

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Bear River SA

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!**

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

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

Bear River Health Department (BRHD) offers mental health treatment for individuals living within the catchment area experiencing /mental health or co-occurring substance use/mental health issues. Clients eligible for subsidized care must live in the local catchment area and must have co-occurring substance use issues. We do not turn individuals away if they do not have Medicaid coverage and are seeking treatment on a cost for service basis. To fill the gap in our community for those needing mental health treatment, but are not Medicaid insured and cannot afford private therapy, we will provide treatment for individuals seeking mental health services only, using non-substance abuse subsidized funds, third party payers and client fees. Those with Medicaid coverage are referred to Bear River Mental Health (BRMH) as the local Medicaid mental health services provider. We coordinate closely with BRMH to ensure appropriate referrals are made and clients do not receive duplicate mental health services. Our mental health services include assessment and evaluation, outpatient treatment, family intervention and counseling, Moral Reconciliation Therapy (MRT), life skills and anger management education groups.

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

Basic eligibility criteria must be met: 1) Individuals must be experiencing issues related to substance use or co-occurring disorder. 2) Clients must be at least 18 years of age and of legal competency OR have a signed consent for treatment from a legal guardian. 3) Individuals must be a resident of the catchment area to apply for subsidized treatment. To qualify for a specifically funded program, individuals must meet criteria for that program. For example, to enroll in Drug Court, clients must meet First Judicial District Drug Court eligibility requirements. Individuals convicted as sex offenders or who have convictions for violent crimes will not preclude admission, however, these cases are staffed as to appropriate care and contact with other clients. If a threat is made or offense committed towards staff, another client, or Health Department facilities, the client's status will be reviewed and they may be discharged from the program.

All clients have access to all applicable services based on client need: assessment and evaluation, intervention, and applicable ASAM level of care. Funding program allowances and monies available are taken into account when determining services to be provided. BRHD has not had a need for waiting lists for individuals seeking treatment. Assessment/intake appointments are available daily and follow-up appointments are generally scheduled the following week. Clients enrolling in Intensive Outpatient Treatment (IOP) may start immediately (same day or following day). Some services in specifically funded programs are limited to the allowances in funding for those programs, e.g.: treatment services are not eligible under Drug Court recovery support funding per State requirement, but treatment services are authorized for Parole Access To Recovery (PATR) clients; or, women's vouchers are available to cover cost of intake for women who are pregnant or have dependent children. Other examples include ancillary services specific to women: prenatal care, immunization for dependents, daycare assistance, parenting classes, counseling for child(ren), transportation assistance to treatment, resource assessment and referral assistance.

If funding is depleted during the year, we will continue to provide services to existing clients, however 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, though 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 continue regardless of funding to

ensure our commitments to community partners are fulfilled.

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

Individuals applying for services at a subsidized rate must meet the basic criteria listed above and any criteria for the specific funding source. Third party payers and client copays are utilized before resorting to public subsidy. To be eligible for public subsidy, clients must allow BRHD to bill and collect from third party payers such as insurance or other available assistance. The standard has been that the State notifies the program when budgets have been expended which historically has occurred prior to capacity limits have been met.

How is this amount of public subsidy determined?

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. BRHD uses a sliding fee scale to determine client copays, established using comparative research, the Federal Poverty Level guidelines, and approved by our local Board. Client co-pay is based on income, family size, and insurance coverage. Additional adjustments include 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 to each client's situation and amount of funding available from the funding source.

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

When scheduling an intake, whether by phone, in person, or in a venue such as a court, staff ask questions that may affect client cost or eligibility to a specific funded program, such as: any specific service the client is seeking, insurance coverage, acceptance to Drug Court or female 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. Intake staff reviews with the client funding source requirements and options 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 given a copy of a payment agreement providing written information regarding costs and payment requirements. Intake staff talk to the client about payments, and the client is encouraged to discuss any changes in income or financial situations or challenges in paying his or her copay with staff so payment arrangements or adjustments can be made.

**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.**

No.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

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

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

Before entering into an agreement with a sub-contractor, we 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.

Upon referral to a contract provider, 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 providers, as that we may ensure a smooth transition to further care, aftercare or recovery support services. We review cases and billings before payment of invoices. We conduct audit and peer reviews yearly, at a minimum, and more frequently as needed. Program reviews are done in person by authorized BRHD personnel.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

We are equipped for DocuSign for our contracts and utilize it whenever feasible to all parties involved.

FY19 Substance Use Disorder Treatment Area Plan Budget														Local Authority: Bear River Substance Abuse			Form B	
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Collections (eg, co-pays, private pay, fees)	Revenue (gifts, donations, reserves etc)	TOTAL FY2019 Revenue						
Drug Court	\$161,171	\$15,165			\$15,940	\$36,328		\$25,201	\$7,450	\$30,250		\$291,505						
Drug Offender Reform Act	\$122,707	\$11,546			\$6,376				\$2,700	\$10,500		\$153,829						
JRI	\$430,541	\$40,510	\$31,435	\$2,958	\$21,083				\$16,500	\$56,500		\$599,527						
Local Treatment Services	\$444,688	\$41,749	\$93,011	\$8,752	\$86,601	\$359,121	\$165,232	\$207,870	\$51,350	\$152,750	\$11,000	\$1,622,124						
Total FY2019 Substance Use Disorder Treatment	\$1,159,107	\$108,970	\$124,446	\$11,710	\$130,000	\$395,449	\$165,232	\$233,071	\$78,000	\$250,000	\$11,000	\$2,666,985						
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served				
Screening and Assessment Only	\$2,514	\$234	\$265	\$20	\$1,915	\$3,155	\$7,196		\$1,500	\$1,750		\$18,549	50	\$371				
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	\$777	\$73	\$155	\$15								\$1,020	1	\$1,020				
Residential Services	\$31,978	\$3,022	\$6,398	\$602	\$7,000	\$10,500	\$10,500					\$70,000	10	\$7,000				
Outpatient: Contracts with Opioid Treatment												\$0		#VALUE!				
Office based Opioid Treatment (Buprenorphine,	\$25,432	\$2,084	\$8,040	\$769	\$7,500	\$19,075	\$8,010	\$132,665	\$9,500	\$23,500		\$236,575	50	\$4,732				
Outpatient: Non-Methadone (ASAM I)	\$694,208	\$71,026	\$68,188	\$6,134	\$87,335	\$280,984	\$105,436	\$16,381	\$48,750	\$162,000	\$11,000	\$1,551,442	975	\$1,591				
Intensive Outpatient	\$344,998	\$32,531	\$41,400	\$4,170	\$26,250	\$65,479	\$22,490	\$8,820	\$18,250	\$62,750		\$627,138	200	\$3,136				
Recovery Support (includes housing, peer support,	\$59,200					\$16,256	\$11,600	\$75,205				\$162,261	350	\$464				
FY2019 Substance Use Disorder Treatment	\$1,159,107	\$108,970	\$124,446	\$11,710	\$130,000	\$395,449	\$165,232	\$233,071	\$78,000	\$250,000	\$11,000	\$2,666,985	1,636	\$1,630				
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures						
Pregnant Women and Women with Dependent	\$224,557	\$22,011	\$22,134	\$2,359	\$40,000	\$85,343	\$165,232	\$32,722	\$10,600	\$38,250	\$445	\$643,653						
All Other Women (18+)	\$174,683	\$16,436	\$21,666	\$1,757	\$9,600	\$60,959		\$36,738	\$12,480	\$42,750	\$625	\$377,694						
Men (18+)	\$713,285	\$66,140	\$75,668	\$7,126	\$74,000	\$232,891		\$156,620	\$47,800	\$157,000	\$9,930	\$1,540,460						
Youth (12- 17) (Not including pregnant women or	\$46,582	\$4,383	\$4,978	\$468	\$6,400	\$16,256		\$6,991	\$7,120	\$12,000		\$105,178						
Total FY2019 Substance Use Disorder	\$1,159,107	\$108,970	\$124,446	\$11,710	\$130,000	\$395,449	\$165,232	\$233,071	\$78,000	\$250,000	\$11,000	\$2,666,985						
Allocations														Required Match				
					\$171,963	\$34,393	Justice Reinvestment											
					\$299,088		Justice Reinvestment - Committee											
					\$16,325	\$3,265	State Prevention											
					\$409,600	\$83,131	State Treatment											
					\$76,837	\$15,367	State Womens TX											
					\$134,253		DORA											
					\$33,000		Dept of Corrections PATR											
					\$0		Medication Assisted Therapy (MAT)											
					\$26,804		Recovery Support Services											
					\$91,161		Drug Court - State											
					\$58,371		Drug Court - State Restricted											
					\$36,328		Drug Court - Federal											
					\$132,665		Utah Opioid STR Grant											
					\$25,201		BJA Federal Grant											
					\$240,360		Federal Prevention											
					\$250,575		Pregnant Women and Women with Dependent Children											
					\$273,778		Federal General TX											
					\$10,531		SPF-PFS											
					\$22,916		Utah's Strategic Prevention Framework for Prescription Drugs											
					\$0		Utah Opioid STR Grant Project (Prevention)											
					\$0		Communities that Care training - General Funds											
					\$35,000		Opioid Prevention Grant (SAPT Funding)											

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!**

1) Screening and Assessment Only

Form B - FY19 Amount Budgeted:	\$18,549	Form B - FY19 Projected clients Served:	50
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$51,045	Form B - Actual FY17 Clients Served as Reported by Locals	51

Describe 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.

Bear River Health Department, Division of Substance Abuse provides screening and assessment to all individuals seeking these services, male or female, of any age. The scope of the assessment is determined by the need of the individual and the referral source, taking into account special population needs and specific program requirements. All assessments are conducted by a licensed clinician, and include at a minimum: a diagnostic interview to ascertain the initial needs and expectations of the client and the client's state at presentation. The interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; American Society of Addiction Medicine (ASAM) criteria crosswalk; and Substance Abuse Subtle Screening Inventory (SASSI). The Risk and Needs Triage (RANT) assists in establishing high risk/high needs or low risk/low need to assist in determining treatment recommendations. Urinalysis provides a baseline at assessment. Youth qualifying for the State Youth Treatment - Implementation (SYT-I) program also complete the Global Appraisal of Individual Needs Q-3 (GAIN Q-3) assessment. Bear River Health Department completes Government Performance and Results Act (GPRA) tools in the management of the State Youth Treatment - Implementation (SYT-I) program. Initial screening and assessment places the client with the appropriate program and care team (counselor, and/or case manager, if needed), and further assessment is accomplished by the counselor on an ongoing basis throughout care.

Screening and assessment services are available at the following Health Department facilities: 655 East 1300 North, Logan, Utah 84341 ; 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. Appointments 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. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. Per client demand, some appointments may be available after hours on a case-by-case basis. If an individual needs to speak with a counselor immediately, schedules are rearranged to allow immediate access. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public after hours as well. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

All clients entering treatment at Bear River Health Department, Division of Substance Abuse will receive a screening and assessment, however we project approximately 3% will request a screening and assessment only. With the addition of case managers to assist intake, we will be able to track those receiving only screening and assessment more thoroughly. There is no waiting list for assessments.

Describe any significant programmatic changes from the previous year.

We have developed a new biopsychosocial tool to replace our Client Profile. Use of the Government Performance and Results Act (GPRA) and Global Appraisal of Individual Needs Q-3 (GAIN Q-3) are new to the Bear River Health Department, Division of Substance Abuse, following the youth State Youth Treatment - Implementation program. We have two new case managers assisting with intake to ensure openings match demand.

