

# 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 use related subsidized funds, third party payers and client fees. Those with Medicaid coverage who are seeking mental health services only 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, 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)? Identify how you manage wait lists. How do you ensure priority populations get served?**

To qualify for subsidized services, 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 reside in the catchment area. 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 he/she may be discharged from the program.

All clients have access to all applicable services based on client needs: 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. Some services in specifically funded programs are limited to funding allowances 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 PATR clients; or, women's vouchers cover the cost of intake for women who are pregnant or have dependent children. Another example includes ancillary services specific to women:

prenatal care, immunization for dependents, daycare assistance, parenting classes, counseling for children, 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. [We do not utilize wait lists. We schedule first contact/intake appointments using a calendar of set-aside appointments, then when these are filled, we move to regular staff schedules, including looking at cancellations and broken appointment slots. Priority populations such as women, youth, and IV users are scheduled within 48 hours if the client is able. We also treat self-referred and those referred from community partners as priority.](#) Priority populations 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.

**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, 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 additional 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 court, staff ask questions that may affect eligibility to a specific funded program and client cost, such as: a 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 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-pays. The client reviews, signs, and is given a copy of a payment agreement providing written information regarding costs and payments. [Intake staff makes a payment arrangement with the client](#), and the client is encouraged to discuss any changes in income or financial situations or challenges in paying his/her copay with staff so additional 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.

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, to ensure a smooth transition to further care, aftercare or recovery support services. We review cases and billings before payment of invoices. We conduct audits 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 and utilize it whenever feasible to all parties involved.

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Bear River Health Dept		Form B	
FY2020 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)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue				
Drug Court	\$119,854	\$11,277			\$45,400	\$33,920		\$25,201	\$4,988	\$31,417		\$272,057				
Drug Offender Reform Act												\$0				
JRI	\$158,128	\$14,879	\$31,626	\$2,976	\$58,453				\$25,900	\$84,708		\$376,670				
Local Treatment Services	\$451,449	\$42,478	\$93,423	\$8,790	\$102,647	\$401,570	\$165,232	\$103,505	\$44,112	\$60,875	\$11,000	\$1,485,081				
Total FY2020 Substance Use Disorder Treatment Revenue	\$729,431	\$68,634	\$125,049	\$11,766	\$206,500	\$435,490	\$165,232	\$128,706	\$75,000	\$177,000	\$11,000	\$2,133,808				
FY2020 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)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served		
Screening and Assessment Only	\$1,559	\$154	\$266	\$25	\$2,044	\$1,308	\$394		\$250	\$1,200		\$7,200	40	\$180		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)												\$0		#DIV/0!		
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)												\$0		#DIV/0!		
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$15,758	\$1,561	\$8,080	\$760	\$11,925	\$26,977	\$16,253	\$54,393	\$9,500	\$26,450		\$171,657	40	\$4,291		
Outpatient: Non-Methadone (ASAM I)	\$444,271	\$44,017	\$72,096	\$6,784	\$148,864	\$278,996	\$98,042	\$16,716	\$46,800	\$89,500	\$11,000	\$1,257,086	855	\$1,470		
Intensive Outpatient (ASAM II.5 or II.1)	\$231,139	\$22,902	\$44,607	\$4,197	\$43,667	\$74,518	\$43,600	\$13,763	\$18,450	\$59,850		\$556,693	170	\$3,275		
Recovery Support (includes housing, peer support, case management and other non-clinical )	\$36,704					\$53,691	\$6,943	\$43,834				\$141,172	120	\$1,176		
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$729,431	\$68,634	\$125,049	\$11,766	\$206,500	\$435,490	\$165,232	\$128,706	\$75,000	\$177,000	\$11,000	\$2,133,808	1,225	\$1,742		
FY2020 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)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$128,298	\$12,072	\$20,728	\$1,951	\$38,040	\$69,852	\$165,232	\$17,227	\$11,250	\$23,010	\$990	\$488,650				
All Other Women (18+)	\$119,003	\$11,197	\$19,288	\$1,815	\$32,170	\$57,492	\$0	\$25,695	\$12,750	\$31,860	\$950	\$312,220				
Men (18+)	\$447,658	\$42,121	\$78,781	\$7,412	\$125,965	\$290,068	\$0	\$79,295	\$47,250	\$113,280	\$9,060	\$1,240,890				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$34,472	\$3,244	\$6,252	\$588	\$10,325	\$18,078	\$0	\$6,489	\$3,750	\$8,850	\$0	\$92,048				
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$729,431	\$68,634	\$125,049	\$11,766	\$206,500	\$435,490	\$165,232	\$128,706	\$75,000	\$177,000	\$11,000	\$2,133,808				





# 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**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$7,200</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>40</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$18,549</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>50</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>10600</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>53</b>
<b>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. Please list all contracted providers.</b>			
<p>Bear River Health Department, Division of Substance Abuse (BRHD-SA) 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 in clients involved in the justice system to support 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) materials and Global Appraisal of Individual Needs (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.</p> <p>Screening and assessment services are provided directly by BRHD-SA staff and 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 Friday 8:00 a.m. to 1:00 p.m. Per client demand, some appointments may be available after hours on a case-by-case</p>			

basis. If an individual needs to speak with a counselor immediately, schedules are rearranged to allow immediate access. Two 24-hour help-line numbers are manned by treatment staff, so assistance is available to clients and the public after hours as well.

