## FORM B - SUBSTANCE USE DISORDER TREATMENT
### BUDGET NARRATIVE

**Local Authority:** Bear River Health Department

**Instructions:**
In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

<table>
<thead>
<tr>
<th>1) Early Intervention</th>
<th>Program Manager</th>
<th>Holly Watson</th>
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Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

Following Utah Code regarding persons convicted of driving under the influence, when an individual is referred to Bear River Health Department, Behavioral Health Services after a driving under the influence conviction, BRHD-BHS conducts a full evaluation (screening and assessment) by a licensed therapist, educated and skilled to determine the extent of the evaluation based on individual client circumstances.. This interview includes a biopsychosocial evaluation gathering client's use, treatment, family, legal history, current needs assessment, a suicide risk assessment; ASAM criteria crosswalk; and Michigan Alcohol Screening Test (MAST) and Drug Abuse Screening Test (DAST), and urinalysis. If, after assessment, the ASAM level is determined to be 0.5, Early Intervention, the client is offered the DUI education course. This 16-hour class is conducted by Bear River Health Department, Community Health Services staff who are certified in the Prime for Life curriculum.

If the assessment determines a higher level of care is warranted, the full range of services described in this Plan are offered to the client. If necessary, the client may be offered the Prime for Life course in addition to further treatment. Counselor and client create a treatment recovery plan, with measurable goals and objectives. Treatment may include individual sessions, couples or family sessions, and groups based on need and ability to participate. Group options include: early recovery (at two levels: abuse or dependent), MRT, Seeking Safety, recovery skills, step group, relapse prevention, aftercare, relationship group, life skills, and anger management.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

EBP options for clients in treatment include: MRT, MAT, Seeking Safety for men and women, Eye
Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Thinking for Change, STOP group for Domestic Violence, Prime for Life, and Recovery Support Services. We encourage staff to explore Evidence Based Practice (EBP) options; and as much as fiscally and physically possible within budget and schedule restraints, provide them with opportunities to train and/or become certified in viable evidence based programs. We now have all counselors and one case manager trained in MRT, we have three 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 we offer separate female and male Seeking Safety groups according to demand. We will continue to explore, and provide training and certification in evidenced based treatment methods as far as funding allows.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

Bear River Health Department, Behavioral Health Services has created an extensive network of community agencies and partners. We have worked with Bear River Mental Health consistently for many years, and share a facility in Box Elder County. We have cultivated a uniquely close relationship with the justice system including courts, probation offices, jails, and the juvenile justice system. BRHD-BHS staff are assigned to attend court committee meetings and court sessions in: Drug Court, Mental Health Court, Juvenile Justice Services, and local justice courts. We meet regularly with Adult Probation & Parole for (now unfunded) DORA meetings. The Cache County Sheriff’s Office Probation Unit attends a portion of our weekly case staffing meetings to discuss treatment needs and options. We have contacts with community service agencies such as DCFS, DWS, and the Family Place. We have working relationships with medical facilities such as Southwest Spine and Pain clinic, and our BRHD physicians also work closely with local hospitals. Our Clinical Director meets regularly with IHC to review options available to clients participating under their grant. We work with Utah State University’s Counseling Office to coordinate community needs and services. When the university reaches overflow capacity or shuts offices during the summer months, they reach out to us to pick up services. Our Community Health Services is active in local schools. We frequently have “guest” speakers from community providers for healthcare, counseling, and other services in our staff meetings to share information regarding services and community needs. We have worked with clergy and local bishops and are frequently asked to assist them in getting members of their congregations into treatment. We have connections with several large employers in the area to provide treatment and testing services. We are active and key members of the PIPBHC committee, Perry City’s Mobile Crisis Outreach Team. We house case managers and coordinate the Cache County Unified Crisis Response Team, which includes the Cache County Attorney’s Office, Cache County Sheriff’s Office, Logan City Police Department, Bear River Mental Health, Logan Regional Hospital, and Utah State University. This group operates under two specified State and Federal grants. As a part of the Health Department, clients involved with or needing help from other Service Areas such as Nursing, Baby Your Baby, or WIC, have immediate access to treatment services, and staff from those Programs are able to discuss with and offer our services to their clients.