2) Detoxification Services (American Society of Addiction Medicine [ASAM] IV-D, III.7-D, III.2-D, I-D or II-D)

Form B - FY19 Amount Budgeted:	\$1,020	Form B - FY19 Projected clients Served:	1
Form B - Amount Budgeted in FY18 Area Plan	\$1,120	Form B - Projected Clients Served in FY18 Area Plan	1
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0

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.

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 or Dr. Gary Stokes, will be called in any possible detoxification situation. The doctor 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. Bear River Health Department medical staff have extensive experience and contacts with local hospitals, area physicians, and other coordinating facilities, including being on staff and/or holding admitting rights at several facilities. Follow up monitoring is provided by Bear River Health Department medical staff, and counseling staff will continue the individual's treatment at the appropriate level of care after detoxification is completed. Clients qualifying for detoxification meet American Society of Addiction Medicine (ASAM) criteria and include: adult male and female general population, women with dependent children or who are pregnant, and youth and children.

Medical services are offered at Bear River Health Department locations: 655 East 1300 North, Logan, Utah 84341; 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, unless the doctor determines the individual needs to be transported to a local hospital. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and counselors may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. [Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.](#)

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).

There are no expected increases or decreases from last year. This number has remained the same for multiple years and we have never had a need for increase.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from last fiscal year. In years past we have rarely seen requests for this service directly. It has been our experience that individuals needing this service are referred directly to local hospitals. Regarding current clients, we are fortunate to have the opportunity, with Dr. Redd on staff, to seek intervention before an individual reaches this level of need.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

There are four hospitals with emergency care in the tri-county area that are equipped for emergency medical detox. When the immediate medical crisis is alleviated, they contact us for further care. While we are not involved in their billing process, Intermountain Healthcare (IHC) holds a treatment grant that they have extended to our program for uninsured individuals, which helps to offset our costs. We work with them to receive and/or recommend eligible clients, coordinate approval, and track funding.

3) Residential Treatment Services: (American Society of Addiction Medicine [ASAM] III.7, III.5, III.3, III.1)

Form B - FY19 Amount Budgeted:	\$70,000	Form B - FY19 Projected clients Served:	10
Form B - Amount Budgeted in FY18 Area Plan	\$63,000	Form B - Projected Clients Served in FY18 Area Plan	12
Form B - Actual FY17 Expenditures Reported by Locals	\$1,980	Form B - Actual FY17 Clients Served as Reported by Locals	1

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.

Residential treatment is offered through contracted providers to clients who meet this American Society of Addiction Medicine (ASAM) criteria level. 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 a satisfactory level of client supervision.

We currently have a contracts with Odyssey House, The Haven, and First Step House. Gender and age specific options are assessed and referrals are made according to 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 services in the interim.

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, Logan, Utah 84341; 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. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some groups or classes are offered until 8:00 p.m. on scheduled evenings, and counselors are afforded the flexibility to adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties:

435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

No significant changes are anticipated. We have had an incredibly difficult time in getting clients in residential care, as providers are continually telling us they have no room. We do have the need that is reported and justified in our budget and will continue to attempt to get services for our clients.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected.

4) Outpatient (Methadone - American Society of Addiction Medicine I)

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	0
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	0

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.

We do not prescribe or dispense Methadone on site. For clients prescribed Methadone 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 Medication Assisted Treatment (MAT) referral physicians, and look at Parolee Access to Recovery (PATR) vouchers to assist clients in accessing needed Medication-Assisted Treatment (MAT).

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).

No expected change.

Describe any significant programmatic changes from the previous year.

No significant programmatic change.

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount	\$236,575	Form B - FY19 Projected	50
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Budgeted:		clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$0	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

Medication Assisted Treatment (MAT) needs are assessed in treatment planning, and reviewed throughout treatment. Bear River Health Department, Division of Substance Abuse has implemented a Medication Assisted Treatment (MAT)/Vivitrol® program for eligible clients, using Justice Reinvestment Initiative (JRI) and Opioid funding. In cases where Medication Assisted Treatment (MAT) is a viable treatment option, we connect the client with medical staff to assess the possibility of medication such as Vivitrol® as an aid to treatment. Prior to being prescribed medication, clients receive appropriate medical examinations and lab work. Vivitrol® is administered by the Bear River Health Department, Nursing Division under the direction of Dr. Gary Stokes, Bear River Health Department physician. Ongoing monitoring and follow-up exams throughout the course of treatment is provided on-site at Bear River Health Department facilities. Clients are encouraged to attend counseling sessions in conjunction with receiving Vivitrol® treatments. Substance abuse and medical staff meet weekly to coordinate treatment for Vivitrol® clients. Bear River Health Department works with a local pharmacy to purchase Vivitrol® at a reasonable rate, maximizing funding for this program. We do not currently have a physician in the area that will prescribe Buprenorphine, however we will provide treatment for any client under their doctor's care for Buprenorphine.

We work with our Health Promotions Division to offer Naloxone kits for clients, and the general public who have or know someone with a possible need for this kit.

Bear River Health Department locations and contact information for opioid care include: 655 East 1300 North, Logan, Utah 84341; 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. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some services are offered until 8:00 p.m. on scheduled evenings, and counselors are afforded the flexibility to adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

We expect to expand our Vivitrol® program as client feedback has been positive and more community partners and referral sources become aware of the service. We will continue to offer Naloxone kits as much as they are available.

Describe any significant programmatic changes from the previous year.

As this is a relatively new program for us, we will continue to evaluate the program as it is in place and will adjust as it becomes necessary.

6) Outpatient (Non-methadone – American Society of Addiction Medicine [ASAM] I)

Form B - FY19 Amount Budgeted:	\$1,551,442	Form B - FY19 Projected clients Served:	1,100
Form B - Amount Budgeted in FY18 Area Plan	\$1,324,901	Form B - Projected Clients Served in FY18 Area Plan	1,097
Form B - Actual FY17 Expenditures Reported by Locals	\$884,788	Form B - Actual FY17 Clients Served as Reported by Locals	884

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.

Per American Society of Addiction Medicine (ASAM) criteria, 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 intravenous (IV) drug users receive priority admission and are offered services within 48 hours.

Clients are assigned an individual treatment counselor for evaluation and initial treatment planning. In addition to essential needs identified by American Society of Addiction Medicine (ASAM), evaluation, and any requirements of referral sources or programs, recovery plans outline measurable goals and objectives, and take into account client motivation, needs, and abilities. Treatment plans are reviewed on a timeline according to requirements for the client's level of care, and adjustments to treatment plans are made throughout treatment as clients progress or needs change. 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, Moral Reconciliation Therapy (MRT), Seeking Safety, recovery skills, step group, relapse prevention, aftercare, relationships group, life skills, and anger management. We typically run 60+ groups throughout each week to accommodate a variety of client schedules, and are continually adding, removing, or adjusting group times based on client need and attendance. Evidence Based Program (EBP) options for client in American Society of Addiction Medicine (ASAM) Level I care include: Moral Reconciliation Therapy (MRT), Medication Assisted Treatment (MAT), Seeking Safety for men and women, Eye Movement Desensitization and Reprocessing (EMDR), Cognitive-behavioral Therapy (CBT), Motivational Interviewing (MI), Moving On, Thinking for Change, Prime for Life, and Recovery Support Services. Outpatient care includes specific treatment, tasks, or requirements for specified populations such as women, youth, Drug Court or Drug Offender Reform Act (DORA), which are outlined in their designated sections of this plan. Drug testing is an integral part of treatment, and clients must provide random or scheduled urine samples. Case managers offer Recovery Support Services and resource connection assistance according to client need. Peer Support options include Addict II Athlete and mentor group.

Outpatient care is available at the following Health Department facilities: 655 East 1300 North, Logan, Utah 84341; 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. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some groups or classes are offered until 8:00 p.m. on scheduled evenings, and counselors may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

No changes at or greater than 15%. We do not anticipate a major increase from projected numbers in FY18. However, if we are comparing to the prior year, we have two new case managers and changed our intake process to get more clients in more quickly which we project will increase the number of clients in treatment.

Describe any significant programmatic changes from the previous year.

We will continue to explore, and provide training and certification in evidenced based treatment methods.

7) Intensive Outpatient (American Society of Addiction Medicine [ASAM] II.5 or II.1)

Form B - FY19 Amount Budgeted:	\$627,138	Form B - FY19 Projected clients Served:	200
Form B - Amount Budgeted in FY18 Area Plan	\$508,782	Form B - Projected Clients Served in FY18 Area Plan	200
Form B - Actual FY17 Expenditures Reported by Locals	\$144,128	Form B - Actual FY17 Clients Served as Reported by Locals	144

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.

Intensive Outpatient treatment (IOP) follows American Society of Addiction Medicine (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 intensive outpatient (IOP) for a minimum of four consecutive weeks. All populations, including adults and youth, meeting American Society of Addiction Medicine (ASAM) requirements for intensive outpatient (IOP), or who are ordered by a court may participate in the program.

Clients presenting for intensive outpatient (IOP) treatment meet with a counselor for evaluation, intake and treatment planning prior to entering intensive outpatient (IOP) treatment. If ordered directly to intensive outpatient (IOP) by a judge, clients meet with a counselor for initial approval for admittance to intensive outpatient (IOP), and are scheduled as soon as possible for intake and treatment planning. Services and requirements of outpatient care are also part of intensive outpatient care, including: comprehensive evaluation, treatment planning, required urine sample testing, individual and group sessions in addition to intensive outpatient (IOP) group based on client need, women's case management sessions, and Recovery Support Services. Intensive outpatient (IOP) addresses stabilization; physical, mental and emotional effects of use; triggers; managing emotions; thinking errors; stages of change; finance education and other factors that influence life change due to the presence of addiction. During intensive outpatient (IOP) treatment, clients also meet with their treatment counselor for individual recovery planning and treatment. Initial and ongoing assessment determines length and focus of treatment. Specific program requirements such as Drug Court, Drug Offenders Reform Act (DORA), women with children or pregnant, and youth, are addressed during intensive outpatient care. Upon completion of intensive outpatient (IOP), clients transition to outpatient treatment, where they continue to work on their individual recovery plan objectives.

Intensive outpatient (IOP) treatment is offered on site at one of the following Health Department facilities: 655 East 1300 North, Logan, Utah 84341; and 817 West 950 South, Brigham City, Utah 84302. Adult intensive outpatient (IOP) schedule options include: Daytime intensive outpatient (IOP) treatment Tuesday through Friday, 8:00 a.m. to 11:00 a.m. in Logan and Brigham City, and evening intensive outpatient (IOP) treatment Monday through Wednesday, 5:00 p.m. to 8:00 p.m. in Logan. Youth intensive outpatient (IOP) is held Monday through Thursday, 4:00 and 6:00 p.m. [Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.](#)

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).

FY19 cost projections are higher due to rising costs and increase in treatment staff. With new staff and the increase in staff availability we will be able accommodate an increase in clients in intensive outpatient (IOP) treatment. We are also talking with the local jail to provide intensive outpatient (IOP) services in jail.

Describe any significant programmatic changes from the previous year.

No significant programming changes are anticipated.