**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 BRHD-SA will receive a screening and assessment, however we project approximately 3% will request a screening and assessment only. [The reductions in funding this year impact projected assessments from 50 to 40.](#)

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

[With the addition of a new Bear River Health Department facility in south Logan, we are working towards providing screening and assessment services at that location for convenient client access.](#)

**Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.**

[We do provide court mandated screening, assessment and treatment for adults and youth. The majority of our clientele are referred directly through the justice system, as has been the case for many years. As a result, we have worked with the local courts to place staff in specific court sessions involving the most substance related charges. We currently have staff attending five separate weekly court sessions. These staff are available, also at the courts' request, to speak with individuals in court: to answer questions, sign releases, and schedule screening and assessment appointments. Blocks of times are set-aside specifically for these appointments, and individuals may also go through the regular channels described above to schedule an appointment. We also have staff attend local Juvenile Justice coalition and Local Interagency Coalition meetings.](#)

[Court mandated screening and assessment is the same as that described above: 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 in clients involved in the justice system to support 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 \(GPRA\) materials and Global Appraisal of Individual Needs \(GAIN Q-3\). 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.](#)

[Clients may attend this appointment at the Bear River Health Department location that is most convenient to them, at the locations listed above. Court mandated clients are eligible for services according to the BRHD-SA sliding fee scale, determined by income, family size, and insurance coverage such as Medicaid, with additional adjustments for emergency or uncommon expenses such as loss of home or acute medical expenses.](#)

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

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$0</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>0</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$1,120</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>1</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.**

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. BRHD 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 BRHD 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 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. BRHD 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.

**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).**

If a need arises, we will accommodate the individual with the plan in place described above; however, as no individual has presented with this need in recent years, and with current budget cuts, we have not allocated funds to this specific program or level of care.

**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 and Dr. Stokes 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, 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: (ASAM III.7, III.5, III.3, III.1)**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$0</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>0</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$70,000</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>10</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$18050</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>5</b>

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).**

Residential treatment is offered through contracted providers to clients who meet this ASAM criteria level. If the clinician determines a 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 contract with Odyssey House 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 and admission process, to 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. BRHD 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 help-line phones are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week.

**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).**

Due to significant decreases in funding, we will look very closely at the number of individuals and the length of stay that we authorize for this level of care. We will attempt treatment at lower levels of care as a first option, such as intensive outpatient treatment, using residential care as a last resort.

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

No significant programmatic changes are expected.

**4) Opioid Treatment Program (OTP-Methadone)**

<b>Form B - FY20 Amount Budgeted:</b>	\$	<b>Form B - FY20 Projected clients Served:</b>	0
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	\$	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	0
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	\$0	<b>Form B - Actual FY18 Clients Serviced as Reported by Locals</b>	0

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.**

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 MAT referral physicians, and look at PATR vouchers to assist clients in accessing needed Medication-Assisted Treatment.

**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)**

<b>Form B - FY20 Amount Budgeted:</b>	\$161,657	<b>Form B - FY20 Projected clients Served:</b>	40
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	\$236,575	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	. 50
<b>Form B - Actual FY18 Expenditures Reported by</b>	\$0	<b>Form B - Actual FY18 Clients Serviced as</b>	0

Locals		Reported by Locals	
<p><b>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. Please list all contracted providers.</b></p>			
<p>Medication assisted treatment needs are assessed in treatment planning, and reviewed throughout treatment. BRHD-SA has implemented a Vivitrol® and <a href="#">Buprenorphine-Naloxone</a> programs 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 as an aid to treatment. Prior to being prescribed medication, clients receive appropriate medical examinations and lab work. Vivitrol® and <a href="#">Buprenorphine-Naloxone</a> are administered by our Nursing Division under the direction of Dr. Gary Stokes, BRHD physician. Ongoing monitoring and follow-up exams throughout the course of treatment is provided on-site at BRHD facilities. Clients are encouraged to attend counseling sessions in conjunction with receiving MAT treatments. Substance abuse and medical staff meet weekly to coordinate treatment for MAT clients. BRHD works with a local pharmacy to purchase Vivitrol® and <a href="#">Buprenorphine-Naloxone</a> at a reasonable rate, maximizing funding for this program.</p> <p>We work with our Health Promotions Division to offer <a href="#">Narcan®</a> kits for clients and the general public who have or know someone with a possible need for this kit.</p> <p>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. BRHD 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 help-line phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week.</p>			
<p><b>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).</b></p>			
<p>Although client feedback to our Opioid treatment options has been positive, and more community partners and referral sources have become aware of these service options, the feasibility and extent of this program will be contingent upon funding, therefore the volume and frequency of this service are affected by budget cuts. We will be passing along more of the cost of this service to the clients as a way to maximize funding in order to continue this program. We will continue to offer <a href="#">Narcan®</a> kits as much as they are available.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>We are adding <a href="#">Buprenorphine-Naloxone</a> to our Opioid treatment options to allow clients alternatives in treatment. Due to funding shortages, we will only provide these services to BRHD-SA clients who are actively involved in the counseling aspect of their treatment plan.</p>			

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

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$1,261,086</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>855</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$1,551,442</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>1,100</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$975,712</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>912</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.**

Per 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 IV drug users receive priority admission and are offered services within 48 hours.

Clients meet with an individual treatment counselor for evaluation and initial treatment planning. In addition to essential needs identified by 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 family sessions, and may be assigned to groups based on need and ability to participate. Clients may attend one or more of the following groups: early recovery, MRT, Seeking Safety, recovery skills, step group, relapse prevention, aftercare, relationships group, life skills, and anger management. We typically run 50+ groups each week to accommodate a variety of client needs and schedules, and are continually adding, removing, or adjusting group times based on client need and attendance. EBP options for client in ASAM Level I care include: MRT, 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 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.

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. BRHD 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 help-line phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week.

**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 will strive to allow decreased funding to impact clients and client services as little as possible, however, we are adjusting our expected number of clients served based on current budget projections. When one treatment worker recently resigned, we did not fill that position due to budget cuts. In an effort to maximize Medicaid expansion, we are arranging for staff to be trained by Medicaid personnel to assist clients with Medicaid eligibility forms and processes.

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

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

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

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$562,693</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>170</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$644,137</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>200</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$173,318</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>162</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.**

Intensive Outpatient (IOP) follows ASAM parameters as a highly structured day program consisting of nine or more hours per week for adults and six or more for youth of individual and group counseling sessions. Clients attend IOP for a minimum of four consecutive weeks. All populations, including adults and youth, meeting ASAM requirements for IOP, or who are ordered by a court may participate in the program.