These connections and cooperations allow us to quickly identify those in need of substance use services, and provide the appropriate interventions, training, support, and treatment.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

We have a Public Relations Officer within Behavioral Health Services 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. Behavioral Health Services is included on Bear River Health Department’s website, in BRHD brochures, and we have a counseling specific brochure dedicated to our Service Area. 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. Community Health Services is very active in community events, and involves Behavioral Health Services in activities such as Red Ribbon week and various community events at venues such as the fairgrounds.

Staff respond frequently to requests from community, public, and private agencies to speak on addiction and treatment, and include components of our services in these presentations. As turnover occurs in our community partners, including recently new judges, new probation offices, and new community coalitions, we have met with them to introduce our services and ask how we can be of assistance. We continually assess the accessibility of our program through feedback derived from clients, interagency collaborative relationships, the Board of Health, and BRHD in-house input, and respond with needed improvements in a timely manner. Examples of this include: presentations with our Board of Health or local community leadership meetings; case managers attending court and community meetings; treatment staff spending time in local jails to increase visibility and accessibility; expanded office hours for late evening or early morning sessions; adding additional groups (including IOP) at optimal times to accommodate client needs.

Describe efforts to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Currently we provide an office for staff from the Utah Health Policy Project in one of our facilities, twice a week. He meets with clients by appointment or on a drop-in basis to assist them with insurance questions, and help them apply for Medicaid. We also have an invaluable contact with DWS staff that has a long standing relationship with us and our clientele, who also assists clients with completing insurance applications.

Describe activities to reduce overdose.
1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

1) We have trained staff regarding the recognition of overdose and administration of Naloxone in staff meetings. Our next training is scheduled in August of 2022.
2) We receive our kits from BRHD Community Health Services. Each kit is inventoried and tracked and new kits are ordered as needed. Kits are kept in secure therapist offices for quick access by staff, with replacement kits in our supply room.
3) We provide client training regarding overdose risks and signs and administering Naloxone during IOP groups and individual client sessions. As we receive requests from non-clients for
kits, we include instructions and information packets with the kits, which is reviewed with the individual as the kit is distributed.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D

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<td>$0</td>
<td>Form B - Actual FY21 Clients Serviced as Reported by Locals</td>
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Holly Watson

Describe the activities you propose to assist individuals to prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. 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 physician, Dr. Prafulla Garg will be called in possible detoxification situations. The doctor will examine the individual on-site at Health Department facilities, 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 offer counseling options 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, youth and children.

Medical services are offered at Bear River Health Department locations: 655 East 1300 North, Logan, Utah 84341; 635 South 100 East, Logan, Utah; 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 from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client’s 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. Appointment hours and locations have been subject to State and County
guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

**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 an 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 extensive 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 those needing this service are referred directly to local hospitals. We have two new medical staff with Dr. Prafulla Garg and Ian Troesoyer, who have worked to acclimate quickly without lapses in client services. They continue to provide 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 in the tri-county area that are equipped for emergency medical detox. In the event they have treated an individual in crisis, they typically contact us for further treatment planning and care after the initial crisis episode is alleviated. 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 offset our costs. We work with them to receive and/or recommend eligible clients, coordinate approval, and track funding.

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

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**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 have had contracts in the past with residential facilities in the State, but due to budget cuts that we received several years ago, we have looked at more affordable options such as intensive outpatient treatment first. Referrals from this area have gone to residential facilities as needed, and we are prepared to renew contracts with them if the need arises and as funding allows. When contracting or referring to residential agencies, gender and age specific options are assessed and referrals are made to approved facilities 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; 635 South 100 East, Logan, Utah; 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 from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client’s 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. Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

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<th>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).</th>
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<td>No significant changes are anticipated from last year.</td>
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<table>
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<th>Describe any significant programmatic changes from the previous year.</th>
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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. We have connected with IHC Logan Regional Hospital to refer clients to them as needed for Methadone dispensing and monitoring. To date, no clients have requested or required a referral. Within our agreement with IHC Logan Regional Hospital, they have access and contacts in our agency to refer clients to us for MAT services. Our arrangement is that we refer to them for Methadone and they refer to us for other MAT options.

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)** Varonica Little

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Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.

Initial medication assisted treatment needs are assessed by treatment staff during evaluation and treatment planning, and reviewed throughout treatment. BRHD-BHS has implemented Vivitrol® and Buprenorphine-Naloxone, programs for eligible clients using primarily Opioid funding. **We have reinstated Suboxone as an additional option.** In cases where Medication Assisted Treatment (MAT) is a viable treatment option, treatment staff links the client with medical staff to assess the possibility of medication as an aid to treatment. Prior to being prescribed medication, BRHD physicians conduct suitable medical examinations and lab work, and discuss all viable options with the client. Vivitrol® and Buprenorphine-Naloxone are administered by our Nursing Division under the direction of Dr. Prafulla Garg, BRHD physician. Ongoing monitoring and follow-up exams throughout the course of treatment is provided on-site at BRHD facilities.

