



Division Directives

Fiscal Year 2017

March 2016

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DSAMH FY2017 DIRECTIVES

- I. The Local Authority shall refer to the contract, state and federal statute and administrative rule to comply with all of the requirements attached to the funding in these contracts. The directives are intended to be additional requirements that are not already identified in the contract, state and federal statute and administrative rule. These directives shall remain in effect from July 1, 2016 through June 30, 2017. The Local Authority shall comply with the directives, as identified below.

A. GOVERNANCE AND OVERSIGHT

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2017, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, A1 & A2), Substance Use Disorder Treatment (Form B), and Substance Use Disorder Prevention (Form C). Each budget form is in Microsoft Excel and each narrative form is in Microsoft Word format. All forms must be submitted in the original format or they will be returned to the Local Authority for resubmission. Do not change any of the formats or formulas. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff during the annual UBHC conference to be held Wednesday, March 30, 2016. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, A1, A2, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH at 195 N. 1950 W., Salt Lake City, UT 84116 by May 1, 2016. In addition, an electronic copy of Forms A, A1, A2, B and C must be submitted by E-mail to DSAMH at DSAMHinvoice@utah.gov no later than May 1, 2016.
- iii. All Local Authorities shall complete specific year-end reports that must be submitted to the Division no later than August 30, 2016. The forms will be provided to the Local Authorities no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and within twenty-five (25) percent of their previous year actual cost per client. If the Local Authority does not fall within the overall average cost, the Division will contact the Local Authority to discuss whether or not accurate data has been submitted. If the data is not accurate, the Local Authority will resubmit the correct financial or cost data. Client data cannot be changed for the prior year after August 15th.
- v. The Local Authority shall provide an organization chart/listing of staff and subcontractors. It would be helpful to include the discipline/position of each

individual and percentage of time devoted to administrative and clinical work (FTE).

- vi. Monitoring reports for FY2017 will contain automatic findings resulting from any red scores on the Substance Use Disorder Treatment Scorecard, the Mental Health Youth and Adult Scorecard, Consumer Satisfaction Scorecard, and the Client Cost Report. A yellow score will indicate a need for further review. A green score will be regarded as a positive outcome in the monitoring report.
- vii. DSAMH will use the following definitions in the monitoring process:
 - a. **Compliance**: DSAMH has reviewed and verified that the Local Authority or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
 - b. **Corrective Action**: The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the Local Authority or its designee; 2) acceptance by DSAMH evidenced by the dated signature of the Division director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the Local Authority or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.
 - c. **Action Plan**: A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. The development of the plan is the primary responsibility of the Local Authority or its designee. Each corrective action plan must be approved by Division staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable. Each action plan must also include the person(s) responsible to ensure its completion. If requested, the Division will provide technical assistance and guidance in its formulation.
 - d. **Recommendation**: The Local Authority or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The Local Authority is encouraged to implement the suggestion, however implementation is not required.
 - e. Each performance inadequacy will be classified according to one of the following classification levels:
 1. **Major Non-Compliance**: Major non-compliance is an issue that affects the imminent health, safety, or well being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24 hours or less. The Division of Substance Abuse and Mental Health's response to a major non-compliance issue may include the removal of

clients from the current setting into other placements and/or contract termination.

2. **Significant Non-Compliance**: Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the Local Authority or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
3. **Minor Non-Compliance**: Minor non-compliance, is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well being or jeopardize Department or Local Authority funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
4. **Deficiency**: The Local Authority or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the Local Authority or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. DSAMH will follow-up to determine if the problem has been resolved and will notify the Local Authority or its designee that the resolution has been achieved by the negotiated date. If the Local Authority or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required.

viii. The Local Authority shall perform annual subcontractor monitoring, as outlined in the DHS Contract, utilizing a formalized monitoring tool that describes each area of the review and its outcome.

- a. The Local Authority will include copies of current insurance certificates, as outlined in contract, with each subcontractor file.
- b. The Local Authority will ensure that subcontracted providers have current licenses, certifications, BCI checks and conflict of interest forms by one of the following methods:
 1. keeping physical copies
 2. through the Medicaid credentialing process
 3. annual subcontractor monitoring

The Local Authority will provide documented assurance that this step has been completed upon request from DSAMH. If the Local Authority subcontracts with a Managed Care Organization (MCO) to secure provider services, either the Local Authority or its subcontracted MCO must comply with this section.

- ix. Each Local Authority will conduct direct testing of their adherence to access standards. Walk-through testing will be administered prior to each Local Authorities scheduled site visit from DSAMH, using the NIATx “Walk-through Recording Template” found at <http://www.niatx.net/pdf/PIToolbox/NIATxWalk-throughRecordingTemplate.dot>, or a similar structured walk through testing model. It will include participation of at least two executive level staff. Results of the access tests will be discussed with each Local Authority at their regularly scheduled site visit. The walk-through test results will be used in the following year to help initiate an access related change project as outlined by the NIATx change process at <http://www.niatx.net/Home/Home.aspx>, or similar structured change model.
- x. Each Local Authority will provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to the Division as it is submitted to the Department of Health.
 - a. Local Authorities will provide DSAMH with the initial submission and also the finalized version of the report.
 - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).
- xi. The Local Authorities shall receive payment via Electronic Funds Transfer (EFT) from the Division. It is the responsibility of each Local Authority to apply for EFT payment services from the Utah Department of State Finance and to notify DSAMH if a payment is received via check from DSAMH.
- xii. Invoices shall be submitted to DSAMH monthly via electronic billing system established by the Division. Invoices for services shall be submitted by the Local Authorities monthly, dividing billing into discrete calendar month blocks where applicable. Local Authorities shall use electronic billing submission systems provided by the State where applicable and available.

B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES.

- i. Each client shall have a strength-based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The following principles are to be used to enhance a clinically sound assessment:
 - a. Initial Engagement:
 - 1. Focus on the immediate/pertinent needs of the client.
 - 2. Clinician establishes rapport with the client.
 - 3. Client can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.
 - 4. Clinicians check that client’s needs are being met.
 - 5. Clinicians gather and document relevant information in an organized way.

6. Clinicians make recommendations and negotiate with and respect the client.
- b. Ongoing Assessment:
 1. Assessment information is kept current.
 2. Clinicians gather comprehensive relevant assessment information based on the client's concerns, in an ongoing manner as part of the treatment process.
 3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.
 4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.
 5. Assessment information is organized coherently and available in a readable, printable format.
 - c. Each client must have a Person-Centered Recovery Plan. Recovery Planning Principles:
 1. The client is involved in ongoing and responsive recovery planning.
 2. Plans incorporate strategies based on the client's motivations.
 3. The plan represents a negotiated agreement between the client and provider.
 4. The plan is kept current and up to date.
 5. Short term goals/objectives are measureable, achievable and within a timeframe.
 6. Planning anticipates developing and maintaining independence.
 - d. Treatment Principles:
 1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.
 2. Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.
 3. Family and other informal and natural supports are involved (as approved by adult clients).
 4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner
- ii. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit.
 - iii. Participation in local Multi-Agency Coordinating Committees (a.k.a.: System of Care Committees, Local Interagency Councils). Key committee partners to include: Local Substance Abuse Authorities, Child Welfare, Juvenile Justice, Juvenile Court, Juvenile Probation, Education, and Services for People with Disabilities. Participation will be evidenced through stakeholder feedback, applicable records (minutes, communication) and program manager discussions.