Clients presenting for IOP meet with a counselor for evaluation, intake and treatment planning prior to entering IOP. If ordered directly to IOP by a judge, clients meet with a counselor for initial approval for admittance to IOP, and are scheduled as soon as possible for intake and treatment planning. Services and requirements of outpatient care are also part of intensive outpatient care, including: comprehensive evaluation, treatment planning, required urine sample testing, individual and group sessions in addition to IOP group based on client need, women's case management sessions, and Recovery Support Services. 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 IOP, 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, DORA, women with children or pregnant, and youth, are addressed during intensive outpatient care. Upon completion of IOP, clients transition to outpatient treatment, where they continue to work on their individual recovery plan objectives.

IOP 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 IOP schedule options include: Daytime IOP Tuesday through Friday, 8:00 a.m. to 11:00 a.m. in Logan and Brigham City, and evening IOP Monday through Wednesday, 5:00 p.m. to 8:00 p.m. in Logan. Youth IOP is held Monday through

Thursday, 4:00 and 6:00 p.m.

**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).**

Reductions in cost and number of clients served is precipitated by funding cuts. In an effort to maximize Medicaid expansion, we are arranging for staff to be trained by Medicaid personnel to assist clients with Medicaid eligibility forms and processes.

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

No significant programming changes are anticipated.

### 8) Recovery Support Services

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$91,129</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>90</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$149,832</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>300</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$173,318</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>162</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>**

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: HIV and Hepatitis testing, immunizations, nutrition education, Baby Your Baby, WIC, and limited medical services, including Vivitrol® or Buprenorphine-Naloxone examinations, injections, and follow up appointments. BRHD-SA counselors and case managers assist clients in finding a variety of community resources. Case managers review client's goals and needs and work to find appropriate services within the agency or community. 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, and local providers for dental work and eye care, a local gas station, and a local pharmacy. We have case managers working to connect with and formalize partnerships with other local providers and suppliers as needed. BRHD-SA's partnerships with USU's Family Life Center provides clients with regularly scheduled finance counseling per client request. Job seeking assistance is offered through UDOWD. Clients are encouraged to participate in Addict II Athlete or our mentor groups 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.

**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).**

Client feedback is extremely positive for our new RSS, specifically: Vivitrol®, Addict II Athlete, PATR, and assistance we have been able to provide our clients to aid in their recovery. We anticipated further growth as we continue to expand our local partnerships, offering more options for services; however, the decreases in funding will impact Recovery Support Services as monies will need to be diverted to primary treatment services. We hired two new case managers in FY19 for Recovery Support Services, but have now lost one of these positions due to funding cuts.

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

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

**Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.**

We do not currently provide housing directly, nor do we contract to provide housing for our clients, however, we have assisted eligible clients with housing (rent) payments on a case by case basis. There is a newly established sober living house in Cache County that we have worked with last year. Funding will determine the extent that we will be able to continue this assistance.

**What Life skills and/or Educational Services are you able to provide for your clients?**

We provide Life Skills and Anger Management groups in the Logan and Brigham City offices on a weekly basis. These groups are offered in Tremonton and Rich County offices as needed. These in-house services will continue. Life Skills and Anger Management are part of our jail curriculum as well.

Life Skills and Anger Management groups are provided weekly 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. These educational groups are provided as needed at the other BRHD facilities: 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.

We have provided assistance for some clients needing funding for educational reasons (tuition or material assistance) on a case by case basis. Financial educational assistance will be determined by funding and budget constraints.

**Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.**

After completion any client may return for individual or group aftercare to discuss obstacles that may be

threatening recovery. Historically there has been no charge for these contacts unless it becomes necessary for the client to be readmitted for treatment; this policy may change based on funding constraints. This service has been provided directly through Bear River Health Department, Division of Substance Abuse.

**9) Peer Support Services**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$17,043</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>30</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$12,429</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>50</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>0</b>

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

We have developed a mentor program which connects successful program graduates with current clients. Successful graduates may attend IOP 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 BRHD-SA 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.

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

Treatment and case management staff will 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.**

Adjustments to peer support services will be based on funding that allows for these services.

**10) Quality & Access Improvements**

**Identify process improvement activities including implementation and training of:**

**Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?**

We continually assess the quality and accessibility of our program through feedback derived from clients, interagency collaborative relationships and BRHD 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 IOP) at optimal times to accommodate client needs; using the new EHS system effectively; and researching, training, and implementing EBP programs [to fidelity and with appropriate supervision](#). BRHD joined Perry City's Mobile Crisis Outreach Team to respond to crisis calls throughout the community. This team consists of law enforcement, treatment representatives, and peer support delegates, and gives those in need an immediate link to services, any time, day or night.

[With the addition of our office in South Logan at 635 South 100 East, Logan, Utah, we will be able to provide another option for access to treatment and MAT services.](#)

[There are no wait lists for treatment. We have structured our calendar to schedule first contact/intake appointments using a calendar of set-aside appointments, then when these are filled, we move to regular staff schedules, including looking at cancellations and broken appointment slots. Priority populations such as women, youth, and IV users are scheduled within 48 hours if the client is able. We also treat self-referred and those referred from community partners as priority.](#)

**Describe your efforts to market or promote the services you provide.**

[We have a Public Relations Officer within the Division of Substance Abuse who works closely with the Bear River Health Department's PIO to find opportunities to disseminate information regarding our services and how to access them. The Division of Substance Abuse is included in Bear River Health Department general brochures, as well as a counseling specific brochure dedicated to our Division. These brochures are distributed throughout the local healthcare community. During the year, as new programs are implemented or as issues arise in the community, the PIO team responds with appropriate meetings, outreach and advertising within budget parameters. These outreach efforts include newspaper, radio, and social media announcements. The Bear River Health Department is involved in local events, operating a public health booth at venues such as local county fairs. The Health Promotions Division is very active in community events, and involves the Division in activities such as Red Ribbon week. Addict II Athlete holds monthly and yearly events that are well received in the community. Staff respond frequently to requests from community, public, and private agencies to speak on addiction and treatment, and include components on our services in these presentations.](#)

[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 \[and posted in each office\]\(#\). 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 issues such as creating a faster check-in process or adding UA collection times to accommodate different work shifts.](#)

Data and comments from the MHSIP surveys, along with information from client interviews are reviewed in staff meetings, or individually if the information is of a sensitive nature. 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 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 BRHD-SA 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.