To provide our clients with the best probable outcome and maintain a high level of fiscal responsibility, we will only provide these services to BRHD-BHS clients who are actively involved in the counseling aspect of their treatment plan. Substance abuse and medical staff meet regularly to coordinate...
treatment for MAT clients. BRHD works with a local pharmacy to purchase Vivitrol®, Suboxone, and Buprenorphine-Naloxone at a reasonable rate, maximizing funding for this program.

We work with our Community Health Services to offer Narcan® kits for clients and the general public who have a need or know someone with a possible need for this kit.

Bear River Health Department locations and contact information for opioid care include: 655 East 1300 North, Logan, Utah 84341; 635 South 100 East, Logan, Utah; 817 West 950 South, Brigham City, Utah 84302; 40 West 100 North, Tremonton, Utah 84377; 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 from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client's 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. Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, tele-health assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

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

No significant change from last year is expected.

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

No significant programmatic change expected.

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<th>6) Outpatient (Non-methadone – ASAM I)</th>
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**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 a therapist 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, need, 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 couples or 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 (at two levels: abuse and dependent), MRT, Seeking Safety, recovery skills, step group, relapse prevention, aftercare, relationship 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, and to maximize cost effectiveness. EBP options for clients 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), Thinking for Change, STOP group for Domestic Violence, Prime for Life, and Recovery Support Services. Outpatient care includes specific treatment options for specified populations such as women, youth, Drug Court or justice services, 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 needs.

Outpatient care is available at the following Health Department facilities: 655 East 1300 North, Logan, Utah 84341; 635 South 100 East, Logan, Utah; 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 from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client’s 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. Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

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).

In order to retain and competitively hire qualified treatment staff, BRHD found it necessary to increase salaries which impacted costs.

Describe any significant programmatic changes from the previous year.

We anticipate some minor procedural and office processing changes as we implement a new electronic health system. We expect these changes will be positive, streamlining our services and client responsiveness.

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

| Form B - FY23 Amount Budgeted: | $375,360 | Form B - FY23 Projected clients Served: | 140 | Shanel Long |
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.

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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 therapist 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 of 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 groups based on client need. 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, 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. IOP clients have access to two 24-hour crisis phone lines, manned by treatment staff, so assistance is available to clients enrolled in IOP.

Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

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

No significant changes are anticipated this year.

Describe any significant programmatic changes from the previous year.

Some minor procedural and office processing changes may occur as we implement a new electronic
health system. We expect these changes to be positive, streamlining our services and client responsiveness.

8) Recovery Support Services

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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. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.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®, Buprenorphine-Naloxone, or Suboxone examinations, injections, and follow up appointments. BRHD-BHS 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, local gas stations, local retailers for purchasing client needs such as phones or work gear, and a local pharmacy.

Case managers work to connect with and formalize partnerships with other local providers and suppliers as needed. BRHD-BHS' partnership with USU's Family Life Center provides clients with regularly scheduled finance counseling per client request. Clients are encouraged to participate in our mentor groups for ongoing reinforcement. 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. Drug Court clients are offered the opportunity to return to treatment after graduation from Drug Court, if they feel a need for further services. We work with them regarding costs for these contacts unless it becomes necessary for the client to be readmitted for treatment due to new legal charges.

Recovery Support Services are offered at the following Health Department locations: 655 East 1300 North, Logan, Utah 84341; 635 South 100 East, Logan, Utah; 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 offered in a variety of extended...
office hours. Monday through Thursday, we are open from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client's need. Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

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

We anticipate further growth as we continue to expand our local partnerships, offering more options for Recovery Support Services; however, during the last year we were required to adjust our recording of case management sessions, which is reflected in this year's projected services and costs.

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.

### 9) Peer Support Services-Substance Use Disorder

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</tr>
</tbody>
</table>

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

We 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. This group was severely restricted during the pandemic and we are looking now to host the group again early in the fiscal year.

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; 635 South 100 East, Logan, Utah; 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.

Describe how clients are identified for Peer Support Specialist services. How is the
effectiveness of the services measured?

