. 3) They must be experiencing issues related to the direct use or abuse of alcohol and/or drugs. Clients must meet criteria to qualify under a specific funding source. For example, Drug Court clients must meet Drug Court eligibility requirements. Individuals convicted as sex offenders or convictions for violent crimes are allowed admission into the program, and are staffed as to appropriate care and contact with other clients. If a threat is made or offense committed towards staff or another client, or Health Department facilities, their status will be reviewed and they may be discharged from the program.</p> <p>All clients have access to all applicable services: evaluation, education, all ASAM levels of care based on need and monies available within the funding source. Differences in services based on funding include: medication and mental health services for DORA clients, women's vouchers covering costs of intake. Ancillary services specific to women include: prenatal care, immunization for dependents, daycare assistance, parenting classes, counseling for child(ren), transportation assistance to treatment, referral assistance.</p> <p>If funding is depleted during the year, we will to provide services to existing clients. Services may be adjusted based on budget constraints. Priority populations such as women, youth, and IV users are not turned away due to expended funding, however level of care may be adjusted. For example, if a female with dependent children met criteria for residential care but women's funding was expended and she did not qualify for other funding sources, she may be placed in intensive outpatient care. Jail services would continue.</p>	1973
	What are the criteria used to determine who is eligible for a public subsidy?	2000
	<p>Individuals applying for services at a subsidized rate must meet the basic criteria listed above and any criteria for the specific funding source. Client and third party payers are considered before resorting to public subsidy.</p>	233
	How is this amount of public subsidy determined?	2000

	<p>The amount of public subsidy is determined by the client's income, available assistance from family, clergy and community, and other third party sources such as insurance, Medicaid and Medicare. <a href="#">We use a sliding fee scale to determine client copay amounts, established using comparative research, the Federal Poverty Level guidelines, and approved by our local Board.</a> Client co-pay is based on income, family size, and insurance coverage. Additional adjustments would be emergency or uncommon expenses such as loss of home due to disaster, ongoing or extreme medical expenses. 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 the each client's situation and amount of funding available from the funding source.</p>	920
	<p>How is information about eligibility and fees communicated to prospective clients?</p>	2000
	<p>Before intake, referral information is acquired that may determine eligibility for a specific funded program, such as: acceptance to Drug Court or women with dependent children. During intake, 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. The intake worker reviews with the client 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.</p>	753
	<p>Descibe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at <a href="http://www.niatx.net/Home/Home.aspx">http://www.niatx.net/Home/Home.aspx</a>, or similar structured change model.</p>	2000
	<p><a href="#">Our walk through was conducted by an unpaid intern who went through the intake and assessment process. As far as positive feedback, he stated he felt staff were friendly and accommodating, and that services were accessible. He said the counselor helped him feel comfortable and made the intake process understandable. On the negative side, he stated he had to finish the evaluation and intake paperwork in two appointments. Our standard evaluation/intake appointments are scheduled as one appointment, and we will take steps to ensure this process is followed.</a></p>	568

	<p>Are you a National Health Service Core (NHSC) provider? YES/NO          In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000
	No.	3
<p><b>2) Subcontractor Monitoring</b></p>		
	<p>The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:</p>	
	<p>(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.</p>	
	<p>Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.</p>	2000
	<p>Before entering into an agreement with a sub-contractor, we require specific information regarding that organization such as: licensure, insurance, staffing, administration, and treatment or service methods. Acceptable parameters for these requirements are included in the contract or agreement.</p> <p>Upon referring an individual for services, we 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 review cases and billings before payment of invoices. We conduct audit and peer reviews yearly, at a minimum, and more frequently as needed in the event of an audit or review of our program.</p>	824

FY18 Substance Use Disorder Treatment Area Plan Budget					Local Authority: Bear River Substance Abuse			Form B						
FY2018 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 FY2018 Revenue		
Drug Court	196,621	17,325			15,940	41,973			7,345	22,035		\$301,239		
Drug Offender Reform Act	141,152	12,457			6,376				2,938	8,814		\$171,737		
JRI	189,747	16,705	35,062	3,341	31,083				14,690	44,070		\$334,698		
Local Treatment Services	522,996	46,016	96,579	9,203	106,001	381,789	165,232		48,478	145,432	24,500	\$1,546,226		
Total FY2018 Substance Use Disorder Treatment Revenue	\$1,050,516	\$92,503	\$131,641	\$12,544	\$159,400	\$423,762	\$165,232	\$0	\$73,451	\$220,351	\$24,500	\$2,353,900		
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	771	74	88	22					145	20		\$1,120	1	\$1,120
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	31,955	3,045			7,000	10,500	10,500					\$63,000	12	\$5,250
Outpatient (Methadone: ASAM I)	0											\$0	0	#DIV/0!
Outpatient (Non-Methadone: ASAM I)	673,574	59,259	91,682	8,725	78,335	250,415	62,384		45,357	114,570	14,700	\$1,399,001	1097	\$1,275
Intensive Outpatient (ASAM II.5 or II.1)	212,155	18,612	20,125	1,915	43,585	87,458	54,793		24,277	61,691	9,800	\$534,411	200	\$2,672
Recovery Support (includes housing, peer support, case management and other non-clinical )	25,839	2,156				19,089	8,261					\$55,345	225	\$246
Other (Screening & Assessment, Drug testing, MAT)	106,222	9,357	19,746	1,882	30,480	56,300	29,294		3,672	44,070		\$301,023	1561	\$193
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$1,050,516	\$92,503	\$131,641	\$12,544	\$159,400	\$423,762	\$165,232	\$0	\$73,451	\$220,351	\$24,500	\$2,353,900	3096	\$760
FY2018 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 FY2018 Expenditures		
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	218,306	18,586	26,328	2,509	75,640	86,611	165,232		14,690	44,070	4,900	\$656,872		
All Other Women (18+)	159,920	13,940	19,746	1,882	47,820	62,762			11,018	33,053	3,675	\$353,816		
Men (18+)	613,775	54,401	77,669	7,401	26,376	249,651			43,336	130,007	14,455	\$1,217,071		
Youth (12- 17) (Not Including pregnant women or women with dependent children)	58,515	5,576	7,898	752	9,564	24,738			4,407	13,221	1,470	\$126,141		
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$1,050,516	\$92,503	\$131,641	\$12,544	\$159,400	\$423,762	\$165,232	\$0	\$73,451	\$220,351	\$24,500	\$2,353,900		

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Bear River Substance Abuse	Form B1
FY2018 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 FY2018 Expenditures		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	0			\$0		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	21,000	21,000			\$42,000		
Outpatient (Methadone: ASAM I)					\$0		
Outpatient (Non-Methadone: ASAM I)	55,571	85,797			\$141,368		
Intensive Outpatient (ASAM II.5 or II.1)	44,864	84,784			\$129,648		
Recovery Support (includes housing, peer support, case management and other non-clinical )	5,415	19,245			\$24,660		
Other (Screening & Assessment, Drug testing, MAT)	34,462	75,176			\$109,638		
FY2018 DORA and Drug Court Expenditures Budget	\$161,312	\$286,002	\$0	\$0	\$447,314		

## FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

**Local Authority:** Bear River Substance Abuse

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$1,120	Form B - FY18 Projected Clients Served:	1	
Form B - Amount Budgeted In FY17 Area Plan	1,116	Form B - Projected Clients Served In FY17 Area Plan	1	
Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals	0	<b>Character Limit/Count</b>

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
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<p>Anyone presenting with a possible need for detoxification will be seen immediately by a clinician, and regular appointments will be moved to accommodate this need if necessary. Emergency services will be called as needed. The Bear River Health Department medical staff, 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 facilitate a referral to the appropriate medical center or hospital. 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.</p> <p>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.</p> <p>Medical services provided by Dr. Redd are offered at Bear River Health Department locations, unless the doctor determines the individual needs to be transported to a local hospital: 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.</p>	1956
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Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
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	There are no expected increases or decreases from last year.				65
	Describe any significant programmatic changes from the previous year.				2000
	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 intervention before an individual reaches this level of need.				418
	<b>2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)</b>				
	Form B - FY18 Amount Budgeted:	\$63,000	Form B - FY18 Projected Clients Served:	12	
	Form B - Amount Budgeted In FY17 Area Plan	49,000	Form B - Projected Clients Served In FY17 Area Plan	9	
	Form B - Actual FY16 Expenditures Reported by Locals	19,648	Form B - Actual FY16 Clients Served as Reported By Locals	1	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>Residential treatment is offered through contracted providers to clients who meet this ASAM criteria level. Women and IV drug users receive priority admission and are offered services within 48 hours.</p> <p>If the clinician determines the client qualifies for residential care, the counselor works with the client to find placement at an approved facility. Direct treatment is provided through contracts with residential facilities. Accepted programs are State certified, provide both group and individual treatment by licensed staff, require drug screenings, and provide ongoing supervision.</p> <p>We currently have a contract with Odyssey House and are working to renew our contract with House of Hope. Gender and age specific options are assessed and referrals are made according to the individual client need and circumstances. The clinician continues to meet with the client to lend assistance through the referral process, and ensure continued contact and treatment during any waiting period.</p> <p>Clients seeking this level of care meet with clinical treatment staff at the Bear River Health Department for evaluation, diagnostic interview, and referral assistance, at one of the following locations: 655 East 1300 North; 817 West 950 South, Brigham City; 40 West 100 North, Tremonton; 275 North Main, Randolph; and 115 South Bear Lake Blvd., Garden City. 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.</p>	1616
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	<p>Our projected numbers in this plan reflect our current process for providing residential care by contract. We indicated an increase in expected clients served as we typically receive more requests for residential care than our funding allows.</p> <p>We are coordinating with the local jail to use a part of their facility to provide residential and/or day treatment services to fill the void left by the lack of residential care facilities in our region. We will include a specific and detailed plan in the new JRI funding application.</p>	541
	Describe any significant programmatic changes from the previous year.	2000

	<p>Programmatic changes are dependent upon JRI funding approval and the amount available to allocate towards increased jail services.</p>					136
<b>3) Outpatient (Methadone - ASAM I)</b>						
	Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:			
	Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
	Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			<b>Character Limit/Count</b>
	<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.</p>					2000

	<p>We do not prescribe or dispense Methadone on site. For clients prescribed Methadone, Suboxone or other medication through their physician, treatment staff work closely with the physician and client to incorporate medication management into the treatment plan, including UA's. In our efforts to develop community partners, we will include possible MAT referral physicians, and look at PATR vouchers to assist clients in accessing needed Medication-Assisted Treatment. BRHD Medical Director, Dr. Redd is looking into reinstating our Suboxone services.</p> <p>Medication assisted treatment needs are assessed in treatment planning, and reviewed throughout treatment. Clients who would benefit from Antabuse or Campral are referred to their physician or Health Department medical staff. Clients take these medications on site, adhering to policy requiring they take the medication as indicated, staff cannot adjust or advise the client to adjust any prescription. The client must handle the medication within view of staff. Client and staff sign and date a daily medication log. Examination and monitoring is provided as a benefit of the cooperation between the Department's Division of Substance and Medical Services Division at no additional cost to the client. We are working with our Medical and Nursing Division to offer Naloxone kits for eligible clients. We have also implemented a Vivitrol program for eligible clients, using JRI funding this year, and hope to extend the program with the new OUD funding.</p> <p>Bear River Health Department locations and contact information for MAT outpatient care: 655 East 1300 North, Logan; 817 West 950 South, Brigham City; 40 West 100 North, Tremonton; 275 North Main, Randolph; and 115 South Bear Lake Blvd., Garden City. 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 phones are manned by treatment staff, so assistance is available to clients and the public at all times.</p>	2004
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	<p>While we have no current plans to implement a Methadone program, due to the increased focus on medication assisted treatment and the possible availability of funding support for MAT, we expect some increase in MAT services, both in clients served and cost. As stated, we hope to expand our Vivitrol program; Dr. Redd is looking into reinstating our Suboxone program; we will continue to offer Naloxone kits, Antabuse and Campral. By developing connections with FQHC's and local physicians, in addition to the access our clients have to the medical side of the Health Department, we hope to offer further MAT options for clients.</p>	635
	Describe any significant programmatic changes from the previous year.	2000