- iv. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area, and will participate in development of and use of a coordinated entry system into housing and services.
- v. Local Authorities shall continue to establish and/or expand Adult and Children, Youth and Family Peer Support Services. Certified Peer Specialists and Family Resource Facilitators who are employed with the local authorities are to participate as members of the clinical treatment teams.
- vi. Suicide prevention, intervention and postvention: During FY2017, Local Authorities will continue to implement, monitor and report on their plans, including their Medicaid Performance Improvement Plan (PIP), for suicide prevention, intervention and postvention
- vii. Local Authorities will cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance use disorder, mental health, and physical healthcare needs, as described in UCA 62A-15-103.
- viii. Drug Testing Program Requirements: All drug testing conducted by DSAMH, Local Substance Abuse Authorities, Local Mental Health Authorities or contractors, vendors, programs, shall comply with the requirements outlined in Section C: SUBSTANCE USE DISORDER TREATMENT SERVICES of the Division Directives.
- ix. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:
 - a. New language in Utah Code to establish and promote an evidence-based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.
 - b. CCJJ recommendations from the [Justice Reinvestment Report](#) specifically focusing on recommendations 9, 10, 11 and 12.
 - c. A statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.

- d. Local Authorities will comply with Utah Administrative Code R-523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.

C. **MENTAL HEALTH SERVICES**

- i. Local Authorities shall use the (\$2.7 million) State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
 - a. Each Local Authority is required to spend its portion of the \$2.7 million allocation serving unfunded clients (total allotment of funds divided by the number of clients served by setting). These funds are subject to the County 20% match requirement.
 - b. This money may not be used for Medicaid match, for services not paid for by Medicaid for a Medicaid client, emergency services or inpatient services.
- ii. Records must contain a safety/crisis plan when clinically indicated which can be quickly and easily accessed and updated as needed.
- iii. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for a suicide related event.
- iv. Local Authorities shall develop a plan to address mental health concerns for people on Medicaid in nursing facilities.
- v. Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children age five and under).
- vi. Local Authorities will use a Holistic Approach to Wellness. Local Authorities must provide and as appropriate document the following:
 - a. Monitor weight (and height for children).
 - b. Provide or arrange for a diabetes screening, as indicated.
 - c. Identify tobacco use in the assessment and offer resources as indicated.
 - d. Provide services in a tobacco free environment.
 - e. Provide information to clients on physical health concerns and ways to improve their physical health.
 - f. Incorporate wellness into individual Recovery Plans as needed.

- g. Additional areas for clients who are prescribed medications:
 1. Monitoring of labs, AIMS and tracking of vitals.
 2. Coordination/communication with prescribers.
- h. Emphasize exercise along with healthy leisure and recreational activities in programming.
- vii. In accordance with 62A-15-105.2. **Employment First emphasis on the provision of services.** When providing services to a recipient, the local authority shall, in accordance with the requirements of federal and state law and memorandums of understanding between the division and other state entities that provide services to a recipient, give priority to providing services that assist an eligible recipient in obtaining and retaining meaningful and gainful employment that enables the recipient to earn sufficient income to:
 - a. purchase goods and services;
 - b. establish self-sufficiency; and
 - c. exercise economic control of the recipient's life.
- viii. Local Authorities will utilize Wraparound Facilitation and Multi-Agency Collaboration in the provision of services for Children, Youth and Families. Evidence of compliance includes the following:
 - a. Provide High Fidelity Wraparound as defined by the Utah Family Coalition. Provision of High Fidelity Wraparound will be evidenced through Family Mentor verification of the following related documentation:
 1. Strengths, need and cultural discovery;
 2. Family team roster;
 3. Crisis/safety plan;
 4. Team meeting minutes; and
 5. Transition plan.
 - b. As resources permit, wraparound facilitation and/or multi-agency collaboration should be provided for children who qualify in one of the following categories:
 1. Currently placed out of the home;
 2. At risk of out of home placement;
 3. Involved with multiple agencies; and
 4. Have complex mental health needs.
- ix. Participation in USH Adult and Children Continuity of Care meetings. Written children's outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the Continuity of Care meeting. Funding is awarded by committee vote with

DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Program Administrator.

- x. Mental Health Early Intervention (MHEI) Funding is for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision is limited to Family Resource Facilitation, Mobile Crisis Teams, and School-Based Behavioral Health. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the attached MHEI Quarterly Data and Annual Outcomes Report. Funds will be allocated on formula and are subject to County 20% match requirement.

D. **SUBSTANCE USE DISORDER TREATMENT SERVICES**

- i. Local Substance Abuse Authority treatment programs shall provide Naloxone education, training and assistance to individuals with opiate use disorders and when possible to their families, friends, and significant others.
- ii. Evaluate all clients who are opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) within the first 10 days of services and document the results of the assessment. Educate the client about MAT options; when clinically indicated and the client is amenable:
 - a. Include the use of MAT in the treatment plan, and
 - b. Either provide MAT as part of the treatment, or
 - c. Refer the individual for MAT.
- iii. Drug Courts:
 - a. Drug Courts shall comply with the following requirements:
 - 1. All Drug Courts shall be certified by the Administrative Office of the Courts in accordance with Utah Judicial Council Rule 4-409, and retain certification throughout the contracted period. This rule is available online at: <http://www.utcourts.gov/resources/rules/ucja/ch04/4-409.htm>
 - 2. Felony Drug Courts shall serve participants identified as High Risk/High Need by the Risk and Needs Triage Assessment (RANT). The Level of Service Inventory-Revised (LSI-R) can be used in addition to the RANT, but not in lieu of the RANT. A copy of the completed RANT shall be in the participant's clinical record.
 - 3. Family Dependency Drug Courts shall serve participants identified as High Risk/High Need. High Risk/High Need information shall be adequately documented in the participant's clinical record at treatment admission and/or evident in the treatment referral and Drug Court admission information.

4. Juvenile Drug Courts shall serve high risk/high need participants identified using one of the following instruments:
 - (a) Pre-Screen Risk Assessment (PSRA);
 - (b) Drug Use Screening Inventory, Revised (DUSI-R);
 - (c) Pre-Screen Assessment (PSA); or
 - (d) Other screening instruments may be used if they assess the risk of re-offending
5. Documentation of High Risk/ High Need shall be placed/ maintained in each participant's clinical record.
6. Drug Court Service Reports or any alternative data collection system adopted by DHS/DSAMH are to be submitted annually, and as requested to the DHS/DSAMH Justice Program Manager.
7. All participant fees related to Drug Court participation (treatment, case management, drug testing, Court fees etc.) shall be disclosed to individuals prior to their admission.
 - (a) All fees shall be based on the fee policy and fee schedule approved by the local authority.
 - (b) Copies of the fee schedule and the fee reduction policy shall be submitted to DHS/DSAMH and the Administrative Office of the Courts (AOC) as part of the LSAA Area Plan each year.
8. Have no prohibitions against Medication Assisted Treatment (MAT) or a requirement to be abstinent from addiction treatment in order to enter drug court, progress or complete drug court.
9. Ensure each Drug Court program team member, who interacts or has decision-making authority regarding the participants of the Drug Court process; attend a minimum of eight hours of continuing education per year. The continuing education shall have a focus on substance use disorders.
10. If a Drug Court participates in an evaluation or research as part of a federal grant, the Drug Court shall submit a copy of the evaluations and research to the DHS/DSAMH Justice Program Manager within 90 days of completion of the evaluation and research.
11. Drug Court funds shall be used for treatment, case management, recovery support and drug testing expenses.
12. DHS-DSAMH Drug Court funds shall not be used to pay for law enforcement, tracking or supervision conducted by law enforcement officers.
13. Drug Courts shall ensure that participants meet with the Department of Workforce Services and/or health care navigators to determine eligibility for Medicaid, other public insurance or commercial insurance.
14. Drug Court Funding will be determined in accordance with statute by the Director of the Department Human Services the Director of the Department of Corrections and the State Courts Administrator.