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	\$149,832	Form B - FY19 Projected clients Served:	300
Form B - Amount Budgeted in FY18 Area Plan	\$40,551	Form B - Projected Clients Served in FY18 Area Plan	175
Form B - Actual FY17 Expenditures Reported by Locals	\$115,103	Form B - Actual FY17 Clients Served as Reported by Locals	115

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.

Recovery Support Services are available to all clients enrolled in treatment. As a part of Bear River Health Department, clients have easy access to other Health Department services such as: Human Immunodeficiency Virus (HIV) and Hepatitis testing, immunizations, nutrition education, Baby Your Baby, Women, Infants and Children (WIC), and limited medical services, including Vivitrol® examinations, injections, and follow up appointments. Bear River Health Department, Division of Substance Abuse counselors and case managers assist clients in finding a variety of community resources. Case management appointments are free to clients. Case managers review client's goals and needs and work to find appropriate services within the agency or community. Parolee Access to Recovery (PATR) funding provides qualifying clients with Recovery Support Services in the community that they previously may have been unable to access. In addition to other Divisions at Bear River Health Department, we have developed partnerships with Family Institute of Northern Utah, one local gas station, a local pharmacy, and a local dental clinic. We have case managers working to connect with and formalize partnerships with other local providers and suppliers. Bear River Health Department, Division of Substance Abuse's partnerships with Utah State University's Family Life Center provides clients with regularly scheduled finance counseling per client request. Job seeking assistance is offered through Utah Defender/Offender Workforce Development (UDOWD). Clients are encouraged to participate in Addict II Athlete or our mentor group for ongoing reinforcement. Throughout treatment, clients are encouraged to work on discovering healthy activities and building outside support systems. Aftercare and women's groups are open to clients and former clients and offer a forum to discuss roadblocks that may be hindering sobriety. 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. Drug Court clients are offered free services if they feel a need to return to treatment after graduation from Drug Court.

Recovery Support Services are offered at the following Health Department locations: 655 East 1300 North, Logan, Utah 84341; 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 at multiple times after hours as scheduled. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

With the addition of two new case managers, we have been able to respond to both Parolee Access to Recovery (PATR) and other Recovery Support requests. We anticipate further growth as we continue to expand our local partnerships, offering more option for services. Client feedback is extremely positive for our new recovery support services (RSS), specifically: Vivitrol®, Addict II Athlete, and Parolee Access to Recovery (PATR).

Describe any significant programmatic changes from the previous year.

We will continue to develop community supportive relationships to respond to client needs.

9) Peer Support Services

Form B - FY19 Amount Budgeted:	\$12,429	Form B - FY19 Projected clients Served:	50
Form B - Amount Budgeted in FY18 Area Plan	\$11,586	Form B - Projected Clients Served in FY18 Area Plan	50
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	

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.

We have developed a mentor program which connects successful program graduates with current clients. Successful graduates may attend intensive outpatient (IOP) treatment group to offer support and a positive perspective to new clients. There are two weekly mentor groups where past graduates meet together, then meet again as a group with those currently involved in treatment. The goal of this group is for mentors to share their knowledge and experience to assist clients in getting the most out of their program. Addict II Athlete has been expanding as positive response continues to spread. This group meets weekly for a brief meeting and physical activity. Once a month they also meet on a Saturday, and once a year they host a community race. One of our new case managers will attend the next available peer support specialist certification training to maximize his role in providing Recovery Support Services and assisting those involved in Bear River Health Department, Division of Substance Abuse Peer Support activities.

Peer Support Services are provided on site at the following Health Department locations, dependent upon need and scheduled activity: 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 scheduled based on activity. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.

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).

As we further develop Peer Support options, we expect some increases in this program.

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

After receiving Peer Support Specialist Certification, a case manager will supervise specific peer support functions and activities. Peer Support supervisors and activities are overseen 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.

Describe any significant programmatic changes from the previous year.

No changes beyond the expansion of services currently in place.

10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:

1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
7. Enhance or support the provision of peer and other recovery supports.

Describe the activities you propose and identify where services will be provided.

Individuals with opioid use disorders are offered the full range of treatment services provided by Bear River Health Department, Division of Substance Abuse. Anyone seeking treatment, or ordered to treatment through the criminal justice system, meets with a clinician for evaluation and assessment. If the client is in need of medical attention or at risk for withdrawals, Bear River Health Department medical staff are available to assist as necessary. Those qualifying for outpatient care are admitted at the appropriate level of care and assigned an individual treatment counselor. All services surrounding the recommended level of care are offered, including: Evidence-based practice (EBP) treatment options for Opioid Use Disorder (OUD) clients at outpatient and intensive outpatient levels, medication assisted treatment, drug testing, and Recovery and Peer Support. In cases where Medication Assisted Treatment (MAT) is necessary, the client is connected with Bear River Health Department medical staff to assess the possibility of medication such as Vivitrol® as an aid to treatment. Prior to being prescribed medication, clients receive appropriate medical examinations and lab work. Vivitrol® is administered by Bear River Health Department, Nursing Division under the direction of Dr. Gary Stokes, Bear River Health Department physician. Ongoing monitoring and follow-up exams throughout the course of treatment is provided on-site at Bear River Health Department facilities. Clients are encouraged to attend counseling sessions in conjunction with receiving Vivitrol® treatments. Substance abuse and medical staff meet weekly to coordinate treatment for Vivitrol® clients to ensure client needs are being met. We are unaware of any local physicians willing to prescribe Buprenorphine or Methadone. However, if a client has been prescribed either of these medications, we are happy to provide treatment support and work with their doctor to provide this service.

Clients requiring a higher level of care are referred to contracted residential care providers, such as Odyssey House, The Haven or First Step House. At the completion of residential care, Bear River Health Department, Division of Substance Abuse staff coordinate the transfer back to Bear River Health Department for a smooth transition to continued outpatient care.

Outpatient treatment and Medication Assisted Treatment (MAT) is available at the following Health Department facilities: 655 East 1300 North, Logan, Utah 84341; 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. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some groups or classes are offered until 8:00 p.m. on scheduled evenings, and counselors are afforded the flexibility to adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793. Treatment and case management sessions are available at local jail facilities, scheduled according to jail timetables.

How will you identify, engage and retain individuals in your area with opioid use disorders?

We have developed extensive partnerships with local district and justice adult and juvenile courts, Adult Probation and Parole, Private Probation Services, Cache County and Box Elder County Jail, local law enforcement offices, and community and private agencies such as Southwest Pain and Spine Center, Logan Regional Hospital, Family Institute of Northern Utah, Comprehensive Treatment Center, and Cache Valley and Box Elder Community Health Centers. We work together to identify and engage those with opioid use disorders, and connect them with services that meet individual need.

Through ongoing communication, we work with the client's referral source to provide the support and encouragement to keep the client engaged, and ensure services are necessary and address issues relevant to the client. Our case managers track client involvement in services, and work to find any additional services or resources for recovery and peer support. Clients have access to our current Recovery Support Services and Peer Support options such as Addict II Athlete and mentor group. Working on all fronts we are able to give the client a comprehensive and holistic plan reducing barriers to success. The teamwork we have with jail and court staff enables us to assess the criminogenic needs of the client in a more comprehensive manner to ensure treatment plans include these concerns. Treatment plans incorporate specific needs and issues into client goals and objectives, using appropriate Evidence-based practice (EBP) care.

Bear River Health Department has a strong presence in the Cache County Jail, providing assessments and treatment services on an ongoing basis. If necessary, Medication Assisted Treatment (MAT) services are available to those who are incarcerated to give them a foundation to continue in treatment and sobriety after release. Our case manager meets with inmates at the jail prior to release, connecting them to treatment and community resources, assisting them with a smooth reentry into the community.

Our staff, along the Bear River Health Department Health Promotions staff and our public information officer (PIO), frequently attend and present at community meetings, events, and forums to inform the community of service options at Bear River Health Department related to opioid use disorders. Referrals from these events are seen immediately to connect with a counselor and move forward with an assessment and treatment plan.

We continue to meet with community agencies to further develop and maintain these cooperatives, and explore Medication Assisted Treatment (MAT), Evidence-based practices (EBP), and Recovery Support options to enhance our services to meet client need within budget constraints.

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)? Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

Bear River Health Department, Division of Substance Abuse has had a long standing, unique relationship with local courts. Court and probation ordered referrals have consistently been a primary source of referrals to our program. We have long been a strong presence in local court sessions, both in Logan City Justice Court, First District Court with Drug Court and general sessions, Drug Offender Reform Act (DORA), Mental Health Court, and other local justice courts. Our presence in court allows us to understand the requirements placed on clients by the court system and assist them in finding the necessary care and resources they need. By providing a case manager in court, we offer our clients immediate access to services. The presence of a case manager enables the client to make an instant connection, helping to alleviate client uncertainty and wasted time scheduling appointments.

We have also been a presence in the Juvenile Justice System meetings. We hold weekly staff meetings where Adult Probation and Parole and Bear River Health Department, Division of Substance Abuse staff discuss issues and needs for mutual clients. Private Probation Services and other community partners are invited as needed. In addition, our staff and community partners take advantage of an informal "open door" practice to communicate needs and issues as they occur. Court proceedings can be overwhelming to individuals not experienced in the system. Using a case manager to assist and track the client through services, working with the referral source to encourage the client through the process, increases the probability the client will be successful in completing all requirements, and allows treatment staff to focus on recovery with the client.

We have developed sound working relationships with local hospitals and care facilities such as Logan Regional Hospital, Southwest Spine and Pain Clinic and the Community Health Clinics. We also have a long working history

with other community agencies such as DCFS, Department of Vocational Rehabilitation, Family Institute of Northern Utah, Comprehensive Treatment Center, Latter Day Saint (LDS) Social Services, and Utah State University's counseling programs. These community, private, and medical agencies have a high likelihood of encountering individuals with opioid use disorders and have the ability to recognize the signs of someone in need of Opioid Use Disorder (OUD) treatment. As stated above, when Bear River Health Department staff attend and present at meetings, events, and forums in the community, other agencies and the general population have an immediate referral path to treatment. We schedule referrals as quickly as possible so they can make that connection with a counselor and proceed with assessment and treatment.

The ease of our communication channels with our community partners provide Opioid Use Disorder (OUD) individuals with not only quick access, but ongoing rounded support in treatment, ensuring a greater possibility for successful outcomes. This communication enables us to receive ongoing, immediate feedback to improve our services and/or implement new services to accommodate current client needs. These interactions are key in providing us with opportunities to distribute program information, answer questions regarding services, and presenting us with multiple occasions for outreach.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services

Treatment services, including evaluation, outpatient and intensive outpatient treatment, case management, and drug testing will be provided directly by Bear River Health Department, Division of Substance Abuse at our facilities at: 655 East 1300 North, Logan, Utah 84341; 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. Urinalysis lab work for Medicaid clients, and secondary drug testing verification may be provided by contract through Millennium Labs. Medication Assisted Treatment (MAT) medical appointments, prescriptions, injections and follow-up will be provided by Bear River Health Department physician and nursing staff. Services for incarcerated individuals including: evaluation, treatment sessions, classes and/or groups, and Medication Assisted Treatment (MAT) services may be provided by Bear River Health Department staff within the Cache County Jail facilities. Individuals that qualify for residential care under American Society of Addiction Medicine (ASAM) criteria may be referred to contract providers for residential services, including Odyssey House, The Haven or First Step House.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment.