	Offering expanded MAT, both on site and through interagency cooperatives, as described above, involves significant programmatic changes that we are willing to implement.				173
<b>4) Outpatient (Non-methadone – ASAM I)</b>					
	Form B - FY18 Amount Budgeted:	\$1,324,901	Form B - FY18 Projected Clients Served:	1097	
	Form B - Amount Budgeted In FY17 Area Plan	1,040,904	Form B - Projected Clients Served In FY17 Area Plan	1,070	
	Form B - Actual FY16 Expenditures Reported by Locals	1,047,320	Form B - Actual FY16 Clients Served as Reported By Locals	884	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>Per ASAM criteria, our outpatient care involves up to eight hours a week of individual, group or family counseling, early intervention, and/or education. Services are offered to all populations: male, female, women with dependent children or pregnant, youth and children. Women, youth, and IV drug users receive priority admission, and are offered services within 48 hours.</p> <p>Clients meet with a clinician for evaluation and initial treatment planning. In addition to essential needs identified by ASAM, the evaluation, and any requirements of referral sources or programs, recovery plans outline measureable goals and objectives, and take into account client motivation and need. Treatment plans are reviewed per outpatient requirements, and adjustments are made as clients' progress or needs change. Clients must provide random or scheduled urine samples. In addition to individual sessions, clients may attend couple or family sessions, and may be assigned to a group based on need and ability to participate. Clients 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 typically run 55-60 groups throughout each week to accommodate a variety of client schedules, and we add or adjust group times based on client need and attendance.</p> <p>Outpatient care is available at the following Health Department facilities: 655 East 1300 North, Logan; 817 West 950 South, Brigham City; 40 West 100 North, Tremonton; 275 North Main, Randolph; and 115 South Bear Lake Blvd., Garden City. 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. Per client demand, some services may be available after hours. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public at all times.</p>	1991
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	Our FY18 projections are slightly higher as we are seeing a continued increase in admissions.	98
	Describe any significant programmatic changes from the previous year.	2000

	We continue to explore, and provide training and certification in evidenced based treatment methods.				106
<b>5) Intensive Outpatient (ASAM II.5 or II.1)</b>					
	Form B - FY18 Amount Budgeted:	\$508,782	Form B - FY18 Projected Clients Served:	200	
	Form B - Amount Budgeted In FY17 Area Plan	896,336	Form B - Projected Clients Served In FY17 Area Plan	203	
	Form B - Actual FY16 Expenditures Reported by Locals	149,454	Form B - Actual FY16 Clients Served as Reported By Locals	122	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>Our IOP follows ASAM 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, meeting ASAM requirements for IOP, or who are ordered by a court may participate in the program.</p> <p>Unless ordered directly to IOP by a judge, clients meet with a counselor for evaluation and treatment planning prior to entering IOP. If ordered directly to IOP by a judge, clients meet with a counselor for initial approval for admittance to IOP, and are scheduled as soon as possible for intake and treatment planning. Outpatient services are also part of intensive outpatient care, including: evaluation, treatment planning, required UA's, individual and group sessions in addition to IOP group based on client need, women's case management sessions. IOP addresses stabilization; effects of use; triggers; managing emotions; thinking errors; stages of change; and factors influencing change due to the presence of addiction. During IOP, clients also meet with their treatment counselor for individual recovery planning. Initial and ongoing assessment determines length and focus of treatment. Specific program requirements such as Drug Court, DORA, women with children or 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.</p> <p>IOP is offered on site at one of the following Health Department facilities: 655 East 1300 North, Logan; and 817 West 950 South, Brigham City. Adult IOP options include: Daytime IOP Tuesday through Friday, 8:00 a.m. to 11:00 a.m. in Logan and Brigham City, and evening IOP Monday through Wednesday, 5:00 p.m. to 8:00 p.m. in Logan. Youth IOP is Monday through Thursday, 4:00 and 6:00 p.m.</p>	1977
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	N/A	7
	Describe any significant programmatic changes from the previous year.	2000

	<p>We will continue to 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.</p>				178
<b>6) Recovery Support Services</b>					
<p>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.</p>					
	Form B - FY18 Amount Budgeted:	\$40,551	Form B - FY18 Projected Clients Served:	175	
	Form B - Amount Budgeted In FY17 Area Plan	102,701	Form B - Projected Clients Served In FY17 Area Plan	150	
	Form B - Actual FY16 Expenditures Reported by Locals	100,397	Form B - Actual FY16 Clients Served as Reported By Locals	88	<b>Character Limit/Count</b>
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>					2000

	<p>BRHD case managers assist clients in finding community resources, including childcare and transportation. The Family Place assists clients with child care during treatment and respite care. A partnership with USU's Family Life Center provides clients with finance classes and one on one financial counseling. Case management appointments are free to clients. Job seeking assistance is offered through local programs such as UDOWD. PATR funding provides qualifying clients with recovery support services in the community that they previously may have been unable to access. We will continue to formalize our community partnerships, to take an additional step in referring clients to needed services, and utilize PATR for qualified assistance. Aftercare and women's groups are open to clients and former clients and offer a forum to discuss problems that have developed that may hinder sobriety. Relapse prevention groups allow those nearing completion to explore the challenges in living a sober life. Towards completion, clients focus on discovering healthy activities and building outside support systems. After completion any client may return for individual or group aftercare to discuss obstacles that may be threatening recovery. There is no charge for these contacts unless it becomes necessary for the client to be readmitted for treatment. These services are offered to all populations and programs during or nearing completion of treatment. Drug Court clients are offered free services if they feel a need to return to treatment after graduation from Drug Court.</p> <p>Recovery support services are offered at the following Health Department locations: 655 East 1300 North, Logan; 817 West 950 South, Brigham City; 40 West 100 North, Tremonton; 275 North Main, Randolph; and 115 South Bear Lake Blvd., Garden City. Regular service 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.</p>	1955
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	We have projected an increase in numbers served as we focus more on recovery support and continue to research available options. We hope that PATR funding will 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 PATR funds.	330
	Describe any significant programmatic changes from the previous year.	2000

	We are in the process of getting our PATR program up and running.				69
<b>7) Peer Support Services</b>					
	Form A1 - FY18 Amount Budgeted:	\$11,586	Form A1 - FY18 Projected Clients Served:	50	
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		<b>Character Limit/Count</b>
	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.				2,000
	<p>We are increasing our Peer Support activities in several areas. In IOP, successful graduates attend to offer support and a positive perspective to new clients. We have developed a mentor program which connects successful program graduates with current clients. They meet regularly as a group and also as needed individually, allowing the graduates to assist clients in getting the most out of their program. We currently have nine Drug Court graduates volunteering to mentor new Drug Court participants through the program. We are working to get an Addict to Athlete program up and running in the region.</p> <p>Peer Support Services are provided on site at the following Health Department locations, depending on need: 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., and after hours as scheduled.</p>				1131
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).				1,000

	<p>As we develop and implement more Peer Support options for clients, we expect an increase in utilization of funding designated for Peer Support activities.</p>	159
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000
	<p>Peer Support activities are supervised by designated clinical and management staff. Supervisors work with the Director and with the personnel affiliated with the Peer Support program, for example: in the case of Addict II Athlete, our designated staff member is working closely with the organization to ensure our local group is run to fidelity.</p>	351
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>The implementation of the mentor program and Addict II Athlete activities will enhance our services and the treatment experience for clients participating in these options.</p>	177

	8) Opioid Treatment and Recovery Support Formula Funds	
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> <li>1. Contract with Opioid Treatment Programs (OTP);</li> <li>2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);</li> <li>3. Provision of evidence based-behavioral therapies for individuals with OUD;</li> <li>4. Support innovative telehealth in rural and underserved areas;</li> <li>5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;</li> <li>6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;</li> <li>7. Enhance or support the provision of peer and other recovery supports.</li> </ol>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided.	2000
	<p>Services will be clearly outlined in our OUD grant proposal, but we plan to focus on three areas: 1) Increase our ability to provide residential care to those in need of that higher level of care. 2) Provide an increased level of MAT services both in-house and through collaborations within our communities. 3) Expand our evidence based treatment options specifically for OUD within our outpatient and IOP programs. We are prepared to move forward with our proposal as soon as we get the notification from the State.</p>	526
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
	<p>Details will be outlined in our OUD grant proposal, pending State notification to move forward.</p>	99
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000



	<p>We continually assess the quality and accessibility of our program through feedback derived from clients, interagency collaboratives and BRHD inter-division input, and respond with needed improvements in a timely manner. Examples would be: expanded intake and assessment schedules, expanded office hours for late evening or early morning groups and sessions, adding additional groups (including IOP) at optimal times to accommodate client needs, using the new EHS system effectively and efficiently, and researching and implementing EBP programs. Clients are encouraged to speak with their counselor, or administration with comments, issues and feedback. Client issues and suggestions are taken seriously and immediately acted upon for a quick resolution, whether it be an individual issue such as changing a counselor, or a more large-scale issue such as creating a faster check-in process or adding UA collection times to accommodate different work shifts.</p>	964
	Identify process improvement activities - implementation.	2000
	<p>Since the implementation of our EHS, we have created and improved our processes, and provided frequent staff training for efficient and detailed charting and optimal use of the system. We hope in the future to have funding such that we can add a behavioral health component to our EHS to further enhance it's capabilities. We continue to train staff in weekly staff meetings regarding effective treatment care planning, providing client needs-based treatment, and organized documentation. We continue to research and expand our EBP options, offering Seeking Safety training to more staff members, and utilizing our EBP options such as MRT, Seeking Safety and Moving On.</p>	676
	Identify process improvement activities - Training of Evidence Based Practices.	2000
	<p>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 program requirements. All clinicians and our case manager were trained and certified in MRT last year. More treatment staff were trained and certified to use the Seeking Safety curriculum, and we have expanded our Seeking Safety treatment options to include men's groups in addition to our women's groups. 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 are exploring several new EBP options, with staff researching training, cost, and possible benefits to our program.</p>	1133
	Identify process improvement activities - Outcome Based Practices.	2000