**What EBP's do you provide? Describe the process you use to ensure fidelity?**

We regularly send staff to training to ensure all staff are qualified to conduct 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 MRT, we have **two** trained in EMDR, one in Prime for Life curriculum, and three in 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 practical evidence based treatment possibilities. **Appropriate clinical supervision is conducted as necessary by licensure requirements through weekly staffings, file reviews, and scheduled one-on-one reviews to ensure EBP's are executed to fidelity.**

**Describe your plan to improve the quality of care.**

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 Court, 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) BRHD-SA 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 policies, 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) **Drug Court and other speciality court staff meet weekly with their respective committees to review care and resolve issues. Involvement from committee members from other agencies provides additional perspective and support.** 6) BRHD-SA participates in several audits and reviews throughout the year, including: State audit, DOPL licensing audit, peer review, and BRHD audit.

**Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.**

BRHD 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.

### 11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.**

BRHD-SA, 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 BRHD-SA treatment staff. We have counselors and case managers 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, MRT, Thinking for Change, life skills, and anger management. [We also now have a case manager teaching education groups in the Box Elder County Jail once a week.](#) Feedback from clients entering treatment after attending jail services has been positive, proving this to be a valid precursor to treatment. At the Cache County Sheriff's request, BRHD-SA 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 BRHD-SA 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 RANT for those in jail in the process of qualifying for Drug Court.

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

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

[With reduced funding, we will work to at least maintain the level of jail services that we currently provide. Our services in the jails have been well received and we hope to continue to deliver at the level we have built.](#)

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

[Depending on budget allowances, BRHD-SA is prepared to incorporate new curriculum such as sex offender courses at the request and timeline of the Cache County Sheriff.](#)

**Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.**

Dr. Edward Redd, our BRHD physician is currently involved in the Cache County and Box Elder County jail. He has been able to treat inmates with medical needs such as withdrawal or the need for MAT, and to establish a course of action including further visits and prescriptions as needed. Our case manager visiting those set for release from jail then assists inmates in setting up continuing care after release to provide a smooth transition without gaps in services.

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

We have no plans at this point to expend SAPT block grant dollars for direct jail services, rather we are looking at other options such as JRI funding.

## 12) 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 the services provided through other BRHD Divisions including Baby Your Baby, 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, EAP to 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. [In our Tremonton office, we are working with the Community Health Clinic to support integrated care with the Promoting Integration of Primary and Behavioral Healthcare \(PIPBHC\) grant, by providing treatment services for their patients. Bear River Health Department is also actively pursuing Accreditation.](#)

**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 BRHD Health Promotions staff, and medical and nutritional care through BRHD 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 DWS. Using PATR and recovery support funding allows us to assist qualified clients with other community agencies as we increase connections and partnerships. [The new PIPBHC grant allows us another avenue to provide treatment services in conjunction with community partners \(the Community Health Center, Bear River](#)

Mental Health, and the Integrated Care Team) in Tremonton.

**Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy, 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 HIV, 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 Recovery Plus. Services are provided on-site at BRHD locations, so referrals are immediate.

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. 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. BRHD'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 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.

**13) Women's Treatment**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$790,870</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>392</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$1,021,347</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>447</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$913,227</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>431</b>

**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.**

BRHD-SA women's treatment program encompasses all available services including assessment and evaluation, all ASAM levels of care outlined in this plan, access to an individual counselor, individualized treatment planning, and UA testing. In addition to general treatment services, gender specific options for women include women's treatment group, EBP options such as 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 CAPSA (Citizens Against Physical and Sexual Abuse), BRAG, DCFS, BRHD's Nursing, Baby Your Baby, 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. BRHD 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 help-line phone lines are manned by treatment staff, so assistance is available to clients and the public 24 hours a day, seven days a week.

**Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.  
Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.**

BRHD-SA 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 BRHD Divisions assist parents with medical needs such as immunizations, and health issues through Baby Your Baby, 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 SED counseling. We work with 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 BRHD-SA will assist them in accomplishing the goals they have set in their family plan [and supports their reunification 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.**

BRHD-SA now has [two](#) treatment staff who are certified to conduct EMDR therapy, which has been a great asset to our women's treatment options.

**14) Adolescent (Youth) Treatment**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$92,048</b>	<b>Form B - FY20 Projected clients Served:</b>	<b>41</b>
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$105,178</b>	<b>Form B - Projected Clients Served in FY19 Area Plan</b>	<b>47</b>
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$115,571</b>	<b>Form B - Actual FY18 Clients Served as Reported by Locals</b>	<b>45</b>

**Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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) Youth are considered a priority population at BRHD-SA; and 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; ASAM criteria crosswalk; and SASSI. Urinalysis provides a baseline at assessment. Youth qualifying for the SYT-I program also complete the GPRA and 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 ASAM level of care, Recovery Support Services, and integrated care. For qualified youth, 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 SYT-I pilot project.
- 6) We are using the recommendations from the TRI review to increase our outreach efforts, i.e.: reminder or follow up calls. We engage clients by offering immediate contact with a counselor at intake and work to build rapport. We contact parents and referral sources to enlist their assistance. 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 A-CRA certified.
- 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 ASAM appropriate care and client preference. Youth are involved in creating their treatment plans.