We continually assess the quality and accessibility of our program through feedback derived from clients, interagency collaborative relationships and Bear River Health Department inter-division input, and respond with needed improvements in a timely manner. Examples of this include: the addition of two case managers to attend court and community meetings, and spend time in local jails to increase visibility and accessibility; using additional staff to rearrange intake process to increase intake schedules; expanded office hours for late evening or early morning sessions; adding additional groups (including intensive outpatient [IOP]) at optimal times to accommodate client needs; using the new electronic health system (EHS) system effectively; and researching, training, and implementing Evidence-Based Practice (EBP) programs. Bear River Health Department will be joining Perry City's Mobile Crisis Outreach Team (MCOT) to respond to crisis calls throughout the community. This team will consist of law enforcement, treatment representatives, and peer support delegates, and will give those in need an immediate link to services, any time, day or night.

Describe your plan to improve the quality of care.

Using feedback from clients and coordinating and referral agencies, we make feasible adjustments to improve and enhance accessibility, frequency, and treatment alternatives. Treatment staff meet weekly to staff cases and discuss best practice options, including any changes in programming that need to occur to benefit current clientele. Accessibility and best practice is discussed frequently in these staff meetings.

Clients are invited to give their opinions and feedback regarding services in a variety of ways, including the MHSIP surveys, and staff are trained to hear and respond to clients' concerns. If they feel the need, 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. 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.

Data and comments from the Mental Health Statistics Improvement Program (MHSIP) surveys, along with information from client interviews are reviewed in staff meetings, or individually if the information is of a sensitive nature. We review data gathered in-house as well as state and federal reports to measure outcomes and needs. We also review schedules, frequency, availability, and attendance numbers of all our services including assessments, individual sessions, classes, groups, and outside services to make sure we are effectively providing services at optimal times. Examples of this include the number of groups we hold at peak client requested times, and adding evening intensive outpatient (IOP) for clients unable to attend during the day. As described in this plan, we are open for most services beyond regular 8:00 to 5:00 business hours.

Board of Health meetings are announced and open to the public, and Bear River Health Department, Division of Substance Abuse welcomes feedback from those meetings. Staff is given as many opportunities as possible within time and 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.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

We regularly send staff to training to ensure all staff are qualified to conduct Evidence-Based Practice (EBP) treatment. We encourage staff to explore Evidence-Based Practice (EBP) options, and provide them with opportunities to train and/or become certified in viable evidence based programs. We now have all counselors trained in Moral Reconciliation Therapy (MRT), we have one certified in Eye Movement Desensitization and Reprocessing (EMDR), one in Prime for Life curriculum, and three in the process of Adolescent Community Reinforcement Approach (A-CRA) certification. Most are trained in Seeking Safety and our addition of a men's Seeking Safety program has been well-received. 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. Evidence-Based Practice (EBP) fidelity is reviewed in individual case staffings, clinical supervision sessions, and clinical supervisors reviewing case notes, and sitting in on groups and/or classes.

Describe Clinical Supervision Protocol or Plan.

Clinical supervision is accomplished in multiple ways: 1) In weekly staff meetings, counselors must bring at least one case to staff with peers, and clients in specific programs such as Drug Offender Reform Act (DORA), or Mental Health Court are reviewed. Client issues that arise concerning policies or procedures are also discussed, and changes or plans are implemented. 2) Bear River Health Department, Division of Substance Abuse Director and Clinical Director are readily available to staff cases individually on an as needed basis. 3) The Director and Clinical Director regularly review random case files to ensure policy, procedures, and best practices are followed. 4) During individual annual performance reviews, open and frank discussions between staff and supervision address strengths and weaknesses in work product. Feedback for improvement is provided, with a plan for follow-up. 5) Bear River Health Department, Division of Substance Abuse participates in several audits and reviews throughout the year, including: State audit, Division of Occupational and Professional Licensing (DOPL) licensing audit, peer review, and Bear River Health Department audit. Each counselor is assigned to a clinical supervisor. They meet regularly, one-on-one, for clinical supervision sessions. During these meetings they discuss cases, client issues, licensure requirements, training needs, strengths and areas needing improvement.

How do you evaluate client outcomes?

Bear River Health Department evaluates client outcomes at several levels: 1) Client discharges are the most immediate and detailed tool for evaluating client outcomes. 2) Feedback from clients returning to treatment after

being discharged, whether by completion or non-compliance, is also key to determine strengths and weaknesses in the program. 3) The next level of evaluation comes through client surveys. 4) Data is used to determine in-house, local community, regional and national trends to identify current and anticipated need and most effective areas of focus. 5) General feedback from referral sources, meetings, and community partners give us a direction to investigate.

When planning future services and improvements we look at direct feedback vs. data to find ways to enhance strengths and shore up weaknesses in the program.

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

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.

Bear River Health Department, Division of Substance Abuse, the Cache County Sheriff, and jail staff continue to meet to ensure we are providing all necessary treatment services in the jail. Services are conducted in local jail facilities by qualified Bear River Health Department, Division of Substance Abuse treatment staff. We have a counselor facilitating multiple groups each day, Monday through Friday. Groups are scheduled according to jail timelines, inmate need, and specific requests from the Cache County Sheriff. Group topics include early recovery, Moral Reconciliation Therapy (MRT), Thinking for Change, life skills, 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. At the Sheriff's request, Bear River Health Department, Division of Substance Abuse is prepared to take the steps to qualify for certification for the Sex Offenders course, and incorporate it in the curriculum. Counselors are available to provide 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, and respond to these requests as they come in. A Bear River Health Department, Division of Substance Abuse case manager is working with the deputy in charge of the inmate release process. They coordinate schedules such that inmates have the opportunity to meet with our case manager at the jail prior to release, to ensure access to all services available to that inmate as he or she transitions out of jail. Inmate feedback is that this is a positive and helpful service. The Drug Court case manager administers the Risk and Needs Triage for those in jail in the process of qualifying for Drug Court.

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

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

We anticipate an increase in utilization of funding for jail services as we are committing case managers to be available for inmates transitioning out of jail, staff providing assessment and, as necessary, counseling at jail facilities, and also staff earmarked to certify for and conduct additional services, such as the Sex Offender course. 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.

Describe any significant programmatic changes from the previous year.

Bear River Health Department, Division of Substance Abuse is prepared to provide the additional services listed above at the request and timeline of the Cache County Sheriff, and expand these services to the Box Elder County jail in their time frame.

The Substance Abuse Prevention and Treatment (SAPT) block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

We have no plans at this point to expend Substance Abuse and Prevention Treatment (SAPT) block grant dollars for direct jail services, rather we are looking at other options such as Justice Reinvestment Initiative (JRI) funding.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

As part of the Health Department, we have direct access to services provided through other Bear River Health Department Divisions including Baby Your Baby, Women, Infants and Children (WIC), and the Nursing Division's immunization, testing, and medical services. We share our Tremonton facility with Bear River Mental Health and the Community Health Center. [Our on-site physician, Dr. Gary Stokes, is available to clients to coordinate medical services, either directly or further by referral.](#) 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 provide treatment services to clients of Comprehensive Treatment Clinic of Logan, Employee Assistance Programs (EAP) of local employers. We continue our working relationship with Southwest Pain and Spine Center, and provide services at their request. [We work with Family Institute of Northern Utah as a team to provide and/or refer services for mutual clients.](#) [We are developing relationships with local medical and dental providers to work with them to provide healthcare services to our clients.](#) [We are currently working with one local pharmacy and one local dental care provider in Cache County, and anticipate finalizing partnerships with healthcare providers in Box Elder County as well.](#)

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

Our effort to meet the physical, mental and substance abuse needs in an integrated way is a combination of direct treatment through Substance Abuse counseling staff, education and resource assistance from Bear River Health Department Health Promotions staff, and medical and nutritional care through Bear River Health Department nursing and medical staff, 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, whether it be physical, mental health related, or other core need affecting the physical or mental well-being of the client, such as: Bear River Mental Health providing long-term mental health treatment for chronic mental illness; Medicaid assistance through Division of Workforce Services (DWS). Using Parolee Access to Recovery (PATR) and recovery support funding allows us to assist qualified clients with other community agencies as we increase connections and partnerships.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

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 Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C, diabetes, pregnancy, and Nicotine use. 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 educational programs, including Recover Plus. Services are provided on-site at Bear River Health Department locations, so referrals are immediate. [As part of the client's initial assessment, the above topics are discussed and the client is referred to applicable services within the Health Department, or the issue is incorporated in the client's treatment plan to be addressed in sessions.](#) [If assistance is required to connect a client with services, he or she is assigned a case manager to help the client make the connection to the appropriate service or service provider.](#)

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder (SUD) Target= reduce tobacco and nicotine use by 5%.

We currently have several staff trained and able to conduct Recovery Plus tobacco cessation groups as needed,

both adult and youth. Bear River Health Department's Health Promotions Division offers tobacco cessation courses. These services are available to clients and non-clients of the Substance Abuse Division. We have placed Recovery Plus information throughout the office and offer tobacco cessation kits to anyone seeking help to quit, and offer assistance in finding resources such as the Tobacco Quit Line. Questions regarding tobacco use and desire to quit are asked at assessment and are followed up on during treatment by the client's individual counselor. If desired by the client, tobacco cessation is part of the individual's recovery plan. We track success rates via Treatment Episode Data Set (TEDS) data and discuss results in staff meetings to monitor progress. By policy, tobacco use is not allowed on any Bear River Health Department grounds, and notices of such policies are clearly posted at all facilities.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	\$1,021,347		
Form B - Amount Budgeted in FY18 Area Plan	\$958,051		
Form B - Actual FY17 Expenditures Reported by Locals	\$733,592		

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

Bear River Health Department, Division of Substance Abuse women's treatment program encompasses all available services including assessment and evaluation, all American Society of Addiction Medicine 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, Evidence-Based Treatment (EBP) options including Moving On and Seeking Safety, and access to a women's resources 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. If a need is ascertained, the case manager assists the client in connecting with appropriate resources. As a priority population, women who are pregnant or have dependent children are offered face to face contact with a treatment worker within 48 hours of first contact.

Treatment for women includes objectives and interventions focused on gender specific topics and actions, including trauma informed care, parenting and child care issues, relationships, and children's therapy. We work with Citizens Against Physical and Sexual Abuse (CAPSA), Bear River Association of Governments (BRAG), Division of Child and Family Services (DCFS), Bear River Health Department's Nursing, Baby Your Baby, Women Infants and Children (WIC) and Health Promotions Divisions, and Bear River Mental Health to offer our clients the benefit of cooperative programs.

Evaluation and outpatient treatment services are provided at all Health Department facility locations: 655 East 1300 North, Logan, Utah 84341; 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. Bear River Health Department offers a variety of extended office hours. Monday through Thursday, we are open until 6:00 p.m. Some groups or classes are offered until 8:00 p.m. on scheduled evenings, and counselors may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client need. Two 24-hour crisis phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week. [Phone numbers to schedule an appointment or speak with a counselor include: Cache/Rich counties: 435-792-6420; Brigham City: 435-734-1321; Tremonton: 435-257-3318. The Cache/Rich County crisis number is 435-881-0358; the Box Elder County crisis number is 435-730-2793.](#)

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 Division of Child and Family Services (DCFS) for women with children at risk of, or in state custody.