Clients are selected based on several factors including: 1) participation in a program such as Drug Court, 2) individual treatment plan and need, for example: an individual that could benefit from a contemporary perspective or needs a positive influence in addition to information received in treatment, 3) someone that may be struggling to find healthy and positive social opportunities. Effectiveness is measured in time spent with clients and client success outcomes after involvement with peer support services.

Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.

As we prepare to reinstate these services post-pandemic, we will define our procedures in our formalized manual.

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

Increases will be based on funding and the ability to staff peer support positions.

Describe any significant programmatic changes from the previous year.

Adjustment to peer support services will be based on ability to staff positions and the continuation of opening further from pandemic restrictions.

10) Quality & Access Improvements

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: case managers attending court and community meetings; treatment staff spending time in local jails to increase visibility and accessibility; using additional staff to rearrange intake process to increase intake availability; expanded office hours for late evening or early morning sessions; adding additional groups (including IOP) at optimal times to accommodate client needs; using the EHS system effectively; and researching, training, and implementing EBP programs to fidelity and with appropriate supervision. BRHD serves on 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. We are involved in a similar multi-disciplinary crisis team in Cache County with the Cache County Attorney’s Office, Cache County Sheriff’s Office, Logan City Police Department, Bear River Mental Health, Logan Regional Hospital, and Utah State University. Utilizing funding from two Federal grants, we hired two case managers for this project and BRHD-BHS supports this team by housing and supervising the case managers, and offering treatment services to eligible participants in the project.

As our additional sites open again from this pandemic year, we will be able to return to providing maximum options for access to treatment and MAT services.

We are implementing a new electronic health system to maximize and streamline our processes and
enable us to more efficiently and effectively assist clients. We have 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 efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

We have a Public Relations Officer within Behavioral Health Services 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. Behavioral Health Services is included on Bear River Health Department’s website, in BRHD brochures, and we have a counseling specific brochure dedicated to our Service Area. 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. BRHD Community Health Services is very active in community events, and involves BHS in activities such as Red Ribbon week. Staff respond frequently to requests from community, public, and private agencies to speak on addiction and treatment, and include components of our services in these presentations. In the past year, the region has seen the turnover of several judges in our local court system. As new judges have taken the bench, we have met with them to introduce our services and allow them to let us know how we can be of assistance.

BRHD-BHS staff assigned to specific populations, committees, and specialty courts attend regular local committee or coalition meetings, events, and court sessions. These include: Drug Court, Mental Health Court, Juvenile Justice Services meetings, PIPBHC meetings, Cache County Multi-Disciplinary Crisis Response Team Meetings, Adult Probation & Parole (DORA) meetings. In addition, the Cache County Sheriff’s Probation Unit attends a portion of our weekly case staffing meetings to discuss treatment needs and options. Our Clinical Director meets with IHC to options available to clients participating under their grant.

Using feedback from clients, coordinating agencies, and referral sources, we make adjustments to improve and enhance accessibility, frequency, and treatment alternatives. Treatment staff meet weekly to discuss cases and best practice options, including any necessary changes in programming to benefit current clientele needs. 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 are encouraged at intake to give feedback as outlined in the Client Rights and Responsibilities, which they sign and are offered 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 quick resolution, whether it be an individual issue such as changing a counselor; or a more large-scale issue such as creating a faster check-in process or adding UA collection times to accommodate different work shifts.

Data and comments from the MHSIP surveys, along with information from client interviews are reviewed in staff meetings, or privately 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 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 or attended times, and adding evening sessions such as 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-BHS welcomes feedback from those meetings. Staff are given as many opportunities as possible within time and budget constraints to attend relevant training and conferences, and are expected 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 evidence-based practices do you provide? Describe the process you use to ensure fidelity?

We encourage staff to explore Evidence Based Practice (EBP) options, and as much as fiscally and physically possible within budget and schedule restraints, provide them with opportunities to train and/or become certified in viable evidence-based programs. We now have all counselors and one case manager trained in MRT, we have one trained in EMDR, and one currently in the process of certification, one in Prime for Life curriculum, and three in Adolescent Community Reinforcement Approach (A-CRA) certification. Most are trained in Seeking Safety, and we offer separate female and male Seeking Safety groups according to demand. Assigned staff regularly attend State meetings and retrieve information regarding evidence based practices, funding requirements, and new trends. Gathered information is discussed in staff meetings where we develop or revise services accordingly and discuss practical evidence based treatment possibilities. 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 and priorities to improve the quality of care.