10) Program evaluation is accomplished through direct client feedback, MHSIP surveys, and 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).**

With budget cutbacks we hope to maintain last fiscal year's level of clients served, but do not expect any increases.

**Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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 DCFS to address any needs and requirements for youth in treatment, or youth with parents in treatment that may require our services as well. [Our Health Promotions Division often present in the local schools and we have an open channel for them to connect requests for treatment to us as they are received.](#)

#### 15) Drug Court

<b>Form B - FY20 Amount Budgeted: Felony</b>	<b>\$272,057</b>	<b>Form B - FY19 Amount Budgeted: Felony</b>	<b>\$291,505</b>
<b>Form B - FY20 Amount Budgeted: Family Dep.</b>	<b>\$0</b>	<b>Form B - FY19 Amount Budgeted: Family Dep.</b>	<b>\$0</b>
<b>Form B - FY20 Amount Budgeted: Juvenile</b>	<b>\$0</b>	<b>Form B - FY19 Amount Budgeted: Juvenile</b>	<b>\$0</b>
<b>Form B - FY20 Recovery Support Budgeted</b>	<b>\$0</b>	<b>Form B - FY19 Recovery Support Budgeted</b>	<b>\$26,804</b>

**Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.**

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).

We project a minimum of 120 Drug Court participants in FY20, including new admissions and carryover clients.

**Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.**

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 ASAM levels of care, assigned individual counselor, random 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; ASAM criteria crosswalk; and SASSI. The 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 and if funding allows, is provided through contracted providers such as Odyssey House or First Step House. If needed, MAT is provided according to BRHD policy, described in the MAT and opioid sections 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 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 the 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. BRHD staff are actively involved in weekly Drug Court committee meetings and court proceedings, to ensure participants and our Drug Court partners receive our full support and cooperation. Drug Court meetings are attended by treatment and case management staff, attorneys, probation, the Drug Court judge, and any other treatment partners.

BRHD-SA Drug Court staff assist clients who may qualify for Medicaid by informing them of the option, providing the support to complete the forms, and help set up appointments with Medicaid eligibility workers. Clients are introduced to the eligibility workers at court by the BRHD staff, and DWFS has provided our staff with the appropriate forms to help the clients complete to apply for Medicaid. During case management sessions throughout treatment, the client and case manager review costs and the current status of the client's income or changes in income, and possible eligibility for Medicaid.

**Describe 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 MAT services offered within BRHD. This includes our Vivitrol® and [Buprenorphine-Naloxone](#) programs in coordination with BRHD Medical and Nursing Divisions. Requests for MAT services are made through the counselor who connects the client with medical staff to assess the possibility of medication such as Vivitrol® or [Buprenorphine-Naloxone](#) as an aid to treatment. Prior to being prescribed medication, clients receive appropriate medical examinations and lab work. Vivitrol® or [Buprenorphine-Naloxone](#) is administered by our Nursing Division under the direction of Dr. Gary Stokes, BRHD physician. On-going monitoring and follow-up exams throughout the course of treatment is provided on-site at BRHD 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 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.

**Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided 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. [DORA, Mental Health Court and JRI referred clients are also assigned a color based on their level of care, progress in treatment, and relapse occurrences.](#) 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. [Clients must call daily, including weekends and holidays.](#) 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. Sample collection procedures are posted in collection rooms, and provided to clients at orientation. Urine sample collection and testing procedures are reviewed and discussed during regular staffing meetings.

Samples are tested in the Health Department lab which is certified using Seimens Healthcare equipment and procedures. [Lab staff have been certified through Seimens Healthcare. Samples from clients who are covered by Medicaid or Medicare are sent to Millennium Labs for testing.](#) Procedures are in place regarding urine sample collection and observation, sample storage, handling and chain of custody, sample testing and recording, and handling and retesting positive samples, and are outlined in detail in the policy and procedure manual.

Confirmation testing is done through the Health Department lab or 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.

**List all 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 \$20.00 per sample, Alco Screen saliva tests at \$2.00 each, and some group workbooks which cost \$5.00, \$10.00, \$17.00, or \$25.00 per book. Insurance and Medicaid or Medicare may offset some of these costs, such as assessments and UA's. We have a contract with Millennium Labs which tests all our Medicaid insured UA's at no cost to the client.

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

Due to funding reductions, we hope to maintain our current level of participants in the Drug Court Program. We will work with the Drug Court Committee to screen potential Drug Court participants to include those that would benefit from this program.

**Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved service list).**

Drug Court case managers work with clients and local providers to offer necessary services such as medical and dental care, 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 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. **Only approved Recovery support services will be offered according to the most current RSS manual.**

**16) Justice Reinvestment Initiative**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$376,670</b>	<b>Form B - FY19 Amount Budgeted:</b>	<b>\$599,527</b>
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**Describe the criminogenic screening and assessment tools you use.**

Criminogenic screening and assessment is conducted for every client mandated to treatment through the justice system. Assessment tools include the Risk and Needs Triage (RANT), a diagnostic interview to ascertain the client's state at presentation, a biopsychosocial evaluation which includes a legal history and current legal involvement, the ASAM criteria crosswalk; and SASSI. The RANT assists in establishing high risk/high needs or low risk/low need to assist in determining treatment recommendations. Youth qualifying for the SYT-I program also complete the GPRA and GAIN Q-3.

**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; ASAM criteria crosswalk; and SASSI. The 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 SYT-I program also complete the GPRA and 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 ASAM .5 Level education including Prime for Life MIP and DUI classes, life skills, finance management, and anger management.

Treatment includes individual and group sessions, and evidenced based treatment such as EMDR, CBT, MI, MRT, A-CRA, and Seeking Safety.

Recovery Support Services are provided using BRHD-SA 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. RSS and Peer Support groups such as mentor group and Addict II Athlete are available to all JRI clients.

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

BRHD will continue to seek appropriate EBP programs, and corresponding training for such programs.