Bear River Health Department, Division of Substance Abuse offers services to children of clients in a variety of ways: At intake, women with dependent children complete a women's checklist that gathers information regarding their children's needs. Essential needs may be incorporated into the client's treatment plan to address individually with the client, in family sessions, or separate treatment for the children. Parent sessions focus on not only issues surrounding substance use, but parenting issues as well. We conduct family interventions as needed for clients and non-clients seeking assistance. Other Bear River Health Department Divisions assist parents with medical needs such as immunizations, and health issues through Baby Your Baby, Women Infants and Children (WIC), and nutrition courses. Our close collaborations with community agencies such as The Family Place, Family Institute of Northern Utah, and Comprehensive Treatment Clinic allow us to refer clients to services if they need further assistance off site, such as respite care, domestic violence courses, or intensive severe emotional disturbance (SED) counseling. We work with Division of Child and Family Services (DCFS) workers consistently to coordinate treatment planning and ensure that both our client's needs and their children's needs are being met, and that their treatment plan at Bear River Health Department, Division of Substance Abuse will assist them in accomplishing the goals they have set in their family plan.

Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.

All women in treatment have access to a women's case manager. The case manager explores, with the client, any need for Recovery Support Services, such as: child care, transportation, and medical assistance for the client or client's children. The case manager assists the client in connecting with appropriate resources, and follows up to ensure services are suitable and meeting the needs of the client and client's children. There is no cost to the client for case manager services.

Describe any significant programmatic changes from the previous year.

Bear River Health Department, Division of Substance Abuse has a treatment staff member who is fully certified to conduct Eye Movement Desensitization and Reprocessing (EMDR) therapy, which has been a great asset to our women's treatment options.

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	\$105,178		
Form B - Amount Budgeted in FY18 Area Plan	\$124,310		
Form B - Actual FY17 Expenditures Reported by Locals	\$82,172		

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

- 1) All youth presenting for services meet with a licensed clinician for screening and assessment, and placement in treatment and/or education. The interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; American Society of Addiction Medicine (ASAM) criteria crosswalk; Substance Abuse Subtle Screening Inventory (SASSI); and (RANT) Risk and Needs Triage (if applicable). Urinalysis provides a baseline at assessment. Youth qualifying for the State Youth Treatment - Implementation (SYT-I) program also complete the Government Performance and Results Act (GPRA) and Global Appraisal of Individual Needs Q-3 (GAIN Q-3).
- 2) At intake, youth are assessed for co-occurring disorders and suicide risk, 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. This assessment continues throughout treatment with the youth's individual treatment counselor.
- 3) All youth are offered comprehensive treatment options according to individual need and goals, to include: evaluation, education, appropriate American Society of Addiction Medicine (ASAM) level of care, Recovery Support Services, and integrated care. For qualified youth, Adolescent Community Reinforcement Approach (A-CRA) is incorporated into the treatment plan.
- 4) In youth group, we have a component on the development of the brain and how substances affect the brain, with emphasis on the teenage brain. Individual sessions further focus on this concept based on the client's individual circumstances and need.
- 5) Parent or guardian participation is required at initial intake appointments, and family involvement is strongly encouraged throughout treatment, including joint and/or separate treatment sessions. A minimum of two family sessions, and two parent sessions are required for youth involved in the State Youth Treatment - Implementation pilot project.
- 6) We are taking the recommendation from the Treatment Research Institute (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. Designated youth treatment staff attend Juvenile Justice meetings and staff the needs of mutual clients to work together to assist youth in continuation of treatment.
- 7) Treatment staff must hold and maintain appropriate licensure to provide youth services and are provided opportunities for training to maintain licenses and expand and update skill sets for providing youth treatment. Three treatment staff are completing the requirements for Adolescent Community Reinforcement Approach (A-CRA) certification.
- 8) Youth in treatment are continually assessed and treatment plans adjusted to ensure care addresses client's current needs. Referral sources and support systems are integrated into treatment plans to enhance youth support. Youth are offered access to Recovery Support Services and aftercare services as part of treatment.
- 9) We offer priority admission status for youth. We work with the client and the client's parent(s) or guardian(s) to provide American Society of Addiction Medicine (ASAM) appropriate care and client preference. Youth are involved in creating their treatment plans.
- 10) Program evaluation is accomplished through direct client feedback, Mental Health Statistics Improvement Program (MHSIP) surveys, and Treatment Episode Data Set (TEDS) data.

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).

We are looking to increase our youth services through the following implementations: 1) the addition of treatment staff and new youth coordinator during the last year, 2) our regular participation in the Juvenile Justice Services interagency meetings, 3) implementation, training and certification of staff for the State Youth Treatment - Implementation (SYT-I) program incorporating Adolescent Community Reinforcement Approach (A-CRA), Global Appraisal of Individual Needs Q-3 (GAIN Q-3), and Government Performance and Results Act (GPRA) into our youth program.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

Designated treatment staff attend Juvenile Justice Service's meetings regularly to coordinate services and ensure youth have access to all available community service options. Our cooperation with local juvenile courts and probation ensures that our services meet the requirements that youth involved in their systems must accomplish. Staff present in these meetings enables immediate referrals. We regularly work with Division of Child and Family Services (DCFS) to address any needs and requirements for youth in treatment, or youth with parents in treatment

that may require our services as well.

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	\$286,002	Form B - FY19 Amount Budgeted: Felony	\$291,505
Form B - FY18 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY18 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY18 Recovery Support Budgeted	\$19,245	Form B - FY19 Recovery Support Budgeted	\$26,804

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

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

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

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

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

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

The First Judicial 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 American Society of Addiction Medicine (ASAM) levels of care, assigned individual counselor, random urinalysis (UA) testing through the color system, and Drug Court and women's case management sessions. [All assessments are conducted by a licensed clinician, and include at a minimum: a diagnostic interview to ascertain the initial needs and expectations of the client and the client's state at presentation. The interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; American Society of Addiction Medicine \(ASAM\) criteria crosswalk; and Substance Abuse Subtle Screening Inventory \(SASSI\). The Risk and Needs Triage \(RANT\) assists in establishing high risk/high needs or low risk/low need to assist in determining treatment recommendations. Urinalysis provides a baseline at assessment.](#) Outpatient treatment and case management services are provided directly at Health Department facilities. Residential care, if appropriate, is provided through contracted providers such as Odyssey House, The Haven, or First Step House. If needed, medication

management is provided according to Bear River Health Department policy, described in the medication management section of this Plan, and if funding is available.

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, a pocket Drug Court manual and calendar](#), and tracks their progress in employment, education, housing, attendance to Alcoholics Anonymous (AA), and any other conditions they have been required by Drug Court to meet. [Recovery Support Services are offered as indicated by client and clinician, and managed through a case manager. 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.](#) Bear River Health Department 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. Drug Court meetings are attended by treatment and case management staff, attorneys, probation, the Drug Court judge, and any other treatment partners.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

Medication assisted treatment needs are assessed in treatment planning, and reviewed throughout treatment. [Drug Court clients are afforded access to any Medication Assisted Treatment \(MAT\) services offered within Bear River Health Department. This includes our Vivitrol® program in coordination with Bear River Health Department Medical and Nursing Divisions. Requests for Medication Assisted Treatment \(MAT\) services are made through the counselor who connects the client with medical staff to assess the possibility of medication such as Vivitrol® as an aid to treatment. Prior to being prescribed medication, clients receive appropriate medical examinations and lab work. Vivitrol® is administered by the Bear River Health Department, Nursing Division under the direction of Dr. Gary Stokes, Bear River Health Department physician. Ongoing monitoring and follow-up exams throughout the course of treatment is provided on-site at Bear River Health Department facilities.](#)

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 their 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.

We do not prescribe or dispense Methadone on site. For clients prescribed Methadone, Suboxone, Subutex or other medication through their physician, treatment staff work closely with the physician and client to incorporate medication management into the treatment plan, including urinalysis (UA). In our efforts to develop community partners, we will include possible Medication Assisted Treatment (MAT) referral physicians.

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 Specialty Courts, etc).

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. [Collection and testing procedures follow Utah Code R523-15, and clients are informed of drug testing procedures and their rights prior to testing.](#)

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 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.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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 urinalysis at no cost to the client.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

Responding to positive client feedback, we will continue to expand our Recovery Support and Peer Support Services for Drug Court clients, including mentor group and Addict II Athlete. We will continue to offer evening services, including intensive outpatient treatment in Cache County, and if the need arises, we will expand our evening intensive outpatient treatment to Box Elder County.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

Our new case managers are pursuing local providers to partner with Bear River Health Department to offer necessary services such as medical and dental care, additional counseling services such as parenting classes, and other 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 Utah Defender/Offender Workforce Development (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 counseling 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. 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.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	\$320,263	Form B - FY19 Amount Budgeted:	\$599,527
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Justice Reinvestment Initiative

Our Justice Reinvestment Initiative (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 Justice Reinvestment Initiative (JRI), but we continue to reach out.

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

Treatment services provided with JRI funding includes assessment and evaluation, outpatient, IOP, drug testing, Recovery Support and Peer Support Services. Residential services are currently provided by contract.

Eligible clients are screened by a licensed clinician, and include at a minimum: a diagnostic interview to ascertain the initial needs and expectations of the client and the client's state at presentation. The interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; American Society of Addiction Medicine (ASAM) criteria crosswalk; and Substance Abuse Subtle Screening Inventory (SASSI). The Risk and Needs Triage (RANT) assists in establishing high risk/high needs or low risk/low need to assist in determining treatment recommendations. Urinalysis provides a baseline at assessment. Youth qualifying for the State Youth Treatment - Implementation (SYT-I) program also complete the

Government Performance and Results Act (GPRA) and Global Appraisal of Individual Needs Q-3 (GAIN Q-3). Initial screening and assessment places the client with the appropriate program and care team (counselor, and/or case manager, if needed), and further assessment is accomplished by the counselor on an ongoing basis throughout care.

Prevention services include American Society of Addiction Medicine (ASAM) .5 Level education including Prime for Life Minor in Possession (MIP) and Driving Under the Influence (DUI) classes, life skills, finance management, and anger management.

Treatment includes individual and group sessions, and evidenced based treatment such as Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Moral Reconciliation Therapy (MRT), Adolescent Community Reinforcement Approach (A-CRA), Seeking Safety, and Moving On.

Recovery Support Services (RSS) are provided using Bear River Health Department, Division of Substance Abuse community partners providing approved RSS assistance based on client need and also treatment 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 case management, and women's resource case management. Recovery Support Services and Peer Support groups such as mentor group and Addict II Athlete are available to all Justice Reinvestment Initiative (JRI) clients.

Identify training and/or technical assistance needs.

Bear River Health Department will continue to seek appropriate Evidence-Based Practice (EBP) programs, and corresponding training for such programs.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	\$153,829		
Form B - Amount Budgeted in FY18 Area Plan	\$161,312		
Form B - Actual FY17 Expenditures Reported by Locals	\$164,297		

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

Our local Drug Offender Reform Act (DORA) planning and implementation team includes:
 Brock Alder, Director, Bear River Health Department, Division of Substance Abuse;
 Jared Bohman, Deputy Director, Bear River Health Department, Division of Substance Abuse;
 Simon Kayiki, Drug Offender Reform Act (DORA) Coordinator, Bear River Health Department, Division of Substance Abuse;
 Brandon Thalman, Substance Abuse Counselor, Bear River Health Department,
 Kevin Allen, First District Court Judge;
 Marc Miller, Probation Officer, Logan Adult Probation and Parole;
 Barbara Lachmar, Prosecuting Attorney, Cache County;

Marc Miller, Probation Officer, Adult Probation and Parole;
Jim Campos, Probation Officer, Adult Probation and Parole;
Phil Rodriguez, Probation Officer, Adult Probation and Parole;
Bernie Allen, Defense Attorney, Box Elder;
Steve Hadfield, Prosecuting Attorney, Box Elder

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

We anticipate approximately 60 clients served in DORA funded treatment throughout FY19 with 35 of the clients currently enrolled in DORA to be carried over into FY19.