	<p>We focus on outcome based treatment beginning with the evaluation and initial interview between client and counselor to determine both the client need and client goals. We continuously train staff to continue this individualization with the client's treatment plan goals and objectives to engage the client in his or her treatment. Our expanded Recovery Support and Peer Support services will assist in keeping clients connected to their goals in recovery. Our strong connections to community agencies and even the court system encourage clients to follow through with treatment. Designated staff attend weekly adult court sessions, our youth coordinator attends Juvenile Justice meetings, and the local private probation and AP&amp;P regularly attend our staff meetings. Our aftercare group is informal and client driven, offering clients a place to reconnect when they feel in need of support after completion of the program. Client surveys inform us of our connection to our customers. Ongoing data collection allows us to track success and recidivism rates.</p>	1068
	Identify process improvement activities - Increased Service Capacity.	2000
	<p>Monday through Thursday we are open an extended 12 hours per day, and offer all services, including groups in the mornings and late afternoons. Our UA collection hours to accommodate more clients' schedules. The implementation of an evening IOP held beyond our regular business hours has allowed clients who work during the day to access this IOP level of care. With the adoption of EBP group services such as Seeking Safety and MRT, we are giving our clients a greater variety of service options, and by adding more group options for appropriate clients, we are utilizing counselor time to the greatest possible extent, allowing more options for clients to attend services and providing an optimal number of face to face sessions. We continuously add more groups to our curriculum as needs arise and have added several MRT groups and Seeking Safety for men in addition or our women's Seeking Safety groups. We have expanded our intake schedules to allow faster and easier access to admission to the program.</p>	1017
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000
	<p>All individuals, Medicaid or non-Medicaid have equal access to all services with the exception of those with Medicaid seeking strictly mental health services, who are immediately referred to the local Medicaid mental health service provider, Bear River Mental Health. We have worked with Bear River Mental Health to create a referral process to ensure everyone has access to the appropriate care facility regardless of Medicaid or non-Medicaid status.</p>	455
	Identify process improvement activities - Efforts to respond to community input/need.	2000

	<p>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. 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.</p> <p>In addition, 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.</p>	1508
	Identify process improvement activities - Coalition Development	2000
	<p>In addition to BRHD presence in court sessions, including Logan Municipal Court and Drug Court, staff attend 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, and are continually working closely with jail staff to tailor our services in the jail to the needs of the attendees. We coordinate our Prime for Life services with Utah State University so together we can offer the highest variety of options to students. At the request of USU we offer services for their clients when they are at or above capacity. We work regularly with other treatment providers in the area, including local counseling agencies (LDS Counseling Services, Comprehensive Treatment Clinic), IHC, and the local pain clinic (Southwest Pain and Spine Center) to create a seamless referral process. 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.</p>	1272
	Other Quality and Access Improvements (not included above)	2000

	None.	5
	<b>10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility</b>	<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	<p>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, finance management, 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.</p> <p>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.</p>	1245
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000

	<p>We are working closely with jail personnel to accommodate their requests for increased services in the jail. We currently have a staff member conducting groups in the jail every day of the week. We are also anticipating utilizing the increased JRI funding to significantly expand our jail services to include a treatment worker available at the jail facility to provide ongoing assessment and treatment services.</p> <p>We are coordinating with the local jail to use a part of their facility to provide residential and/or day treatment services to fill the void left by the lack of residential care facilities in our region. We will include a specific and detailed plan in the new JRI funding application.</p>	713
	Describe any significant programmatic changes from the previous year.	2000
	<p>Programmatic changes would include increased jail groups, embedding treatment staff at jail facilities to provide ongoing expanded services to include evaluation, treatment sessions. With the new expanded JRI funding, we are exploring the installation of more intensive treatment services including residential and/or day treatment.</p>	337
	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.	2000

	<p>We have no plans at this point to expend SAPT block grant dollars for direct jail services, rather we are looking at other options such as JRI funding.</p>	<p>156</p>
<p><b>11) Integrated Care</b></p>		<p><b>Character Limit/Count</b></p>
	<p>Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.</p>	<p>2000</p>
	<p>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. We also share our Tremonton facility with Bear River Mental Health and the Community Health Center. <a href="#">We are currently working on a grant: Promoting Integrated Primary and Behavioral Healthcare, in conjunction with primary care agencies in Brigham City and Tremonton.</a> 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 are 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 Pain and Spine Center, and provide services at their request according to the needs of the client.</p>	<p>951</p>
	<p>Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	<p>2000</p>

	<p>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 BRHD Health Promotions staff, and medical and nutritional care through BRHD Nursing Division, and other community health care providers such as Bear River Mental Health, the Community Health Center, and Southwest Pain and Spine Center. Clients have immediate access to a case worker to assist them in finding local resources for their particular needs, 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 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&amp;P. We hope to use PATR funding to assist qualified clients with other community agencies as we develop connections that qualify.</p>	1258
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000
	<p>As part of the Bear River Health Department, our clients benefit from immediate access to Divisions providing a variety of screening and follow-up services including HIV, TB, Hepatitis C, Diabetes, and Pregnancy. In addition to screening, follow-up services include education, counseling, resource assistance, and medical services from our Nursing; Baby Your Baby; Women, Infants, Children; Nutrition, and Health Promotions Programs. Referrals and connections are immediate.</p>	482
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a <b>tobacco free environment</b>. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000



	<p>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. In addition to general treatment services, gender specific options for women include women's treatment group, EBP options including Moving On and Seeking Safety, and meetings with a case manager. Case manager meetings are at no cost to the client, and explore options for Recovery Support 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.</p> <p>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, BRHD's Nursing, WIC and Health Promotions Divisions, and Bear River Mental Health to offer our clients the benefit of cooperative programs.</p> <p>Evaluation and outpatient treatment services are provided at all Health Department facility locations: 655 East 1300 North, Logan; 817 West 950 South, Brigham City; 40 West 100 North, Tremonton; 275 North Main, Randolph; and 115 South Bear Lake Blvd., Garden City. 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.</p>	1875
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000
	<p>We offer services to children of clients in a variety of ways: At intake, women with dependent children complete a women's checklist that gather information regarding needs for the children. These needs may be incorporated into the client's treatment plan to address individually with the client, in family sessions, or separate individual counseling sessions with the children. We offer an evening parent group that discusses not only issues surrounding substance use, but parenting issues as well. We have conducted family interventions on an as needed basis for clients and non-clients seeking assistance. Our connections within the Health Department assist parents with medical needs such as immunizations. Our close collaborations with community agencies such as The Family Place and Comprehensive Treatment Clinic allow us to refer clients to services if they need further assistance off site, such as respite care or intensive SED counseling. We work with DCFS workers consistently to coordinate treatment planning and ensure our client's needs and their children's needs are being met.</p>	1103
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000



	<p>1) All youth presenting for services meet with the clinician for screening and assessment, and placement in treatment and/or education.</p> <p>2) At intake, youth are assessed for co-occurring disorders, and 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.</p> <p>3) All youth are offered comprehensive treatment options according to individual need and goals, to include: evaluation, education, appropriate ASAM level of care, recovery support services, and integrated care.</p> <p>4) In youth group, we have have a component on the development of the brain and how substances affect the brain, with emphasis on the teenage brain.</p> <p>5) Parent or guardian participation is required at initial intake appointments, and family involvement is strongly encouraged throughout treatment, including joint or separate treatment sessions. We offer an evening parent group that discusses what to expect from treatment, signs and symptoms, effects of using, and provides support for parents.</p> <p>6) We are taking the recommendation from the TRI review to increase our outreach efforts, i.e.: reminder or follow up calls. We engage clients by offering immediate contact with a counselor at intake and work to build rapport. We contact parents and referral sources to enlist their assistance.</p> <p>7) Treatment staff must hold and maintain appropriate licensure to provide youth services. Staff are provided opportunities for training to maintain licenses and expand and update skill sets for providing youth treatment.</p> <p>8) Youth are offered access to Recovery Support Services and aftercare services.</p> <p>9) We offer priority admission status for youth. We work with the client to provide ASAM appropriate treatment and client preference. Clients are involved in creating their treatment plans.</p> <p>10) Program evaluation is accomplished through direct client feedback, MHSIP surveys, and TEDS data.</p>	1998
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	2000
	Changes are dependent on the impact of the new legislation regarding youth with substance related court charges.	114
	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.	2000

	<p>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. <a href="#">We regularly work with DCFS to address any needs and requirements for youth in treatment, or youth with parents in treatment that may require our services as well.</a></p>				696
<b>14) Drug Court</b>					
	Form B - FY17 Amount Budgeted: Felony	357,516	Form B - FY18 Amount Budgeted: Felony	\$286,002	
	Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.		
	Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile		
	Form B - FY17 Recovery Support Budgeted	28,178	Form B - FY18 Recovery Support Budgeted	\$19,245	<b>Character Limit/Count</b>
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000

	<p>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:</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Individuals must have pending 2nd or 3rd degree felony drug charges transferred to Drug Court.</li> <li>(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.</li> <li>(d) Individuals may not have a conviction for a crime of violence or a pending crime of violence charge, or a history of violence.</li> <li>(e) Alcohol and/or marijuana cannot be the primary source of dependency.</li> <li>(f) Must be a legal resident of the United States.</li> </ul> <p>In addition, clients must meet the basic general admission requirements for treatment to include:</p> <ul style="list-style-type: none"> <li>(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).</li> <li>(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.</li> <li>(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.</li> <li>(d) The individual must be experiencing problems primarily related to the direct use, misuse, or abuse of alcohol and/or drugs (illegal or pharmaceutical).</li> </ul>	1856
	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).	2000
	<p>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 in this Plan, 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 clinical evaluation 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 according to BRHD policy, described in the medication management section of this Plan, and if funding is available. In addition, all Drug Court clients are assigned a case manager with whom they meet weekly to monitor their progress through Drug Court. The case manager provides them with an orientation to Drug Court, 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 groups to support and assist Drug Court participants, through the mentor group, and through Addict II Athlete functions. BRHD staff 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.</p>	1587
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000

	<p>Drug Court clients are afforded access to any MAT services offered within BRHD.</p> <p>Medication assisted treatment needs are assessed in treatment planning, and reviewed throughout treatment. Clients who would benefit from Antabuse or Campral are referred to their physician or Health Department medical staff. Clients take these medications on site, adhering to policy requiring they take the medication as indicated, staff cannot adjust or advise the client to adjust any prescription. The client must handle the medication within view of staff. Client and staff sign and date a daily medication log. Examination and monitoring is provided as a benefit of the cooperation between the Department's Division of Substance and Medical Services Divisiont.</p> <p>Eligible Drug Court clients are offered Naloxone kits if needed, as well as our new Vivitrol program in coordination with BRHD Medical and Nursing Divisions.</p> <p>We do not prescribe or dispense Methadone on site. For clients prescribed Methadone, Suboxone or other medication through their physician, treatment staff work closely with the physician and client to incorporate medication management into the treatment plan, including UA's. In our efforts to develop community partners, we will include possible MAT referral physicians.</p>	1307
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000
	<p>Drug testing is an integral part of treatment, and Drug Court clients are required to provide random or scheduled urine samples to document clean time. Drug Court clients are assigned a color based on their current Drug Court Phase. Counselors may also require additional testing on a case-by-case basis, scheduled or random. Each morning, clients must call a designated phone number 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.</p> <p>Samples are tested in the Health Department lab which is certified using Seimens Healthcare equipment and procedures. 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. Sample collection procedures are posted in collection rooms, and provided to clients at orientation. 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 Drug Court Committee. Urine sample collection and testing procedures are reviewed and discussed during regular staffing meetings.</p>	1423
	Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).	2000