iv. Drug-Related Offenses Reform Act (DORA)

a. Funds Available and Allowable Uses

1. Funds appropriated by the Legislature for DORA are not subject to any matching requirement.
 2. DORA funds may not be used to replace or supplant funds from other sources that have been appropriated for the same purpose.
 3. Funds shall be used in accordance with the “Guidelines for the Implementation of DORA-Funded Services for Probationers”, last revised by Utah Substance Use and Mental Health Advisory Council on December 11, 2012, or as otherwise determined by the Council. (see: Appendix A)
 4. Local Authority shall develop a local DORA planning and implementation team that includes representatives from the Courts, the Department of Corrections, and other community partners in coordination with the local Justice Reinvestment Initiative (JRI) stakeholder group.
- b. Evidence-based Treatment Requirement
1. DORA-funded treatment services shall adhere to the standards prescribed in R523-4. Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.
 2. DORA treatment services shall be provided by programs certified by the Division of Substance Abuse and Mental Health to provide treatment for persons involved in the criminal justice system.
- v. Women’s SAPTBG set aside:
- a. Funds shall be used to serve pregnant women, and women with dependent children in need of substance use disorder treatment.
 - b. Funds may be used to provide: Treatment services at the I.0, II.1, II.5, III.1, III.3, and III.5 American Society of Addiction Medicine (ASAM) Levels of Care, as defined in the American Society of Addiction Medicine's (ASAM) Second Edition -Revised of Patient Placement Criteria (ASAM PPC-2R);
 - c. Funds may also be used to provide any of the following services:
 1. Gender-specific substance use disorder treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting;
 2. Child-care while the women are receiving services;
 3. Therapeutic interventions for the children which may address their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect;
 4. Sufficient case management and transportation services to ensure the women and their children have access to the services listed above; and
 5. Regular Urinalysis (UA) testing;
 6. Trauma informed gender specific services; and
 7. Comprehensive assessment of the children who are in the mothers and children’s programs that will include, but not be limited to:

developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.

- vi. State Women's Funds.
 - a. Funds may be used to provide evidence-based prevention, treatment or recovery support services for women.
 - b. May be used to provide services for women as outlined in paragraph iv., c. above.
 - c. Funds will be allocated to the local authorities on the formula and are subject to the County 20% match requirement.
- vii. Women and Girl's Co-occurring Treatment Training: Each Local Authority shall implement (or have implemented) at least one gender specific evidence based practice addressing women and/or adolescent's co-occurring issues in FY 2016.
- viii. DSAMH requests all Local Authorities participate in the Treatment Research Institute (TRI) Consumer Guide to Adolescent Substance Abuse Treatment for UTAH initiative to evaluate and improve the quality of adolescent treatment services in Utah. Each participating Local Authority will:
 - a. Participate in a 15 minute pre-project telephone discussion with TRI staff
 - b. Complete a 20-30 minute questionnaire that gathers descriptive information about the program and treatment interventions used.
 - c. Participate in an interview with the Program Director to assess the quality program features.
 - d. Allow a Consumer Guide Assessor (CGA) to complete an on-site review of the program to confirm interview data and program information. Program staff will be asked to provide documentation to the CGA's, but will not need to be present for the entire process. The review will last approximately 4-6 hours.
 - e. Completion of anonymous client questionnaires from up to 10-15 adolescents receiving treatment services.
 - f. Expend training and technical assistance funds allocated based on participation.
- ix. Drug testing: All drug testing services shall comply with the following requirements (also found in Appendix B):

- a. Purpose: Drug testing can provide valid, timely information about an individual's substance use. This policy is designed to ensure that drug testing practices of the Division of Substance Abuse and Mental Health (DSAMH) are consistent with science and best practice.
- b. Definitions:
 1. Drug Test: Any test administered to detect the presence of alcohol and other drugs from a blood, saliva, urine sample or other accepted scientific methodology.
 2. Drug screen: A method for identifying the presence of one or more drugs of abuse that typically involves the use of immunoassay technology, a laboratory technique that makes use of the binding between an antigen and its homologous antibody to identify and quantify the specific antigen or antibody in a sample.
 3. Confirmation test: A quantitative test used by laboratories to distinguish the presence of a specific drug and/ or metabolite and determine the drug's concentration, typically using gas chromatography/mass spectrometry (GC/MS) technology.
- c. Required Written Policy and Procedures: All DSAMH programs, contractors, subcontractors and providers who perform drug testing shall have written policies and procedures that address:
 1. Selection of participants to be tested (hereinafter participants)
 2. Frequency of testing
 3. Screening and confirmation methodologies
 4. Collection and handling of specimens
 5. Procedure for verifying integrity of sample that includes checks for tampering, adulteration and dilution
 6. Chain of custody procedures
 7. Documentation standards
 8. Training requirements for all direct service staff that includes training on principles of trauma informed care
 9. Disclosure of results or other information related to drug screen participation
 10. Potential consequences for testing positive
 11. The participant's right to request confirmation testing
 12. Procedures to ensure the physical and emotional safety of staff and participants
 13. All policies and procedures are subject to review and approval by the Department of Human Services (DHS).
- d. Drug Testing Program Requirements: All drug testing conducted by DSAMH, or contractors, vendors, programs, shall comply with the following requirements:
 1. The purpose of a drug screen shall be communicated to the participant prior to administration. Participants shall also be informed who will have access to the results, the potential consequence of testing positive, and their right to request confirmation testing of a sample using accepted

- methodologies such as Gas Chromatography/Mass Spectrometry (GC/MS).
2. Confirmatory testing is required for any contested drug screen if sanctions outside of treatment will be imposed or if the result is being used for evidentiary purposes. Participants shall not be responsible to pay for confirmation test if the result is negative.
 3. A drug screen shall not be considered positive unless a participant admits to use or the sample screen has been confirmed by a Substance Abuse and Mental Health Services Administration (SAMSHA) certified laboratory using scientifically accepted methodologies such as gas chromatography-mass spectrometry (GC/MS) technology. Sanctions may be imposed based on the results of a drug screen if applied in a manner consistent with the participant's due process rights.
 4. DSAMH recommends testing methodologies with scientific standards developed by SAMHSA. For this reason, urine and saliva are the preferred testing specimens. If other methodologies (testing of hair, sweat, or meconium) are used, additional information regarding the specific detection window of the methodology and any other limitations shall be communicated along with the results.
 5. Testing frequency should be based on the participant's circumstances and the purpose of the test. Factors to consider include: participant history, drug of choice, third party reports, treatment progress, personal observation, special circumstances/transitions and other factors as needed.
 6. DSAMH does not recommend random drug testing more frequently than an average of three times a week. However, testing to confirm suspicion of use is always permissible.
 7. Cut-off levels for drug screens shall conform to the SAMHSA recommended levels. If the screen is for a substance that SAMSHA has not identified a cutoff level, the industry standard shall be applied.
 8. Duplicate drug testing among DHS Divisions should be avoided. With signed participant consent consistent with 42 CFR, DHS agencies may share results. The following information shall also be shared with results:
 - (a) The cut- off level(s) used with the drug screen
 - (b) Description of how sample was collected
 - (c) as the collection observed or unobserved
 - (d) The specific panel of drugs included in the screen
 - (e) Whether the sample was checked for adulteration, tampering and dilution
 - (f) Whether the participant admitted to use
 - (g) Whether the result is from a drug screen or a confirmation test.
 9. Drug testing should not be the only means to detect substance use or monitor treatment compliance. DSAMH encourages all divisions, agencies, providers, and contractors to evaluate a participant's progress using validated assessments, evaluations, reports from substance use disorder treatment providers, third parties, and personal observation through regular contact.