Continuum of Treatment Services: Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

Drug Offender Reform Act (DORA) clients are offered access to the full continuum of services available at Bear River Health Department including assessment; American Society of Addiction Medicine (ASAM) treatment Levels .5, I, II.1, II.D, III; drug testing; Recovery Support Services; Peer Support; and case management. Drug Offender Reform Act clients attend an initial hand-off meeting and orientation with treatment and probation members of the Drug Offender Reform Act (DORA) team. Upon completion, they attend an exit interview and receive a completion certificate.

Eligible clients are screened by a licensed clinician, which places the client with the appropriate program and care team (counselor, and/or case manager, if needed), and further assessment is accomplished by the counselor on an ongoing basis throughout care. Assessment includes a diagnostic interview to ascertain the initial needs and expectations of the client and the client's state at presentation, to be used with the Level of Service Inventory - Revised (LSI-R) to determine eligibility and treatment needs. The interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; American Society of Addiction Medicine (ASAM) criteria crosswalk; Substance Abuse Subtle Screening Inventory (SASSI); and Risk and Needs Triage (RANT). Urinalysis provides a baseline at assessment.

Treatment services provided with Drug Offender Reform Act (DORA) funding includes outpatient, intensive outpatient, drug testing, Recovery Support and Peer Support Services. The client and counselor create a recovery plan to outlining goals and objectives in the Drug Offender Reform Act (DORA) program. Outpatient treatment and case management services are provided directly at Health Department facilities. Urinalysis collection and testing procedures follow Utah Code R523-15, and clients are informed of drug testing procedures and their rights prior to testing. If needed, and if funding is available, Medication Assisted Treatment may be provided. Residential services are currently provided by contract. Prevention services include American Society of Addiction Medicine (ASAM) .5 Level education including Prime for Life Minor In Possession and Driving Under the Influence classes, life skills, finance management, and anger management.

Recovery Support Services are provided using Bear River Health Department, Division of Substance Abuse community partners providing approved Recovery Support Service assistance based on client need and also treatment 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 case management, and women's resource case management. Recovery Support Services and Peer Support groups such as mentor group and Addict II Athlete are available to all Drug Offender Reform Act (DORA) clients.

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

Drug Offender Reform Act (DORA) clients involved in outpatient treatment are offered the following Evidence-based practice options: Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Moral Reconciliation Therapy (MRT), Seeking Safety, and Moving On. All

treatment and case management staff are trained in Moral Reconciliation Therapy (MRT) and we offer this group several times per week so clients have a variety of attendance options. We have staff trained in Hazelton's Moving On, and offer this curriculum as needed. Several staff are trained in Seeking Safety which is now available in separate men's and women's groups. Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), and Motivational Interviewing (MI) are options offered in individual sessions. Application of all evidence-based practice options are utilized based on the needs outlined in the client's individualized treatment plan.

FY19 Substance Abuse Prevention Area Plan & Budget														Local Authority: Bear River Substance Abuse		Form C	
State Funds				County Funds													
FY2019 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 FY2019 Revenue					
FY2019 Substance Abuse Prevention Revenue	\$16,325		\$3,265			\$275,360	\$10,531	\$22,916		\$14,000	\$61,000	\$403,397					
FY2019 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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program			
Universal Direct	\$16,325					\$62,415				\$2,500			\$81,240				
Universal Indirect			\$3,265			\$170,259	\$10,531	\$22,916					\$206,971				
Selective Services						\$12,754							\$12,754				
Indicated Services						\$29,932				\$11,500	\$61,000		\$102,432				
FY2019 Substance Abuse Prevention Expenditures Budget	\$16,325	\$0	\$3,265	\$0	\$0	\$275,360	\$10,531	\$22,916	\$0	\$14,000	\$61,000	0	\$403,397	\$0			
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total										
Primary Prevention Expenditures	\$36,720	\$45,696		\$42,686	\$134,286	\$15,972	\$275,360										

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Bear River Substance Abuse

Instructions:

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.

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: depressive symptoms, low commitment to school, and rewards for prosocial involvement (in the school, family, and community domain). NUSAPT will be addressing all substance misuse issues by addressing prioritized factors but will particularly monitor outcomes of their efforts by looking at trends of underage drinking, e-cigarettes, marijuana, and prescription drug misuse.

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.

1) Assessment

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.

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.

During FY18 the BRHD prevention team, consisting of 8 BRHD staff who have some staff time to carry out prevention services, completed a health district wide assessment to set short and long term priorities and goals. The basis of the assessment was the 2017 SHARP survey. The prevention team looked at district wide data, at every grade level to complete the assessment. Over the course of several prevention staff meetings the staff assessed the data based on prevalence, trend, changeability, and consistency across grade levels. Based on this assessment the BRHD was able to prioritize underage drinking, e-cigarettes, marijuana, and prescription drug misuse as focus substances. The BRHD prioritized the risk and protective factors of rewards for prosocial involvement (family domain), perceived risk of drug use, and depressive symptoms. The BRHD will focus on these factors when selecting prevention program for the district. Local coalition have/will conduct their own assessments and select their own priorities based on local data.

The Northern Utah Substance Abuse Prevention Team (NUSAPT) completed its last assessment during FY18. NUSAPT used 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.

NUSAPT followed the same process as the BRHD prevention team to assess local SHARP data for the county. NUSAPT had completed an assessment with the 2015 SHARP survey, but had only made short term plans with that data, so a more long term assessment needed to be completed again with the 2017 data. Because the coalition had recently been through the assessment process, they decided to complete the assessment as a large group, and took a few coalition meetings to work through the data and set priorities.

Based on the data, prevalence, trend, changeability, NUSAPT prioritized the substances of underage drinking, marijuana use, e-cigarettes, and prescription drugs. To address these issues NUSAPT will focus on the risk and protective factors of low commitment to school, depressive symptoms, and rewards for prosocial involvement (school, family, and community domains).

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.

The Bear River Safe Communities Coalition (BRSCC) has used SHARP survey data, and evaluated resources available and prioritized opioid misuse as it's focus area, with the understanding that by addressing risk and protective factors they will be addressing other substance misuse issues in the community. BRSCC used SHARP data to set priorities for risk and protective factors, and utilized department of health data to help in the prioritization of its substance misuse issue.

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 SHARP data as they went through the assessment process.

During FY18 the BRHD started working with Rich County on the formation of a coalition. This group came together as a way to address the suicide issue that the community had been seeing. They are a small community, and used the knowledge of law enforcement and school district personnel as the main sources of their data to determine preventing suicide is where they wanted to focus. The BRHD tried to get a coalition started by hosting a community prevention summit, to explore . From that meeting the school Superintendent approached the BRHD saying he would like to see a coalition that could address the suicide issue. From there the group convened and tried to address risk factors as prioritized from the SHARP data and other plans were made. The coalition formed as a way to address suicide, but there is support to address other issues as the data indicates that that might be needed. The group is still forming and developing, but has the understanding that the coalitions focus will be to address the prevention of any health concern that the county might be seeing as based on data, and may not always have a substance misuse focus.

2) Capacity Building

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.

Things to Consider/Include:

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)

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 itself 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 programming 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 its 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.

3) Planning

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.

Things to Consider/Include:

Write in a logical format or In a narrative. Logical Format is:

Goal: 1

Objective: 1.1

Measures/outcomes

Strategies:

Timeline:

Responsible/Collaboration:

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?

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 the BRHD, 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.

Bear River Health Department Prevention Strategic Plan:

Strategic Initiative 1: Prevent Underage Substance Use:

Goal 1.1: Prevent and reduce underage drinking

Objective 1.1.1: Increase prioritized protective factor of rewards for prosocial involvement in the family

Objective 1.1.2: Reduce prioritized risk factors of depressive symptoms and perceived risk of drugs

Objective 1.1.3: Reduce parental attitudes favorable to underage drinking

Objective 1.1.4: Reduce community norms favorable to underage drinking

Objective 1.1.5: Increase parental knowledge around underage drinking harms

Metrics: Indicator: Reduce 30 day alcohol use among all grades by 15% from 4.3% in 2017 to 3.7% in 2027

Goal 1.2: Prevent and reduce marijuana use

Objective 1.2.1: Increase prioritized protective factor of rewards for prosocial involvement in the family

Objective 1.2.2: Reduce prioritized risk factors of depressive symptoms and perceived risk of drugs

Objective 1.2.3: Increase youth perception of harm of use

Objective 1.2.4: Increase community awareness of marijuana use

Objective 1.2.5: Increase community readiness to address marijuana use

Objective 1.2.6: Monitor policy issues in the community

Metrics: Indicator: Reduce 30-day marijuana use among all grades by 10% from 2.8% in 2017 to 2.5% in 2027

Goal 1.3: Prevent and reduce prescription drug misuse

Objective 1.3.1: Increase prioritized protective factor of rewards for prosocial involvement in the family

Objective 1.3.2: Reduce prioritized risk factors of depressive symptoms and perceived risk of drugs

Objective 1.3.3: Increase proper disposal

Objective 1.3.4 Reduce community norms favorable to misuse

Objective 1.3.5: Increase knowledge of proper prescribing practices among prescribing providers

Metrics: Indicator: Reduce 30-day prescription drug misuse among all grades by 10% from 1.6% in 2017 to 1.4% in 2027

Goal 1.4: Prevent and reduce e-cigarette use

Objective 1.4.1: Increase prioritized protective factor of rewards for prosocial involvement in the family

Objective 1.4.2: Reduce prioritized risk factors of depressive symptoms and perceived risk of drugs

Objective 1.4.3: Increase community awareness of e-cigarette issues

Objective 1.4.4: Reduce community norms favorable to e-cigarettes

Metrics: Indicator: Reduce 30-day e-cigarette use among all grades by 10% from 5.6% in 2017 to 5% in 2027

Strategic Initiative 2: Increase capacity of the community to support substance misuse prevention:

Goal 2.1: Build capacity of community coalitions

Objective 2.1.1: Increase the number of individuals who are coalition members and engaged in coalition work

Objective 2.1.2: Ensure coalitions follow either the CTC or SPF framework and provide coalitions with the necessary trainings

Objective 2.1.3: Ensure all coalition meet coalition definitions as defined by the division

Goal 2.2: Raise awareness of substance misuse issues in the community

Objective 2.2.1: Get key leaders more involved in community coalitions by sharing substance misuse data, and the need for community prevention

Objective 2.2.2: Provide information to the community on substance misuse issues in the community

Objective 2.2.3: Ensure schools are bought into the SHARP survey

Objective 2.2.4: Share SHARP data and other community data with the community to highlight local issues and possible solutions

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 in grades 8-12 by 15% from 2017 to 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 in grades 10-12 by 10% from 2017 to 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 12th graders by 10% from 2017 to 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 in grades 8-12 by 10% from 2017 to 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

4) Implementation

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.