	<p>Additional fees are minimal and 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.</p>	471
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>We are expanding our Peer Support Services for Drug Court clients, including a mentor group and Addict II Athlete. We will continue to offer evening services, including IOP in Cache County, and if the need arises, we will expand our evening IOP to Box Elder County.</p>	271
	<p>Describe the Recovery Support Services you will provide with Drug Court RSS funding.</p>	2000
	<p>Drug Court case managers and BRHD women's case managers assist clients in finding community resources, including childcare and transportation. They assist clients in job search efforts through life skills and financial planning groups, and referrals to local programs such as UDOWD. The Family Place assists clients with child care during treatment and respite care. A partnership with Utah State University's Family Life Center, provides our clients with a finance class and further individual sessions if requested by the client. Case management appointments are free to clients. Aftercare and women's groups are open to clients and former clients and offer a forum to discuss problems that have developed that may hinder sobriety. Relapse prevention groups allow those nearing completion to explore the challenges living a sober life. Towards completion, clients focus on discovering healthy activities and building outside support systems. After completion any client may return for individual or group aftercare to discuss obstacles that may be threatening recovery. There is no charge for these contacts unless it becomes necessary for the client to be readmitted for treatment due to a new incident or offense.</p>	1229

<b>15) Justice Reinvestment Initiative</b>					
Form B - FY17 Amount Budgeted:	325,198	Form B - FY18 Amount Budgeted:	\$320,263		<b>Character Limit/Count</b>
Identify the members of your local JRI Implementation Team.					2000
<p>Our JRI team includes the 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 tri-county area prosecuting and defense attorney's offices. Box Elder and Rich County have not recently been actively involved in JRI, but we will continue to reach out.</p>					542
Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.					2000
<p>Treatment services provided with JRI funding includes evaluation, outpatient, IOP, drug testing, Recovery Support and Peer Support services. Residential services are currently provided by contract. Eligible clients are screened using the RANT, SASSI, client profile and diagnostic interview, as well as a women's services screening for women who are pregnant or have children. Prevention services include ASAM .5 Level education including Prime for Life MIP and DUI classes, life skills, finance management, and anger management. Treatment includes individual and group sessions, and evidenced based treatment such as CBT, MI, MRT, Seeking Safety, and Moving On. Recovery support services are sessions that focus on developing a relapse prevention activities and building a support system, the opportunity to return individual or aftercare group sessions after completion of treatment, ongoing Drug Court case management, and women's resource case management. We will seek additional JRI funding to enable us to take our services to enhance these services and expand to a higher level of care, which is not currently available in this region.</p>					1152
Identify training and/or technical assistance needs.					2000



	<p><b>Individuals Served in DORA-Funded Treatment:</b> How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	2000
	<p>We anticipate approximately 48 clients served in DORA funded treatment throughout FY18 with 23 of the clients currently enrolled in DORA to be carried over into FY18.</p>	171
	<p><b>Continuum of Treatment Services:</b> Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2018, 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.</p>	2000
	<p>DORA clients are offered access to the full continuum of services available at BRHD including ASAM treatment Levels I, II.1, II.D, III; drug testing; RSS; Peer Support; and case management. DORA clients attend an initial hand-off meeting and orientation with the DORA team. Upon completion, they attend an exit interview 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 includes a DSM-IV diagnostic and ASAM placement criteria interview, SASSI, and a client profile. The client and counselor create a recovery plan to outlining goals and objectives in the DORA program.</p>	1018
	<p><b>Evidence Based Treatment:</b> Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.</p>	2000

DORA clients are offered the following EBP options, based on the needs identified in their individualized treatment plans. We have trained all treatment and case management staff in Moral Reconciliation Therapy (MRT) and have expanded our MRT groups to 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 several staff trained in Seeking Safety which is now available in separate men's and women's groups.

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Form C Summary				Form C							
State Funds		County Funds													
FY2018 Substance Abuse Prevention 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 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 FY2018 Revenue			
FY2018 Substance Abuse Prevention Revenue	16,325		3,265			234,440	42,125			13,000	58,000	\$367,155			
State Funds		County Funds													
FY2018 Substance Abuse Prevention Expenditures Budget	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 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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures	
Universal Direct	16,325					139,071				2,500			\$157,896	157,896	
Universal Indirect			3,265			68,654	42,125						\$114,044	114,044	
Selective Services						5,906							\$5,906	5,906	
Indicated Services						20,809				10,500	58,000		\$89,309	89,309	
FY2018 Substance Abuse Prevention Expenditures Budget	\$16,325	\$0	\$3,265	\$0	\$0	\$234,440	\$42,125	\$0	\$0	\$13,000	\$58,000	\$0	\$367,155	\$367,155	
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
SAPT Prevention Set Aside		23,065	64,168		20,809	103,983	22,415	\$234,440							

**FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE**

Local Authority: Bear River Substance Abuse

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

**Executive Summary**

In this section, **please write an overview or executive summary of the entire plan.** Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

**Character Limit/Count**

**3,500**

This plan was developed by the Bear River Health Department (BRHD) and three local community coalitions and outlines the comprehensive strategic plan for the Bear River Health District. The three coalitions that assisted in the development of this plan are the Northern Utah Substance Abuse Prevention Team (NUSAPT), The Bear River Safe Communities Coalition (BRSCC) and the Hispanic Health Coalition (HHC). Both the HHC and the NUSAPT coalition focus on Cache County while the BRSCC focuses on Box Elder County. These coalitions have or are working on identifying key issues for their focus communities.

Each coalition follows the Strategic Prevention Framework (SPF), which includes, assessment, capacity building, planning, implementation, and evaluation. Each coalition is in a different stage of the process.

An assessment has been conducted or is in the process of being conducted by each coalition. The Student Health and Risk Prevention (SHARP) survey forms the basis of the community assessment. Other data looked at includes arrest data, court records, and hospital records. NUSAPT has prioritized the following risk and protective factors: low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, parental attitudes favorable to antisocial behavior, opportunities for pro-social involvement, and rewards for pro-social involvement. NUSAPT also prioritized four problem behaviors: underage drinking, e-cigarettes, marijuana, and prescription drug abuse.

To help prevent substance abuse issues and address risk and protective factors several needs have been identified and will be strengthened in the coming years. The plans address how capacity will be built among BRHD staff, coalition members and in the community.

With the help of the BRHD, each coalition will create an action plan that will outline what strategies each coalition will be implementing to address substance abuse issues in the community. These action plans are based on the community assessment, and readiness assessments.

The BRHD will continue to provide evidence-based programs in the community. Some of these programs include: Parenting Wisely, Parents Empowered, Use Only as Directed, Prime for Life, Youth Life Skills, Prevention Dimensions, Alcohol Compliance Checks, and Shoulder Tap Operations.

The BRHD and community coalitions will monitor each program and strategy to ensure that they are being implemented with fidelity. Each strategy will also be evaluated to ensure goals and outcomes are being achieved and the best prevention services are being offered in the community.

2610

**1) Assessment**

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character Limit/Count**

1,000,000

**Things to Consider/Include:**

Methodology/what resources did you look at? What did it tell you?

Who was involved in looking at data?

How did you come up with the prioritization?

Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.

	<p>NUSAPT completed its last assessment during FY16. NUSAPT used the SHARP data as the base of the assessment but pulled some local police data, and juvenile court data. State databases were also used to gather consequent data on substance use in Cache County.</p> <p>NUSAPT convened a data workgroup that was responsible for identifying data, prioritizing that data, and narrowing the data down into a manageable amount for the whole coalition to review and discuss. This workgroup decided to focus mainly on the SHARP data and not weigh the other data heavily in prioritization. The data workgroup met several times to discuss potential data sources and to comb through the data to find what was relevant and useful.</p> <p>The workgroup decided that they wanted the input of the coalition as a whole for prioritization of substances and factors, but felt they needed to narrow the data set down to a manageable amount for the whole group. To do this the workgroup looked at prevalence and trend of substances, risk factors and protective factors. The workgroup presented their findings to the coalition as a whole and conducted an activity to help the coalition look at the data and make informed decisions on what to prioritize.</p> <p>Similar to what the data workgroup had completed, NUSAPT looked at prevalence, trend, and changeability as important factors in prioritizing substances and factors. Through this process NUSAPT identified alcohol, marijuana, prescription drug misuse, and e-cigarettes as priority substances. The coalition prioritized the following risk factors; low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, and parental attitudes favorable to antisocial behavior and the following protective factors; opportunities for pro-social involvement (school domain), and rewards for pro-social involvement (school domain).</p> <p>Within the last few years readiness assessments were conducted in the community regarding marijuana and alcohol use among youth. These assessments showed that Cache County has a vague awareness of the problem and may need more education on substance abuse issues that affect the youth before they are ready to make changes. This knowledge has influenced the activities NUSAPT is working to implement in the community, with a focus on community education.</p> <p>The BRSCC is in the process of starting their community assessment and will be working towards completing it during the coming fiscal year. They are in the preliminary stages exploring what community data is available and applicable to this process. They will be working on gathering that data during the first part of FY18 and will finalize their data collection towards the end of the year when the new SHARP reports are released. They plan on analyzing the data and setting priorities during the second half of FY18.</p> <p>The Hispanic Health Coalition, has seen some changes recently and had recently completed an assessment and are working on prioritizing substances, risk factors and protective factors. They mainly focused on the Hispanic SHAPR data as they went through the assessment process.</p>	3122				
2)	<b>Capacity Building</b>					
	Example:					
	<p>In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.</p> <p><b>Things to Consider/Include:</b>          Did you need to do any training to prepare you/coalition(s) for assessment?          After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue?          What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)</p>	Character Limit/Count  1,000,000				

Before coalitions within the BRHD started to do their assessments they decided that they needed some training on how to conduct an assessment. Bach Harrison was brought in to do some training with each of the coalition coordinators; the coordinators took what they learned in that training and trained each coalition. The training the coordinators received consisted of going through each step of the assessment with real data for the BRHD. Everything was covered from where to find data to analyzing the data, to writing the assessment report. Each coordinator then replicated or is in the process of replicating that process with their coalition.

NUSAPT had conducted readiness surveys for alcohol and marijuana in 2015. These readiness surveys showed that the community had vague awareness of the problem and more education was needed to raise the community's readiness to address these issues. NUSAPT and the BRHD have been working on providing more education to the community on the problem alcohol and marijuana is in the community.

After NUSAPT had completed the assessment piece of the SPF, and had prioritized substances, risk factors, and protective factors, it was decided that the coalition needed more training on the creation of logic models and how to action plan. NUSAPT reached out to their Regional Director for this training need. One of the Regional Directors from the state came out to a NUSAPT meeting and trained on the process the coalition could use to create a logic model and action plan. Other coalition coordinators and BRHD staff were invited to this meeting so they could also be trained in the process to take back to their coalitions.