**17) Drug Offender Reform Act**

<b>Form B - FY20 Amount Budgeted:</b>	<b>\$0</b>		
<b>Form B - Amount Budgeted in FY19 Area Plan</b>	<b>\$153,829</b>		
<b>Form B - Actual FY18 Expenditures Reported by Locals</b>	<b>\$154,872</b>		

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

Our local 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, 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

How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?

We will continue to meet regularly with Adult Probation & Parole for DORA case review, hand-off, and graduation, and will work with Adult Probation & Parole and First District Courts to provide services to DORA clients referred as "DORA". We will try to accommodate our original contracted amount of 48 clients using JRI, women's, and Opioid funding and client fees. These clients will be admitted and receive services as DORA clients, and offered the same full range of treatment services. They will be entered into TEDS as DORA clients, but will be billed as JRI, women's, or Opioid clients as we cannot bill to a funding source that does not exist.

FY20 Substance Abuse Prevention Area Plan & Budget										Local Authority: Bear River Health Dept		Form C			
		State Funds		County Funds											
FY2020 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) SOP1 + PRX1	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue			
FY2020 Substance Abuse Prevention Revenue	\$17,141		\$3,428			\$241,131	\$90,000	\$39,218			\$61,000	\$451,918			
		State Funds		County Funds											
FY2020 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) SOP1 + PRX1	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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures	
Universal Direct	\$17,141					\$69,172		\$39,218					\$125,531	\$103,568	
Universal Indirect			\$3,428			\$120,941	\$90,000						\$214,369	\$214,369	
Selective Services						\$16,309							\$16,309	\$16,309	
Indicated Services						\$34,709					\$61,000		\$95,709	\$95,709	
FY2020 Substance Abuse Prevention Expenditures Budget	\$17,141	\$0	\$3,428	\$0	\$0	\$241,131	\$90,000	\$39,218	\$0	\$0	\$61,000	0	\$451,918	\$429,955	
		Information Dissemination		Education		Alternatives		Problem Identification & Referral		Community Based Process		Environmental		Total	
SAPT Prevention Set Aside		\$30,329	\$38,843		51018	\$96,400	\$24,541	\$241,131							
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures							
Total by Expense Category	236555	120360	10435	0	9700	74868	0	\$451,918							

# FORM C - SUBSTANCE USE PREVENTION NARRATIVE

**Local Authority:** Bear River Substance Abuse

## Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

## 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.

Executive Summary: The only changes to the plan this year include the elimination of Botvin Youth Lifeskills as a program offered by the Bear River Health Department as new legislation mandates middle and high school students receive the program. New to the plan this year is the Good Behavior Game which will be purchased by the health department and implemented by the Cache School District.

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. Each coalition has at 1 time identified what risk and protective factors are their priority based on an assessment that looked at local community data. Many of the risk and protective factors are the same in each community, but each have unique factors prioritized for that particular community.

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.

The BRSCC has prioritized rewards for prosocial involvement across all domains. The HHC has prioritized; poor family management, depressive symptoms, academic failure, perceived risk of drug use, and rewards for prosocial involvement.

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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

### Things to Consider/Include:

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

Who was involved in determining priority factors and problem behavior?

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 plan to do re assessment 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 the past year neither the BRSCC or the HHC has conducted an assessment or made changes to prioritized risk and protective factors.](#)

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 this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

### Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of **prioritized risk and protective factors and prioritized problem behaviors**?

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 it's fiscal capacity by applying for grants and other funding opportunities. This includes a partnership with the Logan City Police Department and the Beer Tax Funding.

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

### 3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

#### Things to Consider/Include:

Plan shall be written in the following:

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 the capacity of the community to support substance misuse prevention:

Goal 2.1: Build the 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 brought 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 prosocial 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 prosocial involvement, and rewards for prosocial 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 prosocial involvement, and rewards for prosocial 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 prosocial involvement, and rewards for prosocial 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 prosocial involvement, and rewards for prosocial 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 prosocial involvement, and rewards for prosocial 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 prosocial involvement, and rewards for prosocial 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

List the strategies selected to impact the factors and negative outcomes related to substance use.

##### Things to Consider/Include:

**Please outline who or which agency will implement activities/programming identified in the plan.**

**\*\*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.

[The Good Behavior Game: The Good Behavior Game \(GBG\) will be implemented within 2 schools in the Cache School District. The BRHD will purchase the program and 40 teachers will be trained. GBG was selected as it has shown outcomes with preventing suicide and that is a major concern of both the BRHD and the school district. GBG also impacts the protective factors of opportunities for prosocial involvement and rewards for prosocial involvement which tend to be some of the health district lower protective factors.](#)

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. [The BRHD also received a mini grant from Parents Empowered and will be partnering with community agencies to provide opportunities for families to engage in fun activities together and promote Parents Empowered.](#)

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

In this section describe your evaluation plan including current and planned evaluation efforts.

### 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 the 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>Rewards for prosocial involvement (Family) will increase by 10% from 2017: 61.7% to 2021: 67.9%</p> <p>Perceived risk of drugs will decrease by 10% from 2017: 28.5% to 2021: 25.7%</p> <p>Depressive symptoms will decrease by 10% from 2017: 32.8% to 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

# 2. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
320: Prevention Dimensions 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
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	After School Club leaders/teachers and youth in the after school club program in Cache and Logan School Districts )	<p>Training will be held to train all after school club staff on the use and delivery of the program. New teachers from Cache and Logan School District will also be invited to attend the training.</p> <p>Program will be delivered by after school club staff to program participants throughout the year. Number of lessons taught and the number reached will be reported to the BRHD monthly during the school year.</p>	Perceived risk of drugs will decrease by 10% from 2017: 28.5% to 2021: 25.7%	<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	<p>Number of leaders/teachers trained--Attendance Roll</p> <p>Number of youth-reported by after school club leaders</p>	<p>Number of teachers trained</p> <p>Training Pre/Post Survey</p> <p>Number of lessons taught</p>	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