To improve quality of care, we start with clinical supervision, accomplished in multiple ways: 1) In weekly staff meetings, therapists must bring at least one case to staff with peers. Clients in specific programs such as Drug Court, Mental Health Court or youth are reviewed during staff meetings. Client issues that arise concerning policies or procedures are also discussed, and changes or plans are implemented as needed. 2) BRHD-SA Director and Clinical Director provide clinical supervision on a regular basis and 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 the work product. Feedback for improvement is provided, with a plan for follow-up. 5) Drug Court and other specialty 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. Formal yearly MHSIP surveys are reviewed and the feedback is seriously considered. 4) Data is used to determine in-house, local community, regional and national trends to identify current and anticipated needs and most effective areas of focus. In-house data is compared extensively with larger demographics and substance use data to analyze our strengths and weaknesses. 5) General feedback from referral sources, meetings, and community partners give us vital information to provide direction.

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.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

As we are following State and Federal guidelines to return to in-person services, we are careful to respect the needs and comfort level of our clients. During the pandemic, we upgraded our systems and in some cases equipment, to give us the ability to provide telehealth services. We offered telehealth services utilizing the programs and methods put in place by the Health Department and our computer IT department. We use the outcome measures we have in place as well as case staffings to monitor quality of service. Going forward, we will continue to offer telehealth options when possible at client request.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility  Thomas Dunford

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-BHS, 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-BHS treatment staff. Responding to requests from the jails, we have counselors and case managers facilitating multiple groups each day, Monday through Friday using JRI and block grant funding and general collections. Groups are scheduled according to jail timelines, inmate need, and specific requests from the Cache County Sheriff and Box Elder County jail staff. Group topics include early recovery, Seeking Safety, MRT, Thinking for a Change, life skills, and anger management. We have a case manager teaching education groups in the Box Elder County Jail. Feedback from clients entering treatment after attending jail services has been positive, proving this to be a valid precursor to treatment. 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-BHS counselor 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 staff 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, and coordinates with the Drug Court judge and jail staff to ensure those entering Drug Court out of jail begin the process without delay.

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).

We will continue work to at least maintain the level of jail services that we currently provide within funding parameters. 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 domestic violence courses at the request and timeline of the Cache County Sheriff.

### Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

Dr. Prafulla Garg, our BRHD physician and our Nursing director are working with Cache County and Box Elder County jails to provide services for medical needs such as withdrawal or the need for MAT, and to establish a course of action including further visits and prescriptions as needed. Staff visiting inmates set for release assist 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 expand 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. Please include a list of community agencies you partner with to provide integrated services.

As part of the Bear River Health Department, we have direct access to the services provided through other BRHD Service Areas including Baby Your Baby, WIC, and the Nursing’s nutrition, 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. Prafulla Garg, is available to clients to coordinate medical services, either directly or by referral. We provide treatment services to clients of the Comprehensive Treatment Clinic of Logan, the EAP provider for several large local employers. We continue our working relationship with Southwest Pain and Spine Center, and provide services upon their request. We work with Family Institute of Northern Utah as a team to provide and/or refer services for mutual clients. We have developed relationships with local medical and dental providers to work with them to provide healthcare services to our clients. We are currently working with local pharmacies and dental care providers 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.

Describe your efforts to integrate care and ensure that children, youth and adults have both...
their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

Our effort to meet the physical, mental and substance abuse needs in an integrated way is a combination of direct treatment by BRHD Behavioral Health Services counseling staff, education and resource assistance from BRHD Community Health Services staff, and medical and nutritional care through BRHD Nursing and Medical services 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 treatment or case manager staff 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, and assistance in applying for Medicaid or Medicare or other insurance. Our extensive long-time coordination with local community agencies assists in most services 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 our connections at DWS, or Utah Health Policy Project occupying an office in one of our facilities to provide easy and direct access. PATR and recovery support funding allows us to assist qualified clients with other community agencies as we increase connections and partnerships. The PIPBHC grant allows us another avenue to provide treatment services in conjunction with community partners (the Integrated Care Team, Community Health Center, and Bear River Mental Health) in Tremonton.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

As part of the Bear River Health Department, our clients benefit from immediate access to Service Areas 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. Services are provided on-site at BRHD locations, so referrals are immediate and without barriers.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2022 in TEDs.