The BRSCC has gone through some changes recently that will help build their capacity to address substance abuse issues in Box Elder County. They participated in the assessment training provided by Bach Harrison but they have not yet started their own assessment. They have also been providing training for their coalition coordinator and for coalition members including sending members to the UPCA conference last year. The BRSCC has also started to restructure it's self to allow for greater focus on substance abuse and to allow work to be done more efficiently. They have created two workgroups, one that addresses injury and violence and a workgroup specifically for substance abuse prevention.

The HHC has also seen some significant changes that will hopefully increase their capacity to provide prevention programing to the Hispanic population in Cache County. The BRHD no longer has a paid staff who will be coordinating this coalition, but they have decided to continue to fund the coalition and provide assistance as needed. The coalition will be funded as long as certain requirements are met. A training was provided to members of this coalition on what will be needed to continue to function as a prevention coalition. The SPF process was explained and direction was provided in prioritizing substances and factors. Part of their requirements will be to create a logic model and an action plan for each substance they choose to focus on. Some training was provided to help them understand the process on how to create these documents. This transition has been difficult for the coalition, but in the long run, the ability of prevention work to be conducted in the community will be raised, as more individuals will be familiar with and invested in the SPF process.

Rich County has a smaller population and lower substance abuse rates than the other two counties that make up the Bear River Health District, but the BRHD would like to be more apart of the prevention efforts that are taking place in that community. To build the capacity for prevention services in Rich County, the BRHD will work to create a community coalition that will follow the SPF process. With low substance abuse rates and a small population, educating key leaders on the effectiveness of a prevention coalition will be key. The goal is to educate school and community leaders on what a prevention coalition is, and the benefits it could bring to the community.

To continue to build the capacity of prevention staff and coalitions, the BRHD will continue to support local, state and national trainings and conferences. Members from both the NUSAPT and HHC are planning to attend the 2 week long CADCA training. This training will greatly increase the knowledge of prevention and the SPF process among coalition members. In addition the NUSAPT coalition coordinator and a BRHD staff member that co-coordinates the BRSCC will be attending this training. The BRHD prevention coordinator has attended NPN the last several years and will look for opportunities to attend NPN again or another national conference to stay up to date on current trends and best practices. Coalition members will be made aware of and encouraged to attend the UPCA conference as well as Fall Conference. These local conferences provide an excellent opportunity for coalition members to learn about effective prevention with their counterparts from across the state.

Coalition coordinators will also gauge the knowledge and needs of each coalition to identify specific needs of each. Regional Directors will be utilized to provide local specific training needs for each coalition as they arise.

The Prevention Coordinator will continue to hold monthly prevention meetings where training opportunities will be provided to BRHD staff by either the coordinator or the Regional Director.

The BRHD will also look for opportunities to increase it's fiscal capacity by applying for grants and other funding opportunities. This includes a partnership with the Logan City Police Department and the Beer Tax Funding.

Partnerships are another area where the BRHD will look to increase capacity. Each coalition will strive to recruit new members that can increase their abilities to spread prevention throughout the community.

5958

3) **Planning**

Example:

The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.

	<p><b>Things to Consider/Include:</b>  Write in a logical format or In a narrative. Logical Format is:  Goal: 1  Objective: 1.1  Measures/outcomes  Strategies:  Timeline:  Responsible/Collaboration:</p>	<p><b>Character Limit/Count</b></p>				
	<p>What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?  What agencies and/or people assisted with this plan?</p>	<p>1,000,000</p>				

NUSAPT is currently in the process of creating an action plan that will identify which strategies will be implemented in the community. A large focus of the NUSAPT coalition will be implementing strategies that will educate parents, and raise awareness of issues in the community to increase readiness. Other coalitions are not to the planning phase yet.

The BRHD and community coalition will seek out other funding sources as plans are built and strategies are implemented. Some strategies will be implemented by securing local beer tax funding from law enforcement agencies. Partners For Success funding will be used mainly to increase capacity through sending individuals to trainings. Local hospital funding may also be used to help support educational materials and strategies that will address prescription drug misuse and abuse. Each coalition will evaluate their needs and apply for other funding as needs arise.

Below are the long-term strategic plans for both the NUSAPT and BRSCC coalitions. These plans provide a guide on the long-term goals of the coalitions but do not specify specific programs or strategies that will be used to accomplish each objective.

### **Northern Utah Substance Abuse Prevention Team Strategic Plan:**

#### **Goal 1.1: Prevent underage drinking**

**Objective 1.1.1:** Reduce parental attitudes favorable to underage drinking

**Objective 1.1.2:** Reduce community norms favorable to underage drinking

**Objective 1.1.3:** Increase parental knowledge around underage drinking harms

**Objective 1.1.4:** Increase prioritized protective factors of opportunities for pro-social involvement in the community

**Objective 1.1.5:** Reduce prioritized risk of low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, and parental attitudes favorable to antisocial behavior in the community

**Metrics:** Indicator: Reduce 30 day alcohol use among all grades from 4.1% to 2.1% between 2015 and 2027

#### **Goal 1.2: Prevent and reduce marijuana use**

**Objective 1.2.1:** Increase youth perception of harm of use

**Objective 1.2.2:** Increase community awareness of marijuana issues

**Objective 1.2.3:** Increase community readiness to address marijuana use

**Objective 1.2.4:** Monitor policy issues in the community

**Objective 1.2.5:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 1.2.6:** Reduce prioritized risk of low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness and parental attitudes favorable to antisocial behavior in the community

**Metrics:** Indicator: Reduce 30 day marijuana use among all grades from 2.8% to 2% between 2015 and 2027

#### **Goal 1.3: Prevent and reduce prescription drug misuse and abuse**

**Objective 1.3.1:** Increase proper disposal

**Objective 1.3.2:** Reduce community norms favorable to misuse and abuse

**Objective 1.3.3:** Increase knowledge of proper prescribing practices among prescribing providers

**Objective 1.3.4:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 1.3.5:** Reduce prioritized risk of low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, and parental attitudes favorable to antisocial behavior in the community

**Metrics:** Indicator: Reduce 30 day prescription drug misuse and abuse among all grades from 2.3% to 1.5% between 2015 and 2027

#### **Goal 1.4: Prevent and reduce E-cigarette use**

**Objective 1.4.1:** Increase community awareness of E-cigarette issues

**Objective 1.4.2:** Reduce community norms favorable to E-cigarettes

**Objective 1.4.3:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 1.4.4:** Reduce prioritized risk of low commitment to school, depressive symptoms, low neighborhood attachment, rebelliousness, and parental attitudes favorable to antisocial behavior in the community

**Metrics:** Indicator: Reduce 30 day E-cigarette use among all grades from 4.5% to 3.5% between 2015 and 2027

### **Bear River Safe Communities Coalition Strategic Plan:**

#### **Goal 1: Prevent and reduce underage drinking**

**Objective 1.1:** Reduce parental attitudes favorable to underage drinking

**Objective 1.2:** Reduce community norms favorable to underage drinking

**Objective 1.3:** Increase parental knowledge around underage drinking

**Objective 1.4:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 1.5:** Reduce prioritized risk factors of family conflict, low neighborhood attachment, perceived risk of drug use, and depressive symptoms

**Metrics:** Indicator: Reduce 30 day alcohol use among all grades from 5.3% to 4.3% between 2015 and 2027

#### **Goal 2: Prevent and reduce marijuana use**

**Objective 2.1:** Increase youth perception of harm of use

**Objective 2.2:** Increase community awareness of marijuana issues

**Objective 2.3:** Increase community readiness to address marijuana use

**Objective 2.4:** Monitor policy issues in the community

**Objective 2.5:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 2.6:** Reduce prioritized risk factors of family conflict, low neighborhood attachment, perceived risk of drug use, and depressive symptoms

**Metrics:** Indicator: Reduce 30 day marijuana use among all grades from 3.7% to 2.7% between 2015 and 2027

#### **Goal 3: Prevent and reduce prescription drug misuse and abuse**

**Objective 3.1:** Increase proper disposal

**Objective 3.2:** Reduce community norms favorable to misuse and abuse

**Objective 3.3:** Increase knowledge of proper prescribing practices among prescribing providers

**Objective 3.4:** Increase prioritized protective factors of opportunities for pro-social involvement, and rewards for pro-social involvement in the community

**Objective 3.5:** Reduce prioritized risk factors of family conflict, low neighborhood attachment, perceived risk of drug use, and depressive symptoms

**Metrics:** Indicator: Reduce 30 day prescription drug misuse and abuse among all grades from 2.4% to 1.4% between 2015 and 2027

6456

4)	<b>Implementation</b>					
	Example:					
	<p>Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.</p>	<b>Character Limit/Count</b>				
	<p><b>Things to Consider/Include:</b>  Please outline who or which agency will implement activities/programming identified in the plan.  Provide details on target population, where programming will be implemented (communities, schools). How many sessions?  **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).</p>	1,000,000				
	<p>Education is a big part of our communities plan to address substance abuse issues. Each coalition will work with its members to determine which messages to share and where to share those messages. Coalitions will focus on using already developed materials from Parents Empowered and Use Only as Directed, but will also work on other messaging to help address readiness level and raise awareness of the problems in the community.</p> <p>The BRHD will also implement the following prevention strategies and evidence-based programs and throughout the district:</p> <p><b>Prevention Dimensions:</b> This school based program will continued to be offered local schools. All new schoolteachers are trained in the program at the beginning of the school year and are encouraged to provide lessons in their classrooms. The BRHD also has staff that will go to all 6th grade classes and provide the drug and alcohol lessons.</p> <p><b>Parents Empowered:</b> The BRHD will coordinate and support Parents Empowered education in the community. Parents Empowered is a statewide media campaign aimed at educating parents on the power they have in preventing underage drinking. The BRHD supports Parents Empowered month every January, shares educational materials throughout the year, and during parent meetings with all 5th grade parents in Cache Valley. The BRHD also host a Red Ribbon Run where they utilize and promote Parents Empowered messages and materials.</p> <p><b>Prime For Life:</b> Minor in possession classes will be offered at the BRHD twice a month using the Prime for Life curriculum. The classes are mostly offered in the Logan office but will be provided a few times throughout the year in the Brigham City office. This class is for first time offenders between the ages of 16 and 20. The class is made up of 4 two-hour sessions. The BRHD has a good relationship with Utah State University for referring individuals to the program.</p> <p><b>Parenting Wisely:</b> This program will continued to be offered through the BRHD and both the Logan and Brigham City offices. The plan is to also make it available in the Tremonton office. CAPSA has also been a partner in offering the program to their clients and the goal is to strengthen that partnership and their ability to offer the program. Parenting Wisely is an evidence-based, parenting program that is computer or DVD based. The target population for this program is parents with either young children or teenagers. We have focused our efforts on parents that may be experiencing other problems in the home. This program is not session based and can usually be completed within a few hours of starting.</p> <p><b>Alcohol Compliance Checks:</b> BRHD staff work with 6 police departments to conduct alcohol compliance checks up to four times a year. BRHD coordinates with law enforcement on date and time, and often coordinates providing the underage buyer. BRHD staff rides along during the checks and records the results at each retail outlet. The goal of compliance checks is to see if store clerks know and comply with the legal age limit to buy alcohol.</p> <p><b>Shoulder Tap:</b> The BRHD plans to hold at least 1 shoulder tap during the year. For a shoulder tap operation the BRHD is responsible for running a media campaign that informs the public of the laws and penalties for buying alcohol for someone underage. Law enforcement conducts the shoulder tap by training a youth to ask adults if they would purchase alcohol for them. The education piece of a shoulder tap operation is meant to hit the whole community, and the point of the shoulder tap is to gauge what percent of the population knows and complies with the law.</p> <p><b>Retailer Education:</b> Education is provided to clerks that make an illegal alcohol sell or at the request of store management. This is a one-time education class aimed at teaching clerks the laws about selling alcohol to someone under the legal age, and teaches them how to quickly tell if someone is underage when looking at an ID. The BRHD provides this class in the community when it is needed.</p> <p><b>Youth Life Skills:</b> The BRHD has implemented the middle school curriculum in the past as either a universal program targeting health classes, or as an indicated program for those referred by the court. The court-referred class was discontinued do to a lack of referrals. The middle school program was a success but due to staff changes and not having the resources to hire a new prevention specialist this class has also currently been discontinued. When the BRHD has the capacity to offer this program again, they will plan to again offer it universally to at least one health class at on of the local middle schools. This program is a 10-session curriculum.</p> <p>The BRHD also has plans to implement the elementary curriculum in the Logan School District's after school clubs program, but will hopefully be using non block grant funds to make this happen.</p>	4857				
5)	<b>Evaluation</b>					
	Example:					
	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	<b>Character Limit/Count</b>				