### 3. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
320: Classroom Services				Cost: \$28,308 (all 320 programs)	No	
Agency				Tier Level:		
LSAA: Bear River Health Department				Tier Level: 1		
	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>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>Provide classroom presentations by request to schools within the BRHD. Presentations will focus on teaching refusal skills and sharing SHARP data on actual use and educating on the risk of drug use.</p>	Perceived risk of drugs will decrease by 10% from 2017: 28.5% to 2021: 25.7%	<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	Number lessons taught Number of students reached Number of courses taught	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

#### 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/ <b>Selective</b> /Indicated		Short	Long
Logic	Reduce 30 day alcohol use among Hispanic students in grades 8-12.	<p>Poor Family Management</p> <p>Depressive Symptoms</p> <p>Academic Failure</p> <p>Perceived Risk of Drug Use</p> <p>Rewards for Prosocial Involvement (Family)</p>	<p>About 25 community members who represent the Hispanic population and have access to the different sectors of the community</p> <p>FY2015:24 members, 5 meetings as of April 09, 2015.</p>	<p>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.</p> <p>Continue appointment of Chair and Vice Chair (BRHD staff will assume role of Coalition Coordinator)</p> <p>Recognition to active members</p> <p>Continue utilization and education of Hispanic SHARP report results</p> <p>Conduct one community activity that provides education/awareness of substance abuse prevention (i.e. priority risk/protective factor, underage drinking, marijuana use)</p> <p>Create or translate media releases, articles, or radio ads in Spanish and distributed through coalition partners as needed.</p> <p>Distribute Spanish Parent's Empowered materials during community events or per request</p> <p>Hours of direct service: 10</p> <p>Number of sessions: 6 meetings, 1 community event</p> <p>Locations: Bear River Health Department, community venues</p> <p>Type of activities: meetings, community event/fair</p>	<p>Poor family management will decrease by 5% from 2015: 41.5% to 2019: 36.5%</p> <p>Depressive Symptoms will decrease by 5% from 2015: 44.5% to 2019: 39.5%</p> <p>Academic failure will decrease by 5% from 2015: 45.1% to 2019: 40.1%</p> <p>Perceived risk of drug use will decrease by 5% from 2015: 45.2% to 2019: 40.2%</p> <p>Rewards for prosocial involvement (Family) will increase by 5% from 2015: 50%</p>	<p>30 day alcohol use among Hispanic students in grades 8-12 will decrease by 15%.</p> <p>2017 Alcohol: Grade 8: 8.4% Grade 10: 11.7% Grade 12: 19.6%</p> <p>2027 Alcohol: Grade 8: 7.1% Grade 10: 9.9% Grade 12: 16.7%</p>

					to 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/ <b>Indicated</b>		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.  Reduce 30 day Marijuana use among students in grades 10-12.	Perceived risk of drug use	Youth ages 16-20 who receive an MIP offense and are referred to the Bear River Health Department.  2012: 96 participants, 11 classes. 2013: 104 participants, 13 classes. 2014: 97 participants, 20 classes. 2015: 82 participants, 20 classes 2016: 138 participants, 21 classes 2017: 81 participants, 15 classes, as of March 16th	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.  Hours of direct service: 220 Number of sessions: 22 Locations: Bear River Health Department Type of activities: PRIME For Life Under 21 Classroom Lessons	Perceived risk of drug use will decrease by 10% from 2017: 28.5% to 2021: 25.7%	30 day alcohol use among students in grades 8-12 will decrease by 15%.  Reduce 30 day Marijuana use among students in grades 10-12 by 10%.  2017 (Alcohol): Grade 8: 2.7 % Grade 10: 5.4% Grade 12: 8.9%  Marijuana: 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	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	
325: Good Behavior Game				Cost: \$21,171	Evidence Based: Promising program on the Blueprints Programs Registry	
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.  Reduce 30 day Marijuana use among students in grades 10-12.	Depressive Symptoms  Rewards for prosocial involvement School	Students in grades k-6 within 40 classrooms spread across 2 elementary schools will receive the program	BGB will be offered at 2 elementary schools. The program can be utilized every day during regular class instruction, and can be used for as little as 15 minutes.  Coaches will be used to help teachers implement the program and check fidelity of implementation  Health department will meet with coaches periodically to monitor implementation and to collect data	Depressive Symptoms will decrease by 10% from 2017: 32.9% to 2021: 29.6%  Rewards for prosocial involvement School will increase	Reduce 30 day alcohol use rates among students in grades 8-12 by 15%. Reduce 30 day Marijuana use among students in grades 10-12 by 10%.  2017 (Baseline) Alcohol: Grade 8: 2.7 %

					by 5% from 2017: 67.2% to 2021: 70.6%	Grade 10: 5.4% Grade 12: 8.9% Marijuana: Grade 10: 3.4 % Grade 12: 5.7%  2027 (Outcome) 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.	Number of teachers trained, number of students in each classroom, number of classrooms providing the program.  Training attendance rolls, fidelity tools, coaches visits	Number of classrooms utilizing the program--GBG monitoring/fidelity tools	BRHD 2021 SHARP Report	BRHD 2027 SHARP Report

## 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	
			<b>Universal</b> /Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol use among students in grades 8-12.  Reduce 30 day marijuana use among students in grades 10-	Rewards for prosocial involvement (family)	Parents within the BRHD who have children between the ages of 3 to 18.	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. Provide	Protective factor will increase by 10% from 2017 to 2021  Rewards for prosocial involvement (family) will increase by 10%	30 day alcohol use among students in grades 8-12 will decrease by 15%.  Reduce 30 day

	12.			<p>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>from  2017: 61.7%  To  2021: 67.9%</p>	<p>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	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 &amp; Abuse Needs Assessment, BRSA April 2017</p> <p>Opioid Misuse &amp; 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 &amp; Abuse Needs Assessment, BRSA April 2027</p> <p>Opioid Misuse &amp; Abuse Needs Assessment, BRSA April 2027</p>