Things to Consider/Include:

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).**

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.

The BRHD will also implement the following prevention strategies and evidence-based programs and throughout the district:

Prevention Dimensions: This school based program will continued to be offered local schools. All new school teachers 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.

Youth LifeSkills: The BRHD had success during FY18 implementing the 10 session Botvin's LifeSkills program to a selective population at several middle schools in Cache County. The BRHD will continue to work with Cache and Logan School districts to offer LifeSkills in middle school, and look to work with other school districts and other partners at the possibility of expanding the reach of LifeSkills across the health district.

Parents Empowered: 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.

Prime For Life: 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.

Parenting Wisely: 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.

Alcohol Compliance Checks: 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.

Shoulder Tap: 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.

Retailer Education: 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.

5) Evaluation

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.

Things to Consider/Include:

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**

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 checklists 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.

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.

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.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
Program 310: Parents Empowered			Cost: \$23,065		State Evidence-Based Workgroup	
Agency			Tier Level:			
LSAA: Bear River Health Department			Tier Level: 3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Rewards for prosocial involvement (family) Perceived risk of drugs Depressive Symptoms	Parents with teenagers between the ages of 12-16 who request Parents Empowered information. Estimated Number Served: 700 people	<p>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.</p> <p>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.</p> <p>Present the Parents Empowered PowerPoint to at least 3 groups of parents.</p> <p>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</p> <p>Hours of direct service: 20-40 Number of sessions: 10 Locations: schools, community venues Type of activities: presentations, booths, community events and race</p>	<p>Protective factor will increase by 10% from 2017 to 2021</p> <p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Rewards for prosocial involvement (Family) 2017: 61.7% 2021: 67.9%</p> <p>Perceived risk of drugs 2017: 28.5% 2021: 25.7%</p> <p>Depressive symptoms 2017: 32.8% 2021: 29.5%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>2017 (Alcohol) Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9%</p> <p>2027 (Alcohol) Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6%</p>
Measures & Sources	BRHD 2077 SHARP Report	BRHD 2017 SHARP Report	Number of participants Media Reach	Completion of media plan Media contacts Numbers from events, participants, and presentations Parents Empowered Month evaluation forms Number of materials disseminated	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

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2. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
320: Professional Development Trainings			Cost: \$28,308 (all 320 programs)		State Evidence-Based Workgroup	
Agency			Tier Level:			
LSAA: Bear River Health Department			Tier Level: 3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

<p>Logic</p>	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p>	<p>Perceived risk of drugs</p>	<p>First year teachers in Cache, Logan, Box Elder, and Rich School Districts</p> <p>FY2016 (Goal): 50 teachers & 40 afterschool teachers (based on new hires)</p>	<p>BRHD will invite all new teachers, if any, to attend trainings K-8 provided by USOE.</p> <p>BRHD will provide training opportunities for each health teacher in the 9-12 grades. Each afterschool site will be invited to participate in PD training for afterschool staff (2). Each elementary and secondary school will have an assigned contact to act as a liaison between the school and the Bear River prevention staff. The contacts will be required to provide a monthly report concerning PD lessons taught in their schools and fulfill other objectives developed from BRHD or USOE.</p> <p>Hours of direct service: 30 Number of sessions: 5 Locations:Cache, Logan, Box Elder Districts Type of activities:Teacher Trainings</p>	<p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Perceived risk of drugs 2017: 28.5% 2021: 25.7%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 by 10%.</p> <p>2017 Alcohol: Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% Marijuana: Grade 10: 3.4 % Grade 12: 5.7%</p> <p>2027 Alcohol: Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6% Marijuana: Grade 10: 3.1% Grade 12: 5.1%</p>
<p>Measures & Sources</p>	<p>BRHD 2017 SHARP Report</p>	<p>BRHD 2017 SHARP Report</p>	<p>Numbers of participants Self-report from school contacts concerning number of new teachers</p>	<p>Number of teachers trained Training Pre/Post Survey Number of lessons taught</p>	<p>BRHD 2021 SHARP Report</p>	<p>BRHD 2027 SHARP Report</p>

3. Logic Model

<p>Program Name</p>	<p>Cost of Program</p>	<p>Evidence Based: Yes or No</p>
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320: Classroom Services				Cost: \$28,308 (all 320 programs)	State Evidence-Based Workgroup	
Agency				Tier Level:		
LSAA: Bear River Health Department				Tier Level: 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p>	Perceived risk of drugs	K-12 student population in Cache, Logan, Box Elder, and Rich School Districts. The primary focus will be on grades 6,7, and 8.	<p>During the 2015-2016 school year, school based resources will be provided for all BRHD schools by providing services which enhance or support existing drug prevention activities. 65% of all activities will be based on risk and protective factors.</p> <p>During the 2015-2016 school year a minimum of 10 services, classroom presentations, equipment, etc. for a minimum of 1 high school and 6 middle school classes will be provided in the BRHD school districts upon request from the school.</p> <p>Hours of direct service: 236 Number of sessions: 236 Locations: Logan, Cache, Rich, Box Elder School Districts School Presentations Type of activities: Classroom presentations, PD Lessons Presentations</p>	<p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Perceived risk of drugs 2017: 28.5% 2021: 25.7%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 by 10%.</p> <p>2017 Alcohol: Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% Marijuana: Grade 10: 3.4 % Grade 12: 5.7%</p> <p>2027 Alcohol: Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6% Marijuana: Grade 10: 3.1% Grade 12: 5.1%</p>
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report	Number of students reached from attendance sheets as well as number and grade levels of classes taught	Lessons taught from the curriculum Number of students reached Number of courses taught	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

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4. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
321: Northern Utah Hispanic Health Coalition				Cost: \$1,000	Follows SPF model within Hispanic community. Links to evidence based programs such as SHARP, Parents Empowered, All Stars, and Parenting Wisely	
Agency				Tier Level:		
LSAA: Bear River Health Department				Tier Level: 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		Short	Long
Logic	Reduce 30 day alcohol use among Hispanic students in grades 8-12.	Poor Family Management Depressive Symptoms Academic Failure Perceived Risk of Drug Use Rewards for Prosocial Involvement (Family)	About 25 community members who represent the Hispanic population and have access to the different sectors of the community FY2015:24 members, 5 meetings as of April 09, 2015.	Conduct bi-monthly NUHHC meetings and workgroup meetings as needed, 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	Risk factors will decrease by 5% 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%	30 day alcohol use among Hispanic students in grades 8-12 will decrease by 15%. 2017 Alcohol: Grade 8: 8.4% Grade 10: 11.7% Grade 12: 19.6% 2027 Alcohol: Grade 8: 7.1% Grade 10: 9.9% Grade 12: 16.7%

				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	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%	
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

5. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
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)
Agency				Tier Level:	
LSAA: Bear River Health Department				Tier Level: 4	
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/ Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12.</p>	Perceived risk of drug use	<p>Youth ages 16-20 who receive an MIP offense and are referred to the Bear River Health Department.</p> <p>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</p>	<p>Prime For Life Under 21 course. Taught twice, monthly, at the Bear River Health Department. Classes are 2 hours on Tuesdays, and 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.</p> <p>Hours of direct service: 220 Number of sessions: 22 Locations: Bear River Health Department Type of activities: PRIME For Life Under 21 Classroom Lessons</p>	<p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Perceived risk of drug use 2017: 28.5% 2021: 25.7%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 by 10%.</p> <p>2017 (Alcohol): Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9%</p> <p>Marijuana: Grade 10: 3.4 % Grade 12: 5.7%</p> <p>2027 (Alcohol) Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6%</p> <p>Marijuana: Grade 10: 3.1% Grade 12: 5.1%</p>
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report	BRHD Substance Abuse Admissions Report BRHD MIP Class Rolls	BRHD MIP Class Rolls	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

6. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
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	
Agency				Tier Level:		
LSAA: Bear River Health Department				Tier Level: 4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12.</p>	<p>Depressive Symptoms</p> <p>Perceived risk of drug use</p>	<p>Students in grades 6th-8th (ages 11-15) who are referred to the Bear River Health Department Life Skills class at their school.</p> <p>FY18 plan is to offer Youth Life Skills in the Logan School Districts after schools clubs program.</p>	<p>Botvin LifeSkills Training (LST Middle School Level 2) course taught at a school at least 2 times per school year.</p> <p>2 sessions/week for 6 weeks.</p> <p>Hours of direct service: 6 Number of sessions: 12 Locations: Cache County Middle Schools Type of activities: Youth Life Skills Lessons</p>	<p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Depressive Symptoms 2017: 32.8% 2021: 29.5%</p> <p>Perceived risk of drug use 2017: 28.5% 2021: 25.7%</p>	<p>Reduce 30 day alcohol use rates among students in grades 8-12 by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 by 10%.</p> <p>2017 (Baseline) Alcohol: Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% Marijuana: Grade 10: 3.4 % Grade 12: 5.7%</p> <p>2027 (Outcome) Alcohol: Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6% Marijuana: Grade 10: 3.1% Grade 12: 5.1%</p>
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report. Youth Life Skills	BRHD Youth Life Skills Class Rolls	BRHD Youth Life Skills Class Rolls Youth Life Skills Pre/Post Tests	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

		Pre/Post Tests				
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7. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
343: Parenting Wisely				Cost: \$4,906	Evidence Based: SAMHSA's National Registry of Evidence-based Programs and Practices	
Agency				Tier Level:		
LSAA: Bear River Health Department				Tier Level: 4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p>	Rewards for prosocial involvement (family)	Parents referred by CAPSA (Domestic Violence Shelter) and BRHD Treatment	<p>Offer the Parenting Wisely computer-based curriculum to clients at three sites (BRHD-Logan, BRHD-Brigham, and CAPSA). Provide materials to offer program at YCU in Brigham City. Instruction time is about 3 hours. Participants will take a pre/post test and survey. All participants who complete the program receive a \$20 grocery gift card. Provide curriculum to at least 20 parents.</p> <p>Hours of direct service: 60 Number of sessions: 20 Locations: BRHD Logan, BRHD Brigham City, CAPSA Type of activities: Parenting Wisely computer-based program</p>	<p>Protective factor will increase by 10% from 2017 to 2021</p> <p>Rewards for prosocial involvement (family) 2017: 61.7% 2021: 67.9%</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 by 10%.</p> <p>2017 Alcohol: Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9%</p> <p>Marijuana:</p>

						Grade 10: 3.4 % Grade 12: 5.7% 2027 Alcohol: Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6% Marijuana: Grade 10: 3.1% Grade 12: 5.1%
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report	Participant Information Sheet	Pre/Post Test and Survey Participant Information Sheet	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

8. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No
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
Agency			Tier Level:		
LSAA: Bear River Health Department			Tier Level: 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 10-12.</p> <p>Reduce opioid misuse among adults ages 18-54</p>	<p>Rewards for prosocial involvement (community, family, school domains)</p> <p>Availability-Retail</p>	<p>Community coalition comprised of about 12 members representing a wide variety of agencies across the community.</p> <p>Estimated Number Served: 12 members</p>	<p>Community Coalition: Recruit and maintain a Bear River Safe Communities Coalition (BRSCC) with members from major sectors in the community (i.e., education, health, law enforcement, other social service agencies.) Conduct quarterly meetings.</p> <p>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.</p> <p>Possible groups to educate: Worksites/employees from participating agencies, Community/Civic groups.</p>	<p>Rewards for prosocial involvement will increase by 10%</p> <p>Community 2017: 67.9% 2021: 61.1% Family 2017: 65.4% 2021: 58.9% School 2017: 66.4% 2021: 59.8 Peer 2017: 65.4% 2021: 71.9%</p> <p>Retail availability will decrease by 5%.</p> <p>Prescribing rate 2016: 80.1 per 100 2021: 76.1 per 100</p> <p>Number of Opioid Rx from Dentists in BE County 2017: 2004 2021: 1904</p> <p>Number Opioid Rx ordered at BRVH/clinic 2016: 2266 2021: 2153</p>	<p>30 day alcohol use among students in grades 10-12 will decrease by 10%.</p> <p>2017 (Alcohol) Grade 10: 7.9% Grade 12: 10%</p> <p>2027 (Alcohol) Grade 10: 7.1% Grade 12: 9%</p> <p>Adult ED visits and overdose death rates will decrease by 10% per 100,000.</p> <p>ED Visits (Brigham City) 2017: 61.8 per 100,000 2027: 55.6 per 100,000</p> <p>Opioid overdose death rate (Brigham City) 2017: 30.24 per 100,000 2027: 27.22 per 100,000</p>
Measures & Sources	<p>BESD 2017 SHARP Report</p> <p>Opioid Misuse & Abuse Needs Assessment, BRSA April 2017</p> <p>Opioid Misuse & Abuse Needs Assessment, BRSA April 2017</p>	<p>BESD 2017 SHARP Report</p> <p>2016 CDC county reports</p> <p>2016 hospital data-BRVH</p> <p>2017 Dentist prescribing data-UDOH</p>	<p>Meeting participation. Meeting minutes. Collaborative efforts with member agencies</p>	<p>Meeting minutes. Activity reports.</p>	<p>BESD 2021 SHARP Report</p> <p>2021 CDC reports</p> <p>2021 hospital data-BRVH</p> <p>2021 Dentist prescribing data-UDOH</p>	<p>BESD 2027 SHARP Report</p> <p>Opioid Misuse & Abuse Needs Assessment, BRSA April 2027</p> <p>Opioid Misuse & Abuse Needs Assessment, BRSA April 2027</p>

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9. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
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	
Agency			Tier Level:			
LSAA: Bear River Health Department			Tier Level: 3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce 30 day alcohol use among students in grades 8-12.</p> <p>Reduce 30 day marijuana use among students in grades 10-12.</p> <p>Reduce 30 day narcotic prescription drug abuse among students in grade 12.</p>	<p>Depressive Symptoms</p> <p>Low Commitment to School</p> <p>Rewards for prosocial involvement (school, family, community)</p>	About 25 community members who represent a diverse population and have access to the 12 sectors of the community.	<p>Conduct bi-monthly NUSAPT meetings. During FY2019, NUSAPT works to address prioritized risk and protective factors to reduce substance misuse in Cache County</p> <p>NUSAPT will also educate the community on SHARP, possible groups to educate: Board of Health, GYC, School Boards, Hispanic Health, and Substance Abuse Division.</p> <p>Hours of direct service: 15 Number of sessions: 6 Locations: Cache County Agencies Type of activities: Coalition and workgroup Meetings</p>	<p>Protective factor will increase by 5% from 2017 to 2021</p> <p>Risk factors will decrease by 10% from 2017 to 2021</p> <p>Depressive Symptoms 2017: 31.2% 2021:</p> <p>Low Commitment to School 2017: 40.8 2021:</p> <p>Rewards for prosocial involvement School 2017: 67.6 2021: 71 Family 2017: 65.6 2021: 68.9 Community 2017: 74.3</p>	<p>30 day alcohol use among students in grades 8-12 will decrease by 15%.</p> <p>Reduce 30 day Marijuana use among students in grades 10-12 to 10%.</p> <p>30 day prescription drug abuse will decrease by 10%.</p> <p>2017 Alcohol: Grade 8: 1.6% Grade 10: 4% Grade 12: 8.6% Marijuana: Grade 10: 1.7% Grade 12: 5.2% Prescription Narcotics: Grade 12: 1.2% 2027 Alcohol: Grade 8: 1.4% Grade 10: 3.4% Grade 12: 7.3% Marijuana:</p>

					2021: 78	Grade 10: 1.5% Grade 12: 4.7% Prescription Narcotics Grade 12: 1%
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 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 2021 SHARP Report	BRHD 2027 SHARP Report

10. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
370: Alcohol Compliance Checks				Cost: \$22,415 (all 370 programs)	Evidence Based: www.thecommunityguide.org/alcohol/summaryCGRecommendations.pdf	
Agency				Tier Level:		
LSAA: Bear River Health Department						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/ Selective /Indicated		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Perceived risk of drug use	Retailers and their employees who sell alcohol. Estimated Number Served:	BRHD will work with law enforcement within Box Elder, Cache and Rich counties to ensure that alcohol compliance checks are being conducted. Coordinate with law enforcement to prepare for	Risk factors will decrease by 10% from 2017 to 2021 Perceived risk of drug	Reduce 30 day alcohol use rates among students in grades 8-12 by 15%.

			213 check in 77 stores	alcohol compliance checks. Ensure communication between business licensing and law enforcement. 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	use 2017: 28.5% 2021: 25.7%	2017 (Alcohol) Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% 2027 (Alcohol): Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6%
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 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 2021 SHARP Report FY2021 Alcohol Compliance Check Data	BRHD 2027 SHARP Report

11. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
370: Shoulder Tap			Cost: \$22,415 (all 370 programs)		Evidence Based: National Highway Traffic Safety Administration	
Agency			Tier Level:			
LSAA: Bear River Health Department			Tier Level: 4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

Logic	Reduce 30 day alcohol use among students in grades 8-12.	Perceived risk of drug use	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. Hours of direct service:17.5 Number of sessions: 1 Locations: Brigham City/Box Elder County and Logan City/Cache County Type of activities: Shoulder Tap	Risk factors will decrease by 10% from 2017 to 2021 Perceived risk of drug use 2017: 28.5% 2021: 25.7%	Reduce 30 day alcohol use rates among students in grades 8-12 by 15%. 2017 (Alcohol) Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% 2027 (Alcohol): Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6%
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 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 2021 SHARP Report	BRHD 2027 SHARP Report

12. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
370: Retailer Education	Cost: \$22,415 (all 370 programs)	Evidence Based: OJJDP
Agency	Tier Level:	
LSAA: Bear River Health Department	Tier Level: 4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.	Perceived risk of drug use	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	Risk factors will decrease by 10% from 2017 to 2021 Perceived risk of drug use 2017: 28.5% 2021: 25.7%	Reduce 30 day alcohol use rates among students in grades 8-12 by 15%. 2017 (Alcohol) Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9% 2027 (Alcohol): Grade 8: 2.3 % Grade 10: 4.6% Grade 12: 7.6%
Measures & Sources	BRHD 2017 SHARP Report	BRHD 2017 SHARP Report	retailers and people trained	retailer and employee numbers	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

13. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Agency	Tier Level:	

	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic							
Measures & Sources							

14. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Agency			Tier Level:				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long

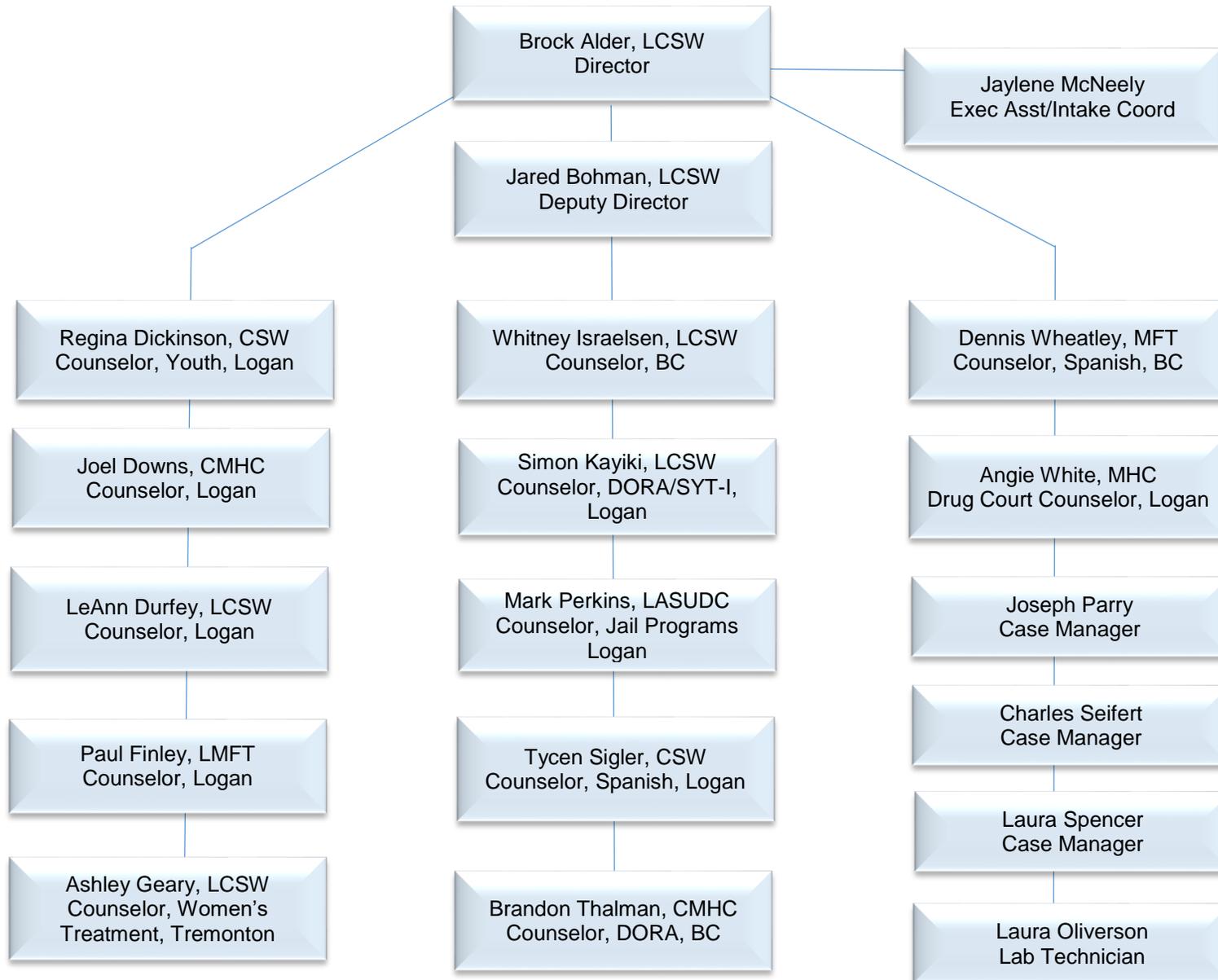
Logic							
Measures & Sources							

15. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Agency			Tier Level:				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic							
Measures & Sources							

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BEAR RIVER HEALTH DEPARTMENT, DIVISION OF COUNSELING & SUBSTANCE ABUSE



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

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.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

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2019 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: BEAR RIVER HEALTH DEPARTMENT

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

PLEASE PRINT:

Name: CRAIG W BUTTARS

Title: CACHE COUNTY EXECUTIVE

Date: 5/18/18