10. DSAMH recommends the use of medication-assisted drug treatments such as the use of Methadone, Suboxone, and Vivitrol for individuals who meet clinical criteria for their use. Drug testing procedures shall not be used as a rationale to bar participants from participation in a program or service or to discontinue the use of a lawfully prescribed (or ordered) and used medication.

x. Wellness:

- a. Local Authorities will use a Holistic Approach to Wellness and will:
 1. Identify tobacco use in the assessment.
 2. Provide services in a tobacco free environment.
 3. Provide appropriate tobacco cessation services and resources (including medication).
 4. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.
 5. Provide training for staff in recognizing health issues.
 6. Provide information to clients on physical health concerns and ways to improve their physical health.
 7. Incorporate wellness into individual person centered Recovery Plans.

E. **SUBSTANCE USE DISORDER PREVENTION SERVICES**

- i. Local Authority shall follow the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to implement comprehensive community level prevention systems within their area. DSAMH encourages LSAA to utilize the Communities that Care model to meet this directive.
 - a. Assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.
 1. Assessments shall be done at minimum every three years.
 2. Resources that shall be used to perform the assessment include, but are not limited to:
 - (a) <http://bach-harrison.com/utsocialindicators.html>
 - (b) <http://ibis.health.utah.gov>
 - (c) Communities that Care, Community Assessment Training (CAT) <http://www.communitiesthatcare.net/getting-started/ctc-training/>.
 - b. Build prevention capacity within their area. The key components of capacity building include:
 1. Increasing the availability of fiscal, human, organizational, and other resources.

2. Raising awareness of substance use disorder and other related problems and readiness of stakeholders to use evidence based prevention to address these problems.
 3. Strengthen existing partnerships and/or identify new opportunities for collaboration. Some activities include but are not limited to:
 - (a) Building coalitions
 - (b) Training
 - (c) Engaging community stakeholders
 - (d) Educating service providers
 4. Developing and preparing the prevention workforce, including assurances that all prevention personnel are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST).
 5. Prevention workers have completed all necessary certification and training requirements for the programs they implement and deliver.
- c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.
1. There should be a minimum of one (1) strategic plan per LSAA. LSAA's are encouraged to work with each coalition in their area to develop a strategic plan.
- d. Ensure that effective, evidence based community prevention programs, policies and practices are being implemented with high- fidelity as defined in the Communities of Care model, Community Plan Implementation Training Module 3
http://www.sdr.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT_TG_mod3.pdf).
1. LSAA's will identify tools or techniques to ensure high fidelity of implementation of prevention programs, policies and practices.
- e. Use logic models as the basis for evaluation plan and to demonstrate expected short and long term outcomes for each policy, practice and/or program implemented. Logic models will also collect target populations and brief descriptions of programs, policies, and practices.
- f. Submit an annual report within 60 days of the end of the state fiscal year that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the logic models.
- g. LSAA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, administration.
- ii. Use principles as outlined in the NIDA Research Guide for Preventing Drug Use as a guideline for implementing the Strategic Prevention Framework.
http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

- a. 90% of policies, programs and strategies shall be evidence based. Other strategies are to be research informed and submitted to the Evidence Based Workgroup (EBW) as appropriate.
 1. The evidence- based policies, programs and strategies shall be broken down as follows:
 - (a) A minimum of 90% of the policies, programs and strategies shall be tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.
 - (b) A maximum of 10% of the policies, programs and strategies may be tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.
 2. If LSAA is using one or more research informed program, LSAA is required to submit a minimum of one program to the Evidence Based Workgroup and follow guidelines to increase PART rating.

F. MENTAL HEALTH AND SUBSTANCE USE DISORDER DATA

- i. Substance Use Disorder and Mental Health Data Reporting Deadlines
 - a. All information and outcomes system data are to be submitted electronically.
 - b. Providers will submit the substance use disorder “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE) data monthly for the prior month (on or before the last day of every month).
- ii. Substance Use Disorder and Mental Health Data and Outcome Reporting Requirements
 - a. The Information System Data Set for Mental Health is the MHE.
 - b. The Information System Data Set for Substance Use Disorders is the TEDS.
 - c. MHE and TEDS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) and from the DSAMH website at <http://dsamh.utah.gov/data/data-specifications/>.
 - d. Electronic submissions must be made through the SAMHIS file utility app, or other method as instructed by DSAMH staff.
 - e. Outcomes system data includes:
 1. Adults:
 - (a) OQ[®]45.2 - Adult Outcome measure (ages 18+);
 - (b) OQ[®]30.0 – Adult Outcome measure (ages 18+);
 - (c) SOQ[®]2.0 - SPMI Outcome instruments (self or clinician); and
 - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.

2. Children/Youth:
 - (a) YOQ[®]30.1;
 - (b) YOQ[®]2.01 - Youth Outcome measure (ages 4-17);
 - (c) YOQ[®]2.01SR - Youth Outcome measure (ages 12-18);
 - (d) YOQ[®]30.1 - Omni form Youth Outcome measure (ages 4-17); and
 - (e) YOQ[®]30.1SR Omni form Youth Outcome measure (ages 12-18).
 - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
 3. Parents/Youth:
 - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
 - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- f. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
 - g. Optional OQ Measure instruments not included in state reporting or monitoring.
 - h. Data findings may result for substance use disorder providers when old open non-methadone outpatient or intensive outpatient admissions, opened more than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year, or for any residential and/or detox admissions open for more than 2 years prior.
 - i. Data findings may result if performance measures and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
 - j. Providers who contract out for services are required to report client service data to the Division for these clients regardless of where that service is being provided.
 - k. With emphasis on Employment First, mental health providers will update employment status in event files in accordance with the published data specification.
- iii. Adult and Youth Consumer Satisfaction Surveys
 - a. The Mental Health Statistical Improvement Program (MHSIP) Method
 1. Introduction: The MHSIP is a self-report consumer satisfaction survey for adults in mental health and/or substance use disorder treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
 2. Data Collection Procedures: The MHSIP is a survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (from December 1st through April 1st of every year). Instruments are to be completed

electronically through the OQ Analyst System, through a website, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The surveys are given to adult substance use disorder and mental health consumers regardless of the modality of treatment or length of stay in treatment.