Bear River Health Department’s Community Health Services offers adult tobacco cessation courses and youth tobacco/vaping cessation services. These services are available to clients and non-clients of Behavioral Health Services. Tobacco cessation kits are available to anyone seeking help to quit, and staff offers assistance in accessing resources such as the Utah Tobacco Quitline or waytoquit.org.

Questions regarding tobacco use and desire to quit are asked at initial evaluation and followed up on during treatment by the clients individual counselors. 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. We also use MHSIP surveys, which include questions concerning participants smoking, wish to quit, and offers to assist by staff, to assess our responses to needs.

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 and in the Client Rights and Responsibilities agreement.
Staff are afforded opportunities throughout the year for continuing education and CEU’s to continue to provide treatment and education services in a comprehensive and holistic manner. In addition, as part of the Health Department that provides community health services to all populations and ages, staff are frequently provided training from medical, nursing, and community health services staff, as well as providers for drug use and testing labs, law enforcement and other community and family services agencies. These trainings are scheduled in staff meetings and training both for Behavioral Health Services staff and full Health Department meetings.

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-BHS 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 therapist, individualized treatment planning, and UA testing. 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. In addition to general treatment services, gender specific options for women include women's groups, relationships groups, Domestic Violence treatment for victims or offenders, EBP options such as Seeking Safety for women. EMDR (Eye Movement Desensitization and Reprocessing) is offered in individual treatment sessions as a trauma-informed care option in a client’s recovery care plan. As a priority population, women who are pregnant or have dependent children are offered face to face contact with a therapist within 48 hours of first contact.

If needed, clients are offered access to women’s resources and case managers. 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. We work with CAPSA (Citizens Against Physical and Sexual Abuse), BRAG, DCFS, DWS, 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; 635 South 100 East, Logan, Utah; 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 from 8:00 a.m. to 6:00 p.m.; on Friday we are open until 5:00 p.m. Some groups and classes are offered until 8:00 p.m. on scheduled evenings, and staff may adjust appointment times before 8:00 a.m. or until 8:00 p.m. per client's 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. Appointment hours and locations have been subject to State and County guidelines surrounding the Coronavirus, however, telehealth assistance for all our clients has been available without disruption. We have reopened most offices to offer in-person services, while taking all necessary precautions to protect our clients and staff as we transition fully to normal functioning. We also take into consideration the comfort level and needs of our clients and respect their requests for further telehealth sessions.

BRHD-BHS 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 the physical, emotional and developmental needs of their child(ren). 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 Service Areas 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, or intensive SED counseling. We work with DCFS workers 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-BHS will assist them in accomplishing the goals they have set in their family plan, supporting their reunification plan.

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.

BRHD-BHS now has three treatment staff certified to conduct EMDR therapy. EMDR has proved to be a great asset to our women’s treatment options.

Residential Women & Children’s Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)  
Rebecca King
Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

N/A

Please describe the proposed use of the WTX funds

N/A

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

N/A

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

N/A

Please demonstrate out of county utilization of the Women and Children’s Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

N/A

14) Adolescent (Youth) Treatment

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<td>Form B - Projected Clients Served in FY22 Area Plan</td>
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<td>Form B - Actual FY21 Expenditures Reported by Locals</td>
<td>$166,088</td>
<td>Form B - Actual FY21 Clients Serviced as Reported by Locals</td>
<td>73</td>
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</table>

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

1) Youth are considered a priority population at BRHD-BHS; 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 Michigan Alcohol Screening Test (MAST) and Drug Abuse Screening Test (DAST). 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 ASAM levels described herein and offered to the adult population are offered to youth as well. Youth are offered comprehensive treatment options according to individual needs 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. Youth MRT groups are now included as a possible treatment option.

4) In youth groups, 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 needs.

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 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 to coordinate services and meet the needs of mutual clients.

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 the 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.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Youth are referred through the Juvenile Justice System, local schools, clergy, and self or family referrals. Our Community Health Services staff are frequently involved in the local schools, therefore, we are very responsive to any requests from them or connections they make regarding a youth in need of services. As youth are priority populations, we offer initial appointments within 48 hours, according to the youth and guardian schedules in order to engage the youth and parent/guardian while the need is current. The youth and parent/guardian meet directly and immediately with a therapist to promptly assess the need and begin a recovery plan. Youth treatment staff regularly meet with community agencies such as the Juvenile Justice System and child services agencies to ensure that coordination and support are maximized. Youth appointments are held around school schedules, and also around parent/guardian work schedules as much as possible. All youth groups are timed after school hours so as to complement rather than interfere with other youth commitments, and keep the youth progressing towards success in all areas.