	<b>Things to Consider/Include:</b> What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	1,000,000				
	<p>Evaluation is an important part of the SPF process and an important aspect to ensure prevention programs are being effective in helping the community reach its goals. To ensure that all BRHD programs are being implemented with fidelity, all staff will receive the proper training before implementing any program. Any syllabi provided through curriculum developers will be used as structure for each class. Instructors will also use proper class materials and receive any update trainings that are required. If a checklist is provided for the program, those check lists will be followed. Prevention staff will also observe each other at least once during the year to monitor how closely content is being offered as curriculum developers intended it.</p> <p>Prevention staff and coalition members will evaluate education materials and media campaigns that will be created and shared. Educational materials will be evaluated for how appropriate it is for the intended audience and for how well it addresses a community risk or protective factor.</p> <p>The BRHD and community coalitions will continue to monitor community data, and use logic models to gauge whether goals are being reached. By monitoring whether goals and outcomes are being met the BRHD will be able to adjust its prevention efforts to best serve the community.</p>	1315				

6) Attach Logic Models for each program or strategy.

Program 310: Parents Empowered		Cost: \$23,065	Evidence Based: State Evidence-Based Workgroup				
LSAA: Bear River Health Department		Tier Level: 3					
	Goal	Factors	Focus Population		Strategies	Outcomes	
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Parental Attitudes Favorable toward ASB (Family Domain)  Rewards for Prosocial Involvement (Community Domain)	U S I	Parents with teenagers between the ages of 12-16 who request Parents Empowered information.  Estimated Number Served: 700 people	Develop a P.E. media plan including newspaper, prevention bulletins, and radio (English and Spanish). Send a press release on a quarterly basis to various media outlets. Put an article or print ad in 80% of Prevention Bulletins. Attend at least 3 community events with P.E. information in English or Spanish (using the large P.E. banners), and distribute collateral items that are available and appropriate for event. Purchase and run Parents Empowered Ads on local radio stations. Present the Parents Empowered PowerPoint to at least 3 groups of parents. Plan, implement, and evaluate a 5K/1 mile Parents Empowered race event during October Partner with local PTA boards at our Elementary and Secondary level schools  Hours of direct service: 20-40 Number of sessions: 10 Locations: schools, community venues Type of activities: presentations, booths, community events and race	Short Parental Attitudes Favorable to ASB will decrease by 3% and Rewards for Prosocial Involvement will increase by 3% from 2013 to 2017 in all grades.  Parental Attitudes Favorable to ASB (Family Domain) 2013: 22.7% (All Grades) 2017: 19.7% (All Grades)  Rewards for Prosocial Involvement (Community Domain) 2013: 70% (All Grades) 2017: 73% (All Grades)	Long 30 day alcohol use among students in grades 8-12 will decrease by 2%.  2007 (Alcohol) Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%  2017 (Alcohol) Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%

	Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	Number of participants Media Reach	Completion of media plan Media contracts Numbers from events, participants, and presentations Parents Empowered Month evaluation forms Number of materials disseminated	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report						
	320: Professional Development Trainings			Cost: \$28,308 (all 320 programs)	Evidence Based: State Evidence-Based Workgroup								
	LSAA: Bear River Health Department			Tier Level: 3									
	Goal	Factors	Focus Population	Strategies	Outcomes								
	Logic	Parental Attitudes Favorable toward ASB	U S I First year teachers in Cache, Logan, Box Elder, and Rich School Districts  FY2016 (Goal): 50 teachers & 40 afterschool teachers (based on new hires)	BRHD will invite all new teachers, if any, to attend trainings K-8 provided by USOE.  BRHD will provide training opportunities for each health teacher in the 9-12 grades. Each afterschool site will be invited to participate in PD training for afterschool staff (2). Each elementary and secondary school will have an assigned contact to act as a liaison between the school and the Bear River prevention staff. The contacts will be required to provide a monthly report concerning PD lessons taught in their schools and fulfill other objectives developed from BRHD or USOE.  Hours of direct service: 30 Number of sessions: 5 Locations:Cache, Logan, Box Elder Districts Type of activities:Teacher Trainings	Short Parental Attitudes Favorable toward ASB will decrease by 3% from 2013 to 2017 in all grades.  Parental Attitudes (All Grades): 2013 22.7% 2017 19.7%	Long 30 day alcohol use among students in grades 8-12 will decrease by 2%. Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%. 30 day inhalant use among students in grades 6-8 will decrease by 1%.  2007 Alcohol: Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0% Marijuana: Grade 10: 4.2% Grade 12: 2.8% Inhalants: Grade 6: 2.0% Grade 8: 3.3%  2017 Alcohol: Grade 8:3.1% Grade 10: 11.5% Grade 12:7.0% Marijuana: Grade 10: 4.7% Grade 12: 3.3% Inhalants: Grade 6: 1.0% Grade 8: 2.3%							
	Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	Numbers of participants Self-report from school contacts concerning number of new teachers	Number of teachers trained Training Pre/Post Survey Number of lessons taught	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report						
	320: Classroom Services			Cost: \$28,308 (all 320 programs)	Evidence Based: State Evidence-Based Workgroup								
	LSAA: Bear River Health Department			Tier Level: 3									
	Goal	Factors	Focus Population	Strategies	Outcomes								



		among Hispanic students in grades 8-12.	Depressive Symptoms  Academic Failure  Perceived Risk of Drug Use  Rewards for Prosocial Involvement (Family)	have access to the different sectors of the community  FY2015:24 members, 5 meetings as of April 09, 2015.	Maintain collaboration with school and youth partners such as parent liaisons and Latinos in Action advisors. Continue appointment of Chair and Vice Chair (BRHD staff will assume role of Coalition Coordinator) Recognition to active members Continue utilization and education of Hispanic SHARP report results Conduct one community activity that provides education/awareness of substance abuse prevention (i.e. priority risk/protective factor, underage drinking, marijuana use) Create or translate media releases, articles, or radio ads in Spanish and distribute through coalition partners as needed. Distribute Spanish Parent's Empowered materials during community events or per request  Hours of direct service: 10 Number of sessions: 6 meetings, 1 community event Locations: Bear River Health Department, community venues Type of activities: meetings, community event/fair	from 2015 to 2019.  Poor family management 2015: 41.5% 2019: 36.5%  Depressive Symptoms 2015: 44.5% 2019: 39.5%  Academic failure 2015: 45.1% 2019: 40.1%  Perceived risk of drug use 2015: 45.2% 2019: 40.2%  Protective factor will increase by 5% from 2015 to 2019  Rewards for prosocial involvement (Family) 2015: 50% 2019: 55%	Hispanic students in grades 8-12 will decrease by 2%.  2007 Alcohol: Grade 8:13.1% Grade 10: 21.8% Grade 12: 27.3%  2017 Alcohol: Grade 8: 11.1% Grade 10: 19.8% Grade 12: 25.3%					
	Measures & Sources	BRHD Hispanic 2007 SHARP Report	BRHD Hispanic 2015 SHARP Report	HHC Roster Meeting Agendas and Minutes Number of Coalition Meetings Held	HHC Roster Meeting Agendas and Minutes Number of Coalition Meetings Held Satisfaction surveys Number of community events and participants	BRHD Hispanic 2019 SHARP Report	BRHD Hispanic 2017 SHARP Report					
Program Name: 341-Minor In Possession (MIP) Class		Cost: \$20,809		Evidence Based: Evidence Based: SAMHSA's National Registry of Evidence-Based Programs and Practices (April 2015)								
LSAA: Bear River Health Department				Tier Level: 4								
	Goal	Factors	Focus Population	Strategies	Outcomes							
			U S I		Short	Long						
Logic	Reduce 30 day alcohol use among students	Favorable Attitudes toward Drug Use	Youth ages 16-20 who receive an MIP offense and are referred to the Bear River Health Department	Prime For Life Under 21 course. Taught twice, monthly, at the Bear River Health Department. Classes are 2 hours on Tuesday and Thursday	Favorable Attitudes toward Drug Use will decrease by 2%	30 day alcohol use among students in						

		among students in grades 8-12.  Limit increases in 30 day Marijuana use among students in grades 10-12.	Drug Use.	Bear River Health Department.  2012: 96 participants, 11 classes. 2013: 104 participants, 13 classes. 2014: 97 participants, 20 classes. 2015: 82 participants, 20 classes 2016: 138 participants, 21 classes 2017: 81 participants, 15 classes, as of March 16th	Classes are 2 hours on Tuesdays, and 1 hours on Thursdays. Starting on the first Tuesday of each month, the course is four classes long for a total of 8 hours. BRHD Pre & Post outcome survey disseminated to each participant. Efforts to recruit and maintain program will include partners from BRHD SA Treatment, USU, and the courts.  Hours of direct service: 220 Number of sessions: 22 Locations: Bear River Health Department Type of activities: PRIME For Life Under 21 Classroom Lessons	will decrease by 2% from 2013 to 2017 in all grades.  2013 Alcohol (All Grades) All Grades: 14.5%  2017 Alcohol (All Grades) All Grades: 12.5%	students in grades 8-12 will decrease by 2%.  Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.  2007 (Alcohol): Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%  Marijuana: Grade 10: 4.2% Grade 12: 2.8%  2017 (Alcohol) Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%  Marijuana: Grade 10: 6.7% Grade 12: 5.3%					
	Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	BRHD Substance Abuse Admissions Report BRHD MIP Class Rolls	BRHD MIP Class Rolls	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report					
	342: Youth Life Skills Training			Cost: \$20,243	Evidence Based: SAMHSA's National Registry of Evidence-Based Programs and Practices; Botvin LifeSkills Training (Youth Life Skills) Pre/Post Tests							
	LSAA: Bear River Health Department			Tier Level: 4								
		Goal	Factors	Focus Population	Strategies	Outcomes						
				U S I		Short	Long					
	Logic	Reduce 30 day alcohol use among students	Peer-Individual Domain: Attitudes favorable to ASB	Students in grades 6th-8th (ages 11-15) who are referred to the Bear River Health Department Life Skills class at	Botvin LifeSkills Training (LST Middle School Level 2) course taught at a school at least 2 times per school year	Peer-Individual Domain: Attitudes favorable to ASB will	Reduce 30 day alcohol use rates among students					