## 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>Depressive Symptoms will decrease by 10% from 2017: 32.9% to 2021: 29.6%</p> <p>Low Commitment to School will decrease by 10% from 2017: 40.2% to 2021: 36.2%</p> <p>Rewards for prosocial involvement across the following domains will increase by 5%</p> <p>School 2017: 67.2% 2021: 70.6%</p> <p>Family 2017: 64.6% 2021: 67.8%</p> <p>Community 2017: 69.5% 2021: 73%</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: Grade12: 1.2%</p> <p>2021 Alcohol: Grade 8: 1.4% Grade 10: 3.4% Grade 12: 7.3% Marijuana: Grade 10: 1.5% Grade 12: 4.7% Prescription Narcotics Grade 12: 1%</p>
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

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## 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: <a href="http://www.thecommunityguide.org/alcohol/summaryCGRecommendations.pdf">www.thecommunityguide.org/alcohol/summaryCGRecommendations.pdf</a>	
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: 213 check in 77 stores	BRHD will work with law enforcement within Box Elder, Cache and Rich counties to ensure that alcohol compliance checks are being conducted.  Coordinate with law enforcement to prepare for alcohol compliance checks.  Ensure communication between business licensing and law enforcement.  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	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  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

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### 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	<p>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.</p> <p>Two weeks before the event, start a media campaign educating the public about reducing youth access to alcohol using radio and newspaper ads.</p> <p>Coordinate with law enforcement to prepare event.</p> <p>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</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>Reduce 30 day alcohol use rates among students in grades 8-12 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 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: OJDP	
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							

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

**POLICY:**

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

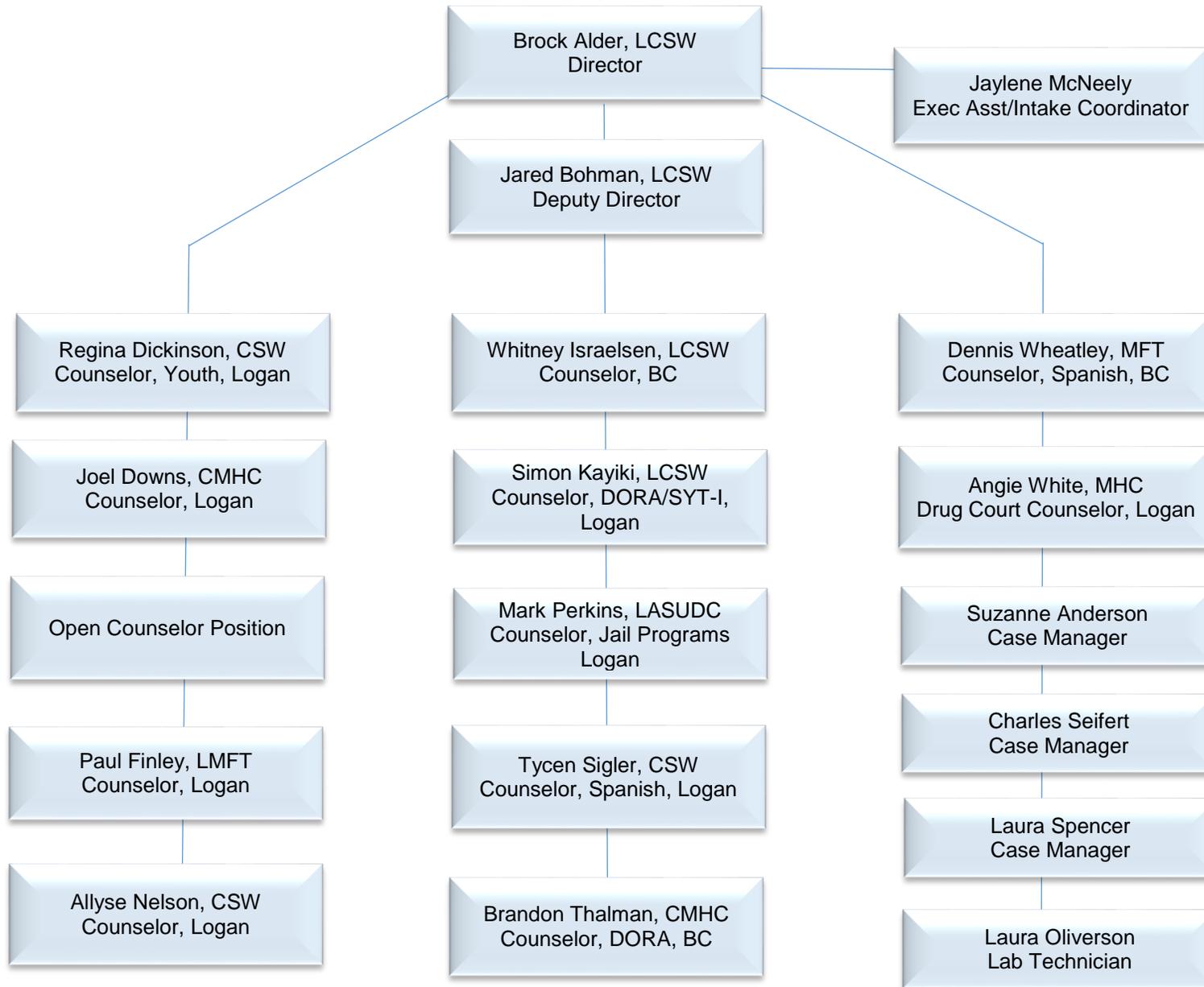
**PROCEDURES:**

**IV.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

# BEAR RIVER HEALTH DEPARTMENT, DIVISION OF COUNSELING & SUBSTANCE ABUSE



**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 in accordance with Utah Code Title 17 Chapter 43.

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

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

**LOCAL AUTHORITY:** \_\_\_\_\_

By: 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: 7/5/19