Gaps and barriers include the changes made in recent years to the youth JRI system. Schools, the juvenile justice system, and treatment centers no longer have the influence to provide early interventions or necessary early treatment. We have always been very involved in the justice system for both youth and adults, and also with other community agencies and schools. To address the gaps that now exist within the system, we are diligent in making sure these connections are maintained, and our services meet the needs of the clients that do get referred to our program.
Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

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 lengthy relationship and cooperation with local juvenile courts and probation ensures that our services meet the requirements that youth involved in their systems must accomplish. Designated treatment staff attend Juvenile Justice Service’s meetings regularly to coordinate services and ensure youth have access to all available community service options. Staff present in these meetings enables immediate referrals. Our Community Health Services Area, often presents in the local schools and we have an open channel for them to connect requests for treatment to us as they are received.

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

No significant changes are expected.

<table>
<thead>
<tr>
<th>15) Drug Court</th>
<th>Shanel Long</th>
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<tbody>
<tr>
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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 presented 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) Client 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.

(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.
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 Behavioral Health Services and described in this Plan, including: assessment/evaluation, treatment at all ASAM levels of care outlined herein, assigned individual counselors, random UA testing through the color system, 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; the Michigan Alcohol Screening Test (MAST) and Drug Abuse Screening Test (DAST). 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 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 guide 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. 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-BHS 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 or the Utah Health Policy Project. Clients are introduced to the eligibility workers at court by the BRHD staff, and DWS has provided our staff with the appropriate forms and access to DWS staff to help the clients 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 the MAT services available to Specialty Court participants. Please describe policies or...
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®, Buprenorphine-Naloxone, and Suboxone programs in coordination with BRHD Medical and Nursing. 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®, Buprenorphine-Naloxone is administered by Nursing under the direction of Dr. Prafulla Garg, BRHD physician. On-going monitoring and follow-up exams throughout the course of treatment are 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. Staff do not touch the medication, the client must handle the medication within view of the 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 Behavioral Health Services and Medical Services.

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. We also work with Logan Regional Hospital's Dayspring Clinic to refer Drug Court clients to their Methadone Program to provide them with another option.

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. 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 Siemens Healthcare equipment and procedures. Lab staff have been certified through Siemens 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 Division's 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 group workbooks which cost $5.00, $10.00, $17.00, or $25.00 per book, charged at cost. 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 COVID-19, Drug Court committee meetings and court sessions have been held through virtual means. As we come out of the pandemic, we anticipate a return to in person meetings and court according to recommended guidelines. Some courts have returned to some in-person sessions. This is wholly dependent upon the discretion of the court and we support their efforts in any way we can, attending in person and/or virtually.

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<th>16) Justice Services</th>
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Describe screening to identify criminal risk factors.

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; Michigan Alcohol Screening Test (MAST) and Drug Abuse Screening Test (DAST). 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.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

Treatment services provided with justice funding includes assessment and evaluation, outpatient, IOP, drug testing, Recovery Support and Peer Support Services, all ASAM levels described throughout this plan. Residential services are currently provided by referral to appropriate facilities.

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 SMAST/DAST. 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, Thinking for a Change, and Seeking Safety.

Recovery Support Services are provided using BRHD-BHS community partners providing approved RSS assistance based on client need and also treatment sessions that focus on developing 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 groups are available to all JRI clients.

**Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.**

We have implemented a Domestic Violence program in order to develop a more comprehensive treatment program that is responsive to justice system needs. We have three treatment staff certified in domestic violence curriculum, and have purchased materials for our Domestic Violence groups. We are now working with the justice system and crisis intervention coalition teams to coordinate referrals to this program and are seeing significant increases in referrals to this Program.

**Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.**

BRHD-BHS is involved in a variety of local coalitions related to individuals in the justice system. Due to our history of high involvement with the justice system, we have had staff in place for many years in multiple courts throughout the tri-county area, and assigned to specific justice populations and specialty courts. Staff attend regular, at least weekly, committee meetings and court sessions for Drug Court and Mental Health Court, and attend Juvenile Justice Services meetings and Adult Probation & Parole meetings. The Cache County Sheriff's Office Probation Unit attends a portion of our weekly case staffing meetings to discuss treatment needs and options. We have staff actively involved in PIPBHC meetings and Cache County Unified Crisis Response Team Meetings. The individuals assisted through these programs are involved in law enforcement incidents, and the teams are in place to offer assistance in an effort to mitigate consequences of legal actions.

**Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.**

Youth treatment staff regularly meet with community agencies such as the Juvenile Justice System and child services agencies to ensure that coordination and support are maximized. We have always been very involved in the justice system for both youth and adults, and also with other community agencies and schools. We are working to address the barriers that recent JRI changes created within the system wherein the juvenile justice system and treatment centers have reduced ability to provide early interventions or necessary early treatment. To address these issues, we are diligent in making sure our connections with the juvenile justice system, schools, and other community agencies are maintained, and our services meet the needs of the clients that do get referred to our program.
In order to maximize accessibility for youth in treatment, youth appointments are held around school schedules, and also around parent/guardian work schedules as much as possible. All youth groups are timed after school hours so as to complement rather than interfere with other youth commitments, and keep the youth progressing towards success in all areas.

Provide data and outcomes used to evaluate Justice Services.

Bear River Health Department, Behavioral Health Services uses several methods to evaluate data and outcomes, and in turn elevate services for justice involved clients. Client data is entered into the in-house electronic health records system and in the State collection TEDS data tool. Data retrieved from these systems are analyzed at several levels: 1) Client discharges are the most immediate tool for evaluating success rates. 2) Client readmission data looks at the recidivism and barriers that affect individual success, as well as aggregate information regarding achievements or obstacles. 3) Local, state, and federal data is used to determine in-house, community, regional and national trends to identify current and anticipated needs and most effective areas of focus. In-house data is compared extensively with larger demographics and substance use data to analyze our strengths and weaknesses.

Feedback from clients during treatment through yearly formal MHSIP surveys; or informal means such as client interviews and reactions; or discussions with clients upon readmission to treatment after being discharged, whether completed or non-compliant, are key to determining strengths and weaknesses in the program. General feedback from referral sources, courts, meetings, and community partners, give us vital information in reviewing our services, to provide direction; especially when provided by or related to our response to clients involved in the justice system.

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

17) Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

As a matter of agency and clinical procedure, Clients referred to treatment (court involved, community and self-referred) are screened at intake for symptoms of suicidal ideation and indications of suicidal gestures or behaviors. Ideation and behaviors (past and present) are weighted and evaluated by clinicians using diagnostic expertise and narrative-based interview. Further, at intake, each client is screened utilizing the CSS-RS and results of the “triggers” questions may warrant additional investigation. All counseling staff and case managers have received training in QPR. Should clients indicate that they are experiencing levels of suicidal ideation that demonstrate a danger to themselves at the time of initial evaluation, the remainder of the intake/assessment for substance abuse disorder treatment is to be suspended with an emphasis on the current risks. The focus of the treatment in the session then shifts immediately to safety planning. Safety plans include a description of unsafe environments, triggers, and assessment for lethal means. Additionally, safety plans should include safe persons and actions that should be implemented if concern warrants or becomes elevated. Safety plans include multiple resources specific to the client that they can commit to engaging (ie: safeUT,
suicide prevention hotlines and BRHD local afterhours helplines). The use of safety plans and suicide assessment is not specific to intake/assessment periods and follows a similar path regardless of the point in time of treatment that concerns may arise. Follow up is documented in the case file in individual progress notes. Cases where risk is immediate and safety cannot be guaranteed outside the office setting could require the involvement of emergency contacts and family or medical authorities and hospitalization. Procedure for contact of EMS is standardized and explained at intake to clients in the “Rights and Responsibilities/ Release of Information” documents signed by all clients.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

See above. Also: Once suicide is assessed as a concern for any client the case is staffed and clinical staff are made aware. Ongoing risk is assessed verbally in counseling sessions and documented in case notes. Use of the CSS-RS is advised whenever risk indicates the need for follow-up.

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Partnerships exist with Bear River Mental Health and other local providers including Logan Regional Hospital and the Behavioral Health Unit Social Work department. Ongoing suicide risk is staffed regularly and follow up is documented.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

N/A

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

See above and N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2,
funding recipients shall submit a written postvention response plan and communication protocol for their organization.

2. **By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, “N/A” below.

<table>
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For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, “N/A” below.

| N/A |