		among students in all grades.  Limit increases in 30 day Marijuana use among students in grades 10-12.  Reduce 30 day inhalant use among students in grades 6-8.	favorable to ASB (All grades)  Family Conflict (All grades)	Health Department Life Skills class at their school.  FY18 plan is to offer Youth Life Skills in the Logan School Districts after schools clubs program.	year.  2 sessions/week for 6 weeks.  Hours of direct service: 6 Number of sessions: 12 Locations: Mt. Logan Middle School Type of activities: Youth Life Skills Lessons	favorable to ASB will decrease by 3%. (All grades)  Family conflict will decrease by 3%. (All grades)  Attitudes favorable to ASB (All Grades) 2013: 24.3% 2017: 21.3%  Family Conflict (All Grades 2013: 28.3% 2017: 25.3% )	among students in all grades by 1%. Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%. Reduce 30 day inhalant use among students in grades 6-8 by 1%.  2007 (Baseline) Alcohol: Grade 6: 1.2% Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0% Marijuana: Grade 10: 4.2% Grade 12: 2.8% Inhalants: Grade 6: 2.0% Grade 8: 3.3%  2017 (Outcome) Alcohol: Grade 6: 0.2% Grade 8: 4.1% Grade 10: 12.5% Grade 12: 8.0% Marijuana: Grade 10: 6.7% Grade 12: 5.3% Inhalants: Grade 6: 1.0% Grade 8: 2.3%				
	Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report.  Juvenile Court staff meeting  Youth Life Skills Pre/Post Tests	BRHD Youth Life Skills Class Rolls	BRHD Youth Life Skills Class Rolls  Youth Life Skills Pre/Post Tests	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report				
	343: Parenting Wisely			Cost: \$4,906	Evidence Based: SAMHSA's National Registry of Evidence-based Programs and Practices						
	LSAA: Bear River Health Department			Tier Level: 4							
	Goal	Factors	Focus Population	Strategies		Outcomes					
			U	S	I	Short	Long				
	Logic	Reduce 30 day alcohol use among students	Parental Attitudes Favorable toward	Parents referred by CAPSA (Domestic Violence Shelter) and BRHD Treatment	Offer the Parenting Wisely computer-based curriculum to clients at three sites (BRHD-Logan, BRHD-Briham, and CAPSA)	Parental Attitudes Favorable toward ASR will	30 day alcohol use among students in				

		among students in grades 8-12.  Limit increases in 30 day marijuana use among students in grades 10-12.	Favorable toward ASB	BRKHU treatment	Logan, BRKHU-Brigham, and CAPSA). Provide materials to offer program at YCU in Brigham City. Instruction time is about 3 hours. Participants will take a pre/post test and survey. All participants who complete the program receive a \$20 grocery gift card. Provide curriculum to at least 20 parents.  Hours of direct service: 60 Number of sessions: 20 Locations: BRHD Logan, BRHD Brigham City, CAPSA Type of activities: Parenting Wisely computer-based program	toward ASB will decrease by 3% from 2013 to 2017 in cumulative score.  Parental Attitudes 2013: 22.7% 2017: 19.7% (All Grades)	students in grades 8-12 will decrease by 2%.  Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%.  2007 Alcohol: Grade 8: 5.1%; Grade 10: 13.5%; Grade 12: 9.0%  Marijuana: Grade 10: 4.2%; Grade 12: 2.8%  2017 Alcohol: Grade 8: 3.1%; Grade 10: 11.5%; Grade 12: 7.0%  Marijuana: Grade 10: 6.7%; Grade 12: 5.3%				
	Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	Participant Information Sheet	Pre/Post Test and Survey Participant Information Sheet	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report				
	350: Bear River Safe Communities Coalition			Cost: \$34,329 (all 350 programs)	Evidence Based: Follows SPF model within Box Elder County. Links to evidence based programs such as SHARP, Parents Empowered, Life Skills, and Parenting Wisely						
	LSAA: Bear River Health Department			Tier Level: 3							
		Goal	Factors	Focus Population		Strategies		Outcomes			
				U	S	I		Short	Long		
	Logic	Reduce 30 day alcohol use among students	Community Rewards	Community coalition comprised of about 12 members representing a wide variety of agencies across the		Community Coalition: Recruit and maintain a Bear River Safe Communities Coalition (BRSCC) with members from major sectors in the community like		Community Rewards will increase by 3% from	30 day alcohol use among students in		

		among students in grades 10-12.	Parental Attitudes Favorable toward ASB	variety of agencies across the community.  Estimated Number Served: 12 members	members from major sectors in the community (i.e., education, health, law enforcement, other social service agencies.) Conduct quarterly meetings.  Safety/Health: BRSCC will continually assess and identify community safety/health concerns. Share/link to resources: At the meetings, BRSCC members will provide education and promote their agency's services/events. Members will also assist in promoting and disseminating information for other coalition members providing resources to broaden everyone's reach into the community. BRSCC may assist with education in the community on SHARP, SOaR, underage drinking, impaired driving and other evidence based programs/strategies i.e., Parents Empowered, Parenting Wisely.  Possible groups to educate: Worksites/employees from participating agencies, Community/Civic groups.	increase by 3% from 2013 to 2017 in all grades.  Parental Attitudes favorable toward ASB, and Attitudes will decrease by 3% from 2013 to 2017 in all grades.  Community Rewards 2013: 69.8% 2017: 72.8% (All Grades)  Parental Attitudes 2013: 24.9% 2017: 21.9% (All Grades)	students in grades 10-12 will decrease by 4%.  2009 (Alcohol) Grade 10: 10.6% Grade 12: 14.3%  2017 (Alcohol) Grade 10: 6.6% Grade 12: 10.3%				
	Measures & Sources	BESD 2007 SHARP Report	BESD 2013 SHARP Report	Meeting participation. Meeting minutes. Collaborative efforts with member agencies	Meeting minutes. Activity reports.	BESD 2017 SHARP Report	BESD 2017 SHARP Report				
	350: Northern Utah Substance Abuse Prevention Team			Cost: \$34,329 (all 350 programs)	Evidence Based: Follows SPF model. Links to evidence based programs such as SHARP, Parents Empowered, All Stars, and Parenting Wisely						
	LSAA: Bear River Health Department			Tier Level: 3							
		Goal	Factors	Focus Population	Strategies	Outcomes					
	Logic	Reduce 30 day alcohol use among students	Poor Family Management	U About 25 community members who represent a diverse population and have access to the 12	S I Conduct bi-monthly NUSAPT meetings. During FY2012, NUSAPT will implement at least one underage drinking activity, one inhalant activity, and	Short In Cache County, Poor Family Management will	Long 30 day alcohol use among students in				

	among students in grades 8-12.  Limit increases in 30 day marijuana use among students in grades 10-12.  Reduce 30 day narcotic prescription drug abuse among students in grade 12.	Community Rewards	population and have access to the 12 sectors of the community.	underage drinking activity, one innaiant activity, and reassess the Prioritized Risk Factors using the 2011 SHARP Report. NUSAPT will also educate the community on SHARP, possible groups to educate: Board of Health, GYC, School Boards, Hispanic Health, and Substance Abuse Division.  Hours of direct service: 36 Number of sessions: 18 Locations: Cache County Agencies Type of activities: Coalition and workgroup Meetings	management will decrease by 3% from 2013 to 2017.  In Cache County, Community Rewards will increase by 3% from 2013 to 2017.  Poor Family Management 2013: 28.6% 2017: 25.6% (All Grades)  Community Rewards 2013: 69.8% 2017: 72.8% (All Grades)	students in grades 8-12 will decrease by 2%. Limit increases in 30 day Marijuana use among students in grades 10-12 to 2.5%. 30 day prescription drug abuse will decrease by 1%. 2007 Alcohol: Grade 8: 5.1% Grade 10:13.5% Grade 12: 9.0% Marijuana: Grade 10: 4.2% Grade 12: 2.8% Prescription Narcotics: Grade12: 1.8% 2017 Alcohol: Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0% Marijuana: Grade 10: 6.7% Grade 12: 5.3% Prescription Narcotics Grade 12: 0.8%					
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	NUSAPT roster Meeting agendas and roles Number of coalition meetings attended	NUSAPT roster Meeting agendas and roles Number of coalition meetings attended Number of community members involved in the events Annual satisfaction survey	Cache County 2017 SHARP Report	BRHD 2017 SHARP Report					
370: Alcohol Compliance Checks			Cost: \$22,415 (all 370 programs)	Evidence Based: <a href="http://www.thecommunityguide.org/alcohol/summaryCGRRecommendations.pdf">www.thecommunityguide.org/alcohol/summaryCGRRecommendations.pdf</a>							
LSAA: Bear River Health Department			Tier Level:								
	Goal	Factors	Focus Population	Strategies	Outcomes						
			U	S	I	Short	Long				
Logic	Reduce 30 day alcohol use among students	Parental Attitudes Favorable toward ASR	Retailers and their employees who sell alcohol.	BRHD will work with law enforcement within Box Elder, Cache and Rich counties to ensure that alcohol compliance checks are being conducted	Parental Attitudes Favorable toward ASR will decrease by	Reduce 30 day alcohol use rates among students					

		among students in grades 8-12.	ASB Increase retailer compliance to alcohol laws	Estimated Number Served: 213 check in 77 stores	compliance checks are being conducted.  Coordinate with law enforcement to prepare for alcohol compliance checks.  Ensure communication between business licensing and law enforcement.  Communicate laws and norms with law enforcement through Cops and Courts Prevention Bulletin.  Hours of direct service: 50 Number of sessions: 12 + 2 Cops and Courts Prevention Bulletin Locations: Brigham City, Box Elder County, Logan City, Cache County and Rich County Type of activities: Alcohol Compliance Checks	ASB will decrease by 3% from 2013 to 2017 for grades 8-12.  By FY2017, 85% of alcohol retailers in the Bear River Health District will be in compliance.  Parental Attitudes 2013: Grade 8: 24% Grade 10: 25.8% Grade 12: 24.3%  2017: Grade 8: 21% Grade 10: 22.8% Grade 12: 21.3%	among students in grades 8-12 by 2%.  2007 (Alcohol) Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%  2017 (Alcohol): Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%				
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	FY2013 Alcohol Compliance Check Data	Alcohol Compliance Check data	Alcohol Compliance Check data Number of Prevention Bulletins Number of compliance checks conducted Number of stores checked at least once Number of law enforcement conducting checks	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report				
370: Shoulder Tap				Cost: \$22,415 (all 370 programs)	Evidence Based: National Highway Traffic Safety Administration						
LSAA: Bear River Health Department				Tier Level: 4							
	Goal	Factors	Focus Population	Strategies		Outcomes					
			U S I			Short	Long				
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Parental Attitudes Favorable toward ASB	Adults over age 21.  Estimated Number Served: 30 adults approached during at least 2 Shoulder Tap events	One time per year BRHD will work with law enforcement to conduct the Shoulder Tap program, including media campaign prior to event and follow-up after.  Two weeks before the event, start a media campaign educating the public about reducing youth access to alcohol using radio and newspaper ads.  Coordinate with law enforcement to prepare event.  Communicate laws and norms with law enforcement through Cops and Courts Prevention Bulletin.  Hours of direct service:17.5 Number of sessions: 2 Locations: Brigham City/Box Elder County and Logan City/Cache County Type of activities: Shoulder Tap		Parental Attitudes Favorable toward ASB will decrease by 3% from 2013 to 2017 for grades 8-12.  Parental Attitudes 2013: Grade 8: 24% Grade 10: 25.8% Grade 12: 24.3%  2017: Grade 8: 21% Grade 10: 22.8% Grade 12: 21.3%	Reduce 30 day alcohol use rates among students in grades 8-12 by 2%.  2007 (Alcohol) Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%  2017 (Alcohol): Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%				
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	Shoulder Tap data.	Shoulder Tap data Shoulder Tap Log Sheets Press Releases Media Spots purchased Copies of media coverage Number of Prevention Bulletins Number of Adults approached at event Number of buys and arrests from event		BRHD 2017 SHARP Report	BRHD 2017 SHARP Report				