3. Scoring and Data Analysis:
 - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
 - (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
 - (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
 - (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.

b. YSS/YSS-F METHOD

1. Introduction: There are two parallel versions of the survey for youth in substance use disorder and/or mental health treatment, one for youth (YSS) and one for children and youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
2. Data Collection Procedures: The YSS and YSS-F are surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (from December 1st through April 1st of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website provided by DSAMH, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance use disorder and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer.
3. Scoring and Data Analysis:
 - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
 - (b) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
 - (c) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.

- (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.
- (e) Only youth 12-17 will be counted in clients served for the YSS, but all children/youth under the age of 18 will be counted in the client counts for the YSS-F.

iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs. The instruments will require repeated administrations.
- b. DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
- c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments at every encounter for relevant services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.
- d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- e. Scoring and Data Analysis:
 - 1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LMHAs and used to inform others regarding system effectiveness and clinical best practice.
 - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
 - 3. Children 5 and under will be excluded from the client served denominator.
 - 4. LMHAs will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
 - 5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.

6. Client match rates must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Use Disorder Prevention Data: The Local Authority shall enter prevention data into the DSAMH approved system within 60 calendar days of the delivery of service.

G. PERFORMANCE MEASURES

- i. Mental Health Performance Measures:
 - a. The mental health scorecard will be used to measure performance. Monitoring reports for FY2017 will contain automatic findings resulting from any red scores, a yellow score will indicate need for further review and a green (or black) score will be reported as a positive outcome in the monitoring report.
 - b. Performance indicators on the scorecard will be reviewed with the centers by the Division during monitoring visits.
 - c. For successful performance, the Local Mental Health Authorities will meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SPMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2017 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).
- ii. Substance Use Disorder Treatment Performance Measures FY2017: Achievement of these measures will be reviewed in the annual site visit.
 - a. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2016 treatment retention in FY2017 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2016 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2017. Retention is defined as the percentage of clients who remain in treatment over 60 days.

- b. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2016 Successful Treatment Episode Completion rates in FY2017 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2016 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2017. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.
 - c. Abstinence from Alcohol: Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.
 - d. Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.
 - e. Increase in Employment: Local substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of their clients who were employed full/part time or enrolled as student from admit to discharge at a rate greater to or equal to 75% of the national Average.
 - f. Decrease in Criminal Activity: Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.
 - g. Recovery Support: Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support recovery activities increased from admission to discharge by at least 10%. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission
 - h. Tobacco Cessation: Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.
- iii. Substance Use Disorder Prevention Performance Measures:
- a. All prevention services entered in DSAMH approved data system accurately and within 60 days of services. <https://utatr.witsweb.org/>

- b. Percent of retail establishments within Local Authority area that refused to sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2017 is 90%.)
- c. Percentage of students in each grade (6, 8, 10, 12) using alcohol during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013, 2015).
- d. Percent of students in each grade (6, 8, 10, 12) using illegal drugs during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013, 2015).
- e. Number of “Eliminate Alcohol Sales to Youth” (EASY) alcohol compliance checks within Local Authority area. (Target for FY2017 is an increase from the previous year.)
- f. Number of substance use related coalitions as defined by DSAMH in local substance abuse authority area.



DORA 3:* Guidelines for the Implementation of DORA-Funded Services for Probationers

Last Revised by USAAV Council on December 11, 2012

DORA Criteria

- Offender must currently be in DORA-funded treatment and supervision or convicted of a felony offense on or after July 1, 2007 (cannot be pled to a misdemeanor)
- Parolees will not be accepted for new DORA admissions
- Offender's total score on the Level of Service Inventory-Revised (LSI-R) must fall within the range of 16 to 35
- To participate in DORA-funded treatment, the assessment must indicate treatment is needed
- Offender officially becomes a DORA client upon entry into treatment and initiation of treatment services

The DORA Process

- Offender is pre-screened to eliminate those not eligible for DORA-funded services
- Offender is screened by AP&P utilizing the LSI-R
- Offenders who are screened and meet the DORA criteria are assessed by the Local Substance Abuse Authority agency utilizing a comprehensive substance abuse assessment, including but not limited to the Addiction Severity Index (ASI) and the American Society of Addiction Medicine (ASAM) Criteria, to determine level of treatment needed
- Review by the local DORA team of the combined LSI results and initial recommended level of treatment that may result in a modification of the supervision level and treatment modality for the individual.
- Release of information form is obtained from the offender to participate in DORA-funded services and in the evaluation
- Pre-Sentence Investigation Report prepared by AP&P will identify if the offender is eligible for DORA-funded services and recommend a level of treatment and a treatment program based on the assessment by the Local Substance Abuse Authority agency and a level of supervision as indicated by the LSI-R
- Substance abuse treatment order is to be included in the Judgment and Commitment issued by a Utah court
- DORA offender to be case managed by AP&P DORA agent in consultation with treatment provider
- Outcomes measurement will be administered by the treatment agency and overall outcomes to be tracked by CCJJ and the University of Utah Criminal Justice Center
- Research indicates longer treatment episodes are more effective for corrections involved individuals (at least 6-9 months). Treatment lengths of stay will take this research into consideration.

DORA Screening Process

- Pre-screen to eliminate the following, who are **not** eligible for DORA-funded services:
 - Immigration holds
 - U.S. Marshal holds
 - Probable commitments to prison based on Sentencing Guidelines
 - More than one prior parole
 - Sex offenders
- DORA Screening:
 - Ordered by a Utah court for those convicted of a felony offense
 - Conducted by AP&P and included in the Pre-Sentence Investigation Report
 - Assessment conducted with a comprehensive substance abuse assessment, including but not limited to the ASI and ASAM Criteria, if indicated by the screening, if DORA criteria are met, and as funding allows

DORA Supervision Model for Davis, Salt Lake, Utah and Weber Counties

- Maximum agent caseload of 53 DORA offenders
- AP&P will follow the Standards of Supervision for DORA CASELOADS developed by the Utah Department of Corrections (attached), with additional requirements outlined below:
- Start of Treatment
 - Hand-off meeting with offender, assessor, agent and provider
 - Release of information
 - Review treatment plan
 - Discuss consequences of program failure/success
- During Treatment
 - Frequent communication on offender's progress/violations
 - Case management team approach

DORA Supervision Model for Cache, Carbon, Emery, Iron, Tooele and Washington Counties

- AP&P will follow the Standards of Supervision outlined by the Utah Department of Corrections (attached), with possible modifications made in collaboration with the Local Substance Abuse Authority agency (treatment provider)
- Random, frequent, and observed urinalysis tests conducted by the Local Substance Abuse Authority during treatment phases

* DORA 3 will be implemented in the following Counties only: Cache, Carbon, Davis, Emery, Iron, Salt Lake, Tooele, Utah, Washington and Weber.

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Changes made to FY2017 Division Directives

Division of Substance Abuse and Mental Health

A. Governance and Oversight

i., ii., iv., xii. & ix. – Deleted/new language

pg. 1 - 4

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2017, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, A1 & A2), Substance Abuse Use Disorder Treatment (Form B), and Substance Abuse Use Disorder Prevention (Form C). Each budget form is in Microsoft Excel and each narrative form is in Microsoft Word format and must be completed in Microsoft Excel. All forms must be submitted in the original format or they will be returned to the Local Authority for resubmission. Do not change any of the formats or formulas. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff during the annual UBHC conference to be held Friday, March 30, 2016. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, A1, A2, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH at 195 N. 1950 W., Salt Lake City, UT 84116 by May 1, 2016. In addition, an electronic copy of Forms A, A1, A2, B and C must be submitted by E-mail to DSAMH at [DSAMH at DSAMHinvoice@utah.gov](mailto:DSAMHinvoice@utah.gov) Chad Carter at chadcarter@utah.gov no later than May 1, 2016.
- iv. ~~The Local Authority may use 2016 calendar or State fiscal year data, whichever is applicable to that Local Authority.~~
- ix. Each Local Authority The Division will conduct direct testing of their each Local Authority's adherence to access standards. Walk-through testing will be administered prior to each Local Authorities scheduled site visit from DSAMH, throughout the year using the NIATx "Walk-through Recording Template" found at <http://www.niatx.net/pdf/PIToolbox/NIATxWalk-throughRecordingTemplate.dot>, or a similar structured walk through testing model. varying methods which It will could include participation of at least two executive level staff telephone calls or physical office visits. Results of the access tests will be discussed with each Local Authority at their regularly scheduled site visit. The walk-through test results will be used in the following year to help initiate an access related change project as outlined by the NIATx change process at <http://www.niatx.net/Home/Home.aspx>, or similar structured change model.

- x. Each Local Authority will provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to the Division as it is submitted to the Department of Health.
 - a. Local Authorities will provide DSAMH with the initial submission and also the finalized version of the report.
 - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).

- xii. ~~Where possible, Invoices submission to DSAMH shall be done~~ submitted to DSAMH monthly via electronic billing system established by the Division. ~~email with scanned support attached with all protected HIPAA information redacted.~~ Invoices for services shall be submitted by the Local Authorities monthly, dividing billing into discrete calendar month blocks where applicable. Local Authorities shall use electronic billing submission systems provided by the State where applicable and available.

B. – New Section

pg. 4 - 7

B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES.

- i. Each client shall have a strength-based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The following principles are to be used to enhance a clinically sound assessment:
 - a. Initial Engagement:
 - 1. Focus on the immediate/pertinent needs of the client.
 - 2. Clinician establishes rapport with the client.
 - 3. Client can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.
 - 4. Clinicians check that client's needs are being met.
 - 5. Clinicians gather and document relevant information in an organized way.
 - 6. Clinicians make recommendations and negotiate with and respect the client.

 - b. Ongoing Assessment:
 - 1. Assessment information is kept current.
 - 2. Clinicians gather comprehensive relevant assessment information based on the client's concerns, in an ongoing manner as part of the treatment process.
 - 3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.
 - 4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.
 - 5. Assessment information is organized coherently and available in a readable, printable format.

- e. Each client must have a Person-Centered Recovery Plan. Recovery Planning Principles:
 1. The client is involved in ongoing and responsive recovery planning.
 2. Plans incorporate strategies based on the client's motivations.
 3. The plan represents a negotiated agreement between the client and provider.
 4. The plan is kept current and up to date.
 5. Short term goals/objectives are measureable, achievable and within a timeframe.
 6. Planning anticipates developing and maintaining independence.

- f. Treatment Principles:
 1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.
 2. Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.
 3. Family and other informal and natural supports are involved (as approved by adult clients).
 4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner

- ii. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit.

- iii. Participation in local Multi-Agency Coordinating Committees (a.k.a.: System of Care Committees, Local Interagency Councils). Key committee partners to include: Local Substance Abuse Authorities, Child Welfare, Juvenile Justice, Juvenile Court, Juvenile Probation, Education, and Services for People with Disabilities. Participation will be evidenced through stakeholder feedback, applicable records (minutes, communication) and program manager discussions.

- iv. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area, and will participate in development of and use of a coordinated entry system into housing and services.

- v. Local Authorities shall continue to establish and/or expand Adult and Children, Youth and Family Peer Support Services. Certified Peer Specialists and Family Resource Facilitators who are employed with the local authorities are to participate as members of the clinical treatment teams.

- vi. Suicide prevention, intervention and postvention: During FY2017, Local Authorities will continue to implement, monitor and report on their plans, including their Medicaid Performance Improvement Plan (PIP), for suicide prevention, intervention and postvention

- vii. Local Authorities will cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance use disorder, mental health, and physical healthcare needs, as described in UCA 62A-15-103.
- viii. Drug Testing Program Requirements: All drug testing conducted by DSAMH, Local Substance Abuse Authorities, Local Mental Health Authorities or contractors, vendors, programs, shall comply with the requirements outlined in Section C: SUBSTANCE USE DISORDER TREATMENT SERVICES of the Division Directives.
- ix. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:
 - a. New language in Utah Code to establish and promote an evidence-based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.
 - b. CCJJ recommendations from the Justice Reinvestment Report specifically focusing on recommendations 9, 10, 11 and 12.
 - c. A statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.
 - d. Local Authorities will comply with Utah Administrative Code R-523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.

C. Mental Health Services

i. – Deleted section

pg. 7

- ~~i. Each client shall have a strength based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The following principles are to be used to enhance a clinically sound assessment:~~
 - ~~a. Initial Engagement: (These principles are shared with Substance Use Disorder Treatment.)~~

- ~~1. Focus on the immediate/pertinent needs of the client.~~
 - ~~2. Clinician establishes rapport with the client.~~
 - ~~3. Client can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.~~
 - ~~4. Clinicians check that client's needs are being met.~~
 - ~~5. Clinicians gather and document relevant information in an organized way.~~
 - ~~6. Clinicians make recommendations and negotiate with and respect the client.~~
- ~~b. Ongoing Assessment: (These principles are shared with Substance Use Disorder Treatment.)~~
- ~~1. Assessment information is kept current.~~
 - ~~2. Clinicians gather comprehensive relevant assessment information based on the client's concerns, in an ongoing manner as part of the treatment process.~~
 - ~~3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.~~
 - ~~4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.~~
 - ~~5. Assessment information is organized coherently and available in a readable, printable format.~~
- ~~c. Each client must have a Person Centered Recovery Plan. Recovery Planning Principles: (These principles are shared with Substance Use Disorder Treatment.)~~
- ~~1. The client is involved in ongoing and responsive recovery planning.~~
 - ~~2. Plans incorporate strategies based on the client's motivations.~~
 - ~~3. The plan represents a negotiated agreement between the client and provider.~~
 - ~~4. The plan is kept current and up to date.~~
 - ~~5. Short term goals/objectives are measureable, achievable and within a timeframe.~~
 - ~~6. Planning anticipates developing and maintaining independence.~~
- ~~d. Treatment Principles: (These principles are shared with Substance Use Disorder Treatment.)~~
- ~~1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.~~
 - ~~2. Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.~~
 - ~~3. Family and other informal and natural supports are involved (as approved by adult clients).~~
 - ~~4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.~~

- iv. Local Authorities shall develop a plan to address mental health concerns for people on Medicaid in nursing facilities.

vi. e. – Deleted language pg. 7

- ~~e. Cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance use disorder, mental health, and physical healthcare needs, as described in UCA 62A-15-103.~~

viii. a., b. – Deleted/New language pg. 8

- a. ~~Participation in~~ Provide High Fidelity Wraparound Facilitation as defined by the Utah Family Coalition. ~~Participation~~ Provision of High Fidelity Wraparound will be evidenced through Family Mentor verification of the following related documentation:
 - a. Strengths, need and cultural discovery;
 - b. Family team roster;
 - c. Crisis/safety plan;
 - d. Team meeting minutes; and
 - e. Transition plan.