370: Retailer Education			Cost: \$22,415 (all 370 programs)	Evidence Based: OJJDP					
LSAA: Bear River Health Department				Tier Level: 4					
	Goal	Factors	Focus Population	Strategies	Outcomes				
			U S I		Short	Long			
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Parental Attitudes Favorable toward ASB	All off premise retailers selling alcohol and their employees, upon request  Estimated Number Served: 10 clerks	Provide alcohol Retailer Education classes on an as needed basis and at the request of retailers within Box Elder, Cache and Rich counties.  Hours of direct service: 30 Number of sessions: 9 Locations: Bear River Health Department or on-site at Retailer Outlet Type of activities: Group classroom presentation	Parental Attitudes Favorable toward ASB will decrease by 3% from 2013 to 2017 for grades 8-12.  Parental Attitudes 2013: Grade 8: 24% Grade 10: 25.8% Grade 12: 24.3%  2017: Grade 8: 21% Grade 10: 22.8% Grade 12: 21.3%	Reduce 30 day alcohol use rates among students in grades 8-12 by 2%.  2007 (Alcohol) Grade 8: 5.1% Grade 10: 13.5% Grade 12: 9.0%  2017 (Alcohol): Grade 8: 3.1% Grade 10: 11.5% Grade 12: 7.0%			
Measures & Sources	BRHD 2007 SHARP Report	BRHD 2013 SHARP Report	retailers and people trained	retailer and employee numbers	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report			

<b>FY18 Substance Use Disorder Treatment Federal Opioid Grant</b>			<b>Local Authority:</b> Bear River Substance Abuse	<b>Form B-OG</b>
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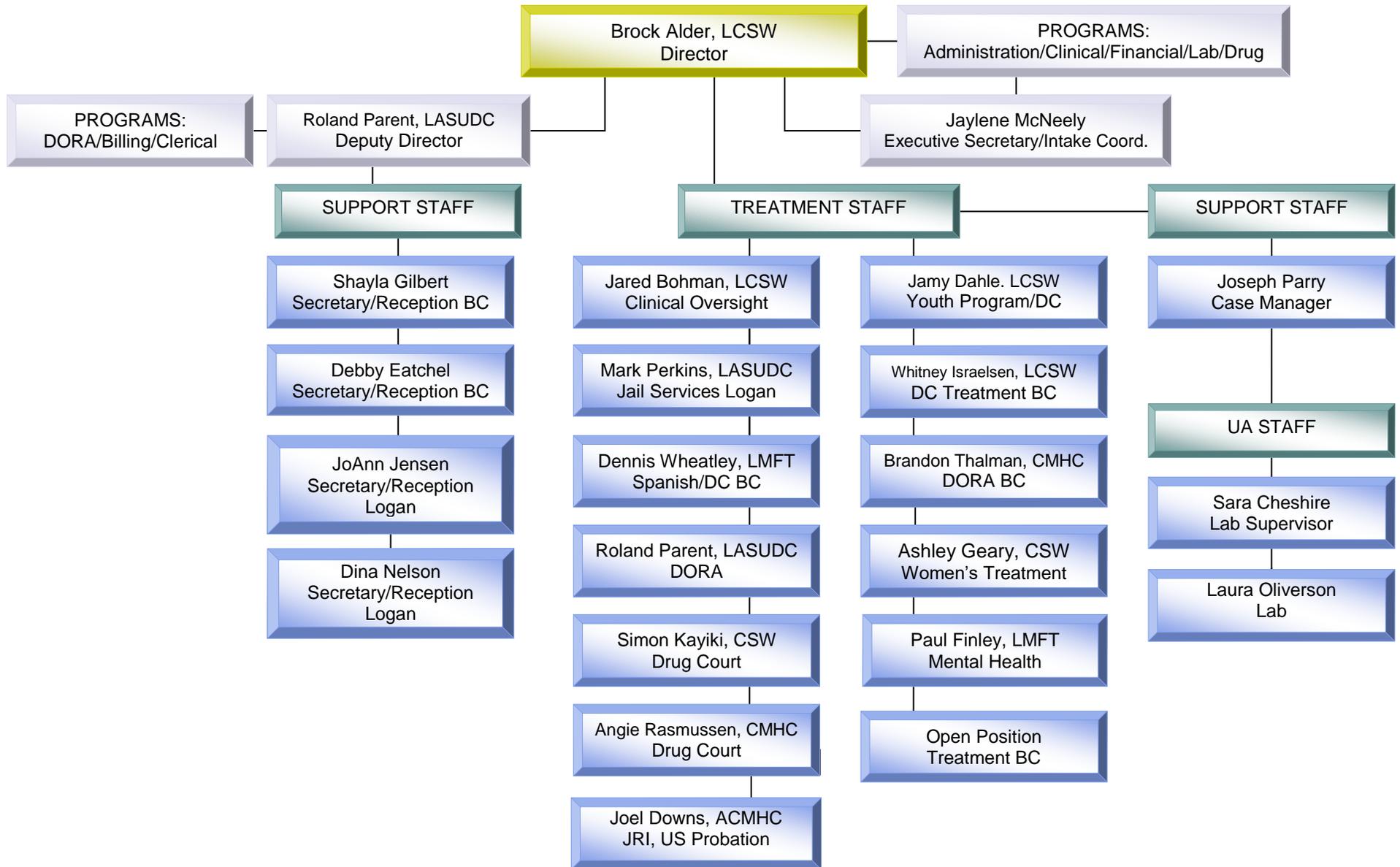
FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court	13156	\$13,156
Drug Offender Reform Act	7084	\$7,084
JRI	14168	\$14,168
Local Treatment Services	66790	\$66,790
<b>Total FY2018 Substance Use Disorder Treatment Revenue</b>	<b>\$101,198</b>	<b>\$101,198</b>

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	\$0	0	#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	10500	\$10,500	2	\$5,250
Outpatient (Methadone: ASAM I)	0	\$0	20	\$0
Outpatient (Non-Methadone: ASAM I)	20513	\$20,513	15	\$1,368
Intensive Outpatient (ASAM II.5 or II.1)	38160	\$38,160	15	\$2,544
Recovery Support (includes housing, peer support, case management and other non-clinical )	2025	\$2,025	20	\$101
Other (Screening & Assessment, Drug testing, MAT)	30000	\$30,000	15	\$2,000
<b>FY2018 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$101,198</b>	<b>\$101,198</b>	<b>87</b>	<b>\$1,163</b>

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	28335	\$28,335
All Other Women (18+)	15180	\$15,180
Men (18+)	52623	\$52,623
Youth (12- 17) (Not Including pregnant women or women with dependent children)	5060	\$5,060



# BEAR RIVER HEALTH DEPARTMENT, DIVISION OF SUBSTANCE ABUSE



<b>BEAR RIVER HEALTH DEPARTMENT DIVISION OF SUBSTANCE ABUSE</b>	<b>IV. BILLING AND COLLECTIONS</b>
<b>POLICIES AND PROCEDURES</b>	<b>DECEMBER 2016</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.

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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 according to their sliding fee scale up to \$20.00, unless they are paying the full cost of \$32.00 per hour for group. Group fees are due at the beginning of each group, unless a prior payment arrangement has been made.

If only one client is in attendance for a group, the counselor will bill the appointment as an individual session.

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August 31, 2015

IV.1.E Urinalysis (UA). The cost for urinalysis testing at the Health Department lab is \$15.00 per sample, each time the sample is tested. Clients participating in a funded program allocating money for UA costs, such as Drug Court, may be offered a discounted rate depending on the current year's funding.

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January 5, 2015

IV.1.E.i Non-client Urinalysis. The cost for UA testing for non-clients is \$15.00, due at the time sample is collected. If the individual cannot or will not pay, the Director or Deputy Director is consulted before the sample is collected and results are released.

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January 5, 2015

IV.1.E.ii Positive Sample Retests. A sample that tests positive for any illicit chemical, or a chemical not excused by the client's counselor and/or physician will be retested to verify the results and an additional \$15.00 testing fee may be charged. Counselors will inform the front desk of any client who is not to be charged the UA retest fee due to valid medications or retest reasons. 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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March 1, 2011

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.E.iv School UA's. The cost for UA testing collected at school facilities or at BRHD facilities are charged \$15 per sample.

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September 14, 2015

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 based on the client's sliding fee scale, 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 \$50.00, 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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June 17, 2013

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 \$10.00 per group session. If the client's regular fee per session is less than \$10.00, 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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June 17, 2013

IV.1.L Anger Management Group is charged \$10.00 per each group session. If the client's regular fee per session is less than \$10.00, 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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June 17, 2015

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 based on the actual cost to purchase or print the 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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December 8, 2016

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 \$15.00 per sample, with retesting fees at regular client cost. Drug Court clients are not charged case management sessions.

Additional charges may 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.

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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January 5, 2015

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

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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 CIAO. Collaborative Interventions for Addicted Offenders (CIAO) funding was available through the Utah State Department of Corrections through June 30, 2007. Referrals were made through Adult Probation and Parole. Standard costs to clients approved for CIAO funding included: \$30.00 for screening and admission, \$10.00 per session, \$10.00 per broken session, \$10.00 per week for UA's. Clients were reviewed at intake by the CIAO coordinator to verify eligibility. Clients demonstrating a need for further assistance were approved for further discount by the CIAO coordinator. The availability of CIAO monies was contingent upon the funding source and was not guaranteed for the duration of any client's treatment.

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June 30, 2007

IV.5.B 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.C 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.D 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.

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

December 1, 2008

#### IV.7 SLIDING FEE SCALE

The following chart outlines the sliding fee scale for those who qualify for a reduced, subsidized rate. All fees are assessed based on the ability to pay, taking into account income, dependents, and extreme expenses such as medical bills, garnishments, etc. No individual will be refused services based on an inability to pay. Per session fees indicated with an asterisk require Director or Deputy Director approval. Deviations from the fee scale require Director or Deputy Director approval.

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

August 1, 2016