- ~~b. Participate in local Multi Agency Coordinating Committees (a.k.a.: System of Care Committees, Local Interagency Councils). Committee stakeholders should include but not be limited to: Local Substance Abuse Authorities, Child Welfare, Juvenile Justice, Juvenile Court, Juvenile Probation, Education, and Services for People with Disabilities. Participation will be evidenced through stakeholder feedback, applicable records (minutes, communication) charts and program manager discussions. (This is a shared directive with Substance Use Treatment Services.)~~

x. – xv. – Deleted/New language pg. 9

- x. Mental Health Early Intervention (MHEI) Funding is for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision is limited to Family Resource Facilitation, Mobile Crisis Teams, and School-Based Behavioral Health. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the attached MHEI ~~DATA & OUTCOMES REPORT~~ Quarterly Data and Annual Outcomes Report. Funds will be allocated on formula and are subject to County 20% match requirement.
- ~~xi. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area, and will participate in development of and use of a coordinated entry system into housing and services.~~

- ~~xii. Local Authorities shall continue to establish and/or expand Adult and Children, Youth and Family Peer Support Services and are encouraged to include them as members of the clinical treatment teams.~~
- ~~xiii. Suicide prevention, intervention and postvention: During FY2017, Local Authorities will continue to implement, monitor and report on their plans for suicide prevention, intervention and postvention.~~
 - ~~a. During FY2016, based on assessment results from FY2015, each Local Authority will develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2016.~~
- ~~xiv. Drug Testing Program Requirements: All drug testing conducted by DSAMH, or contractors, vendors, programs, shall comply with the requirements outlined in Section C: SUBSTANCE USE DISORDER TREATMENT SERVICES of the Division Directives.~~
- ~~xv. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:~~
 - ~~a. New language in Utah Code to establish and promote an evidence based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with a substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.~~
 - ~~b. CCJJ recommendations from the [Justice Reinvestment Report](#) specifically focusing on recommendations 9, 10, 11 and 12.~~
 - ~~c. A statewide comprehensive continuum of community based services designed to reduce criminal risk factors for individuals who are determined to have a substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.~~

D. Substance [Use Disorder Abuse](#) Treatment Services

i – Deleted section

pg. 9

- ~~i. Substance Use Disorder Treatment Local Authorities will provide services that comply with the following principles:~~

- a. ~~Initial Engagement: (These principles are shared with Mental Health Treatment.)~~
- ~~1. Focus is on the immediate/pertinent needs of the client.~~
 - ~~2. Clinician establishes rapport with clients.~~
 - ~~3. Clients can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.~~
 - ~~4. Clinician's check that client's needs are being met.~~
 - ~~5. Clinician's gather and document relevant information in an organized way.~~
 - ~~6. Clinicians make recommendations and negotiate with and respect the client.~~
- b. ~~Ongoing Assessment: (These principles are shared with Mental Health Treatment).~~
- ~~1. Assessment information is kept current.~~
 - ~~2. Clinicians gather comprehensive relevant assessment information based on the client's concerns in an ongoing manner as part of the treatment process.~~
 - ~~3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.~~
 - ~~4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.~~
 - ~~5. Assessment information is organized coherently and available in a readable, printable format.~~
- c. ~~Recovery Planning Principles: (These principles are shared with Mental Health Treatment).~~
- ~~1. The client is involved in ongoing and responsive recovery planning.~~
 - ~~2. Plans incorporate strategies based on the client's motivations.~~
 - ~~3. Where possible, the plan represents a negotiated agreement.~~
 - ~~4. The plan is kept current and up to date.~~
 - ~~5. Short term goals/objectives are measurable, achievable and within a timeframe.~~
 - ~~6. Planning anticipates developing and maintaining independence.~~
- d. ~~Treatment Principles: (These principles are shared with Mental Health Treatment).~~
- ~~1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.~~
 - ~~2. Treatment is recovery focused and based on outcomes, sound practice and evidence.~~

- ~~3. Family and other informal and natural supports are involved as approved by the client.~~
- ~~4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.~~

~~e. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit.~~

i. & ii. – Deleted/New paragraphs

pg. 9

~~i. DSAMH requests Local Authority participation in a survey designed to gauge the use of medication assisted therapy.~~

i. Local Substance Abuse Authority treatment programs shall provide Naloxone education, training and assistance to individuals with opiate use disorders and when possible to their families, friends, and significant others.

ii. Evaluate all clients who are opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) within the first 10 days of services and document the results of the assessment. Educate the client about MAT options; when clinically indicated and the client is amenable:

a. Include the use of MAT in the treatment plan, and

b. Either provide MAT as part of the treatment, or

c. Refer the individual for MAT.

~~iii. During FY2016, Local Authorities who did not conduct such an assessment in FY2015, will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices related to suicide prevention, intervention, and postvention. This will include an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. A model tool will be provided by DSAMH, or another assessment tool selected by the Local Authority may be used. The Local Authority then will develop and implement a comprehensive suicide prevention plan. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2017.~~

iv., a. & b. – New/deleted language

pg. 10 - 11

iv. Drug-Related Offenderses Reform Act (DORA)

a. Funds Available and Allowable Uses

3. Funds shall be used in accordance with the “Guidelines for the Implementation of DORA-Funded Services for Probationers”, last revised by USAAV Utah Substance Use and Mental Health Advisory

Council on December 11, 2012, or as otherwise determined by the USAAV Council. (see: Appendix A)

4. Local Authority shall develop a local DORA planning and implementation team that includes representatives from the Courts, the Department of Corrections, and other community partners in coordination with the local Justice Reinvestment Initiative (JRI) stakeholder group.

b. Evidence-based Treatment Requirement

1. DORA-funded treatment services shall adhere to the standards prescribed in R523-4. Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.
2. DORA treatment services shall be provided by programs certified by the Division of Substance Abuse and Mental Health to provide treatment for persons involved in the criminal justice system.

- ~~1. The Guidelines for the Implementation of DORA Funded Services for Probationers require the use of evidence based practices.~~
 - ~~(a) EBPs are those practices that, based on research findings and expert or consensus opinion about available evidence, are expected to produce a specific clinical outcome (measurable change in client status).~~
 - ~~(b) Examples of evidence based interventions include cognitive behavioral therapy, motivational enhancement, and medication assisted treatment.~~
 - ~~(c) EBPs selected must be appropriate for the target population and implemented with fidelity and adherence to the model.~~
- ~~2. DORA requires that all participants be assessed for risk and need, and that treatment services target specific risks and needs through a comprehensive continuum of care.~~
- ~~3. Treatment shall closely coordinate and communicate with Adult Probation and Parole and other criminal justice agencies.~~
- ~~4. Treatment shall be multi dimensional and shall specifically target the client's validated criminogenic risk and needs identified by the LSI.~~
- ~~5. Treatment shall be of sufficient dosage/duration to affect stable behavioral change. Dosage shall be based on the client's assessed criminogenic needs and clinical needs (e.g., on the client's risk level and response to services).~~
- ~~6. Drug use during treatment shall be carefully monitored through drug testing and other means.~~
- ~~7. Treatment quality, including treatment fidelity and program integrity, shall be consistently monitored.~~
- ~~8. Rewards and sanctions shall be developed and used to encourage pro-social behavior and treatment participation.~~

- ~~9. Treatment for individuals with co-occurring substance use and mental health disorders shall be provided using an integrated treatment approach.~~
- ~~10. All DORA participants shall be assessed for the use of medication-assisted treatment and approved medications shall be incorporated into treatment where appropriate.~~
- ~~11. Treatment providers shall develop strategies to screen for, prevent, and ensure treatment for serious chronic conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.~~
- ~~12. DORA treatment providers shall be aware of correctional supervision requirements.~~
- ~~13. Recovery support services shall be provided for all DORA participants.~~
- ~~14. Documentation found in the participant's clinical record shall measure progress in meeting treatment objectives and condition of probation requirements.~~

viii. – New Paragraph

pg. 12

- viii. DSAMH requests all Local Authorities participate in the Treatment Research Institute (TRI) Consumer Guide to Adolescent Substance Abuse Treatment for UTAH initiative to evaluate and improve the quality of adolescent treatment services in Utah. Each participating Local Authority will:
 - a. Participate in a 15 minute pre-project telephone discussion with TRI staff
 - b. Complete a 20-30 minute questionnaire that gathers descriptive information about the program and treatment interventions used.
 - c. Participate in an interview with the Program Director to assess the quality program features.
 - d. Allow a Consumer Guide Assessor (CGA) to complete an On-Site Review of the Program to confirm interview data and program information. Program staff will be asked to provide documentation to the CGA's, but will not need to be present for the entire process. The review will last approximately 4-6 hours.
 - e. Completion of Anonymous Client Questionnaires from up to 10-15 adolescents receiving treatment services.
 - f. Expend training and technical assistance funds allocated based on participation.

x, a. 4. – Deleted Language

pg. 15

- a. Local Authorities will use a Holistic Approach to Wellness and will:
 4. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.

- ~~(a) Evaluate all clients who are opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) within the first 10 days of services and document the results of the assessment. When deemed appropriate:~~
- ~~(b) Include the use of MAT in the treatment plan, and~~
- ~~(c) Either provide the medications as part of the treatment, or~~
- ~~(d) Refer the individual for Medication assisted treatment.~~

x. & xi. – Deleted section

pg. 15

~~x. Local Authorities will cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance use disorder, mental health, and physical healthcare needs, as described in UCA 62A 15 103.~~

~~xi. Justice Reinvestment Initiative:~~

- ~~a. Continue to identify and engage key stakeholders in a local planning and implementation to establish and promote:

 - ~~1. An evidence based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with a substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to jail and prison.~~
 - ~~2. CCJJ recommendations from the [Justice Reinvestment Report](#) specifically focusing on recommendations 9, 10, 11 and 12.~~
 - ~~3. A statewide comprehensive continuum of community based services designed to reduce criminal risk factors for individuals who are determined to have a substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.~~~~
- ~~b. DSAMH will monitor JRI compliance of Local Authority programs during the annual site visit process.~~

E. Substance Use Disorder Prevention Services

i. a. 2. – New language

pg. 15

- 2. Resources that shall be used to perform the assessment include, **but are not limited to:**
 - (a) <http://bach-harrison.com/utsocialindicators.html>
 - (b) <http://ibis.health.utah.gov>

- (c) Communities that Care, Community Assessment Training (CAT)
<http://www.communitiesthatcare.net/getting-started/ctc-training/>.

i. c. d. & ii. a. – New/Deleted language

pg. 16 - 17

- c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.
1. There should be a minimum of one (1) strategic plan per LSAA. LSAA's are encouraged to work with each coalition in their area to develop a strategic plan.
- d. Ensure that effective, evidence based community prevention programs, policies and practices are being implemented with high- fidelity as defined in the Communities of Care model, Community Plan Implementation Training Module 3
(http://www.sdr.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT_TG_mod3.pdf).
1. LSAA's will identify tools or techniques to ensure high fidelity of implementation of prevention programs, policies and practices.
- a. 90% of policies, programs and strategies shall be evidence based. Other strategies are to be research informed and submitted to the Evidence Based Workgroup (EBW) as appropriate.
1. The evidence- based policies, programs and strategies shall be broken down as follows:
 - (a) A minimum of 90% of the policies, programs and strategies shall be tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.
 - (b) A maximum of 10% of the policies, programs and strategies may be tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.
 2. If LSAA is using one or more research informed program, LSAA is required to submit a minimum of one program to the Evidence Based Workgroup and follow guidelines to increase PART rating.
- i. ~~Increase the number of evidence based policies, programs and strategies to a goal of 80%. The remaining 20% of prevention policies, programs and strategies are to be research informed with a goal to submit to EBW and/or target building community capacity.~~
1. ~~The 80% of evidence based policies, programs and strategies shall be broken down as follows:~~
 - (a) ~~A maximum of 20% of the policies, programs and strategies may be a tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.~~

~~(b) The remaining 60% of the policies, programs and strategies may be a tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.~~

ii. – Deleted section

pg. 17

~~ii. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:—~~

~~a. New language in Utah Code to establish and promote an evidence based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with a substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.~~

~~b. CCJJ recommendations from the [Justice Reinvestment Report](#) specifically focusing on recommendations 9, 10, 11 and 12.~~

~~c. A statewide comprehensive continuum of community based services designed to reduce criminal risk factors for individuals who are determined to have a substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.~~

F. Mental Health and Substance [Use Disorder](#) Data

ii. **d.-k.** – New/Deleted language

pg. 17 -18

d. Electronic submissions must be made through [the SAMHIS file utility app](#), or [other method as instructed by DSAMH staff](#).

~~h. Consumer Satisfaction Survey instruments are to be completed annually through the OQ Analyst System or through a website provided by DSAMH.~~

h. Data findings may result for substance abuse providers when old open [non-methadone outpatient or intensive outpatient](#) admissions, opened more than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year; ~~for non-methadone Outpatient and/or IOP~~ or for any residential and/or detox [admissions open for more than 2 years prior](#).

k. With emphasis on Employment First, mental health providers will [update employment status in event files in accordance with the published data](#)

~~specification work together with the Division to develop an efficient data collection process to collect monthly employment outcomes.~~

iii. a. 2. & b. 2. - New language

pg. 18 - 19

- a. The Mental Health Statistical Improvement Program (MHSIP) Method
 2. Data Collection Procedures: The MHSIP is a survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (from December 1st through April 1st of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment.
- b. YSS/YSS-F METHOD
 2. Data Collection Procedures: The YSS and YSS-F are surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (from December 1st through April 1st of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website provided by DSAMH, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance use disorder and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer.

G. Performance Measures

i. a. – New language

pg. 21

- b. The mental health scorecard will be used to measure performance. Monitoring reports for FY2017 will contain automatic findings resulting from any red scores, a yellow score will indicate need for further review and a green (or black) score will be reported as a positive outcome in the monitoring report.

iii. f. & g. – New/deleted language

pg. 23

- f. Number of substance use related coalitions as defined by DSAMH in local substance abuse authority area.
- ~~g. Increase the number of evidence based policies, programs and strategies to a goal of 100%. A maximum of 20% of strategies may be a tier 1 or 2 per the~~

~~program assessment rating tool (PART). PART is available on the DSAMH website.~~