FY2015 Substance Abuse Treatment Area Plan and Budget

Utah County Department of Drug & Alcohol Prevention & Treatment

Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
FY2015 Substance Abuse Treatment Revenue	$ 668,991	$ 813,780	$ 470,195		$ 2,416,000	$ 889,788	$ 408,009	$ 10,000	$ 121,812	$ 2,051,817	$ 7,850,392

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-poays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
Services													
Pre-treatment Services													
Screening and Assessment Only	$ 25,791	$ 8,900	$ 18,127		$ 26,969	$ 34,303	$ 15,730	$ 687	$ 6,091	$ 61,445	$ 198,043	1,032	$ 192
Detoxification (24 Hour Care)													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)	26,728		18,787			35,552	16,302			63,682	$ 161,051	242	$ 666
Rehabilitation/Residential													
Hospital Inpatient (Rehabilitation)											$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	201,806		141,838			268,411	123,079		14,617	480,786	$ 1,230,537	700	$ 1,758
Long Term (0ver 30 days: ASAM III.1 or III.3)	15,731	259,980	11,057		728,000	20,924	9,595		1,218	195,481	$ 1,241,986	301	$ 4,126
Rehabilitation/Ambulatory													
Outpatient (Methadone: ASAM I)	20,584	30,920	14,471		86,583	27,384	12,557			49,055	$ 241,554	155	$ 1,558
Outpatient (Non-Methadone: ASAM I)	210,252	292,969	147,771		897,435	279,639	128,226	5,314	56,996	500,895	$ 2,519,497	598	$ 4,213
Intensive Outpatient (ASAM II.5 or II.1)	158,217	221,011	111,198		677,013	210,430	96,492	3,999	42,890	376,927	$ 1,898,177	450	$ 4,218
Detoxification (Outpatient: ASAM I-D or II-D)											$ -		#DIV/0!
Recovery Support and Other Services													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	9,882		6,946			13,145	6,028			323,546	$ 359,547	700	$ 514
FY2015 Substance Abuse Treatment Expenditures Budget	$ 668,991	$ 813,780	$ 470,195	$ -	$ 2,416,000	$ 889,788	$ 408,009	$ 10,000	$ 121,812	$ 2,051,817	$ 7,850,392		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	$ 76,491	$ 319,638	$ 100,893		$ 948,962	$ 101,064	$ 104,224	$ 495	$ 24,236	$ 129,037	$ 1,805,040	213	$ 8,474
Woment (18+)	$ 60,940	$ 247,306	$ 99,204		$ 734,216	$ 198,943	$ 204,224	$ 495	$ 24,236	$ 312,987	$ 1,882,551	258	$ 7,297
Men (18+)	$ 524,921	$ 58,048	$ 260,195		$ 172,336	$ 569,788		$ 495	$ 49,854	$ 1,582,870	$ 3,218,507	593	$ 5,427
Youth (0 - 17)	$ 6,639	$ 188,788	$ 9,903		$ 560,486	$ 19,993	$ 99,561	$ 8,515	$ 23,486	$ 26,923	$ 944,294	304	$ 3,106
Total FY2015 Substance Abuse Expenditures Budget by Population Served	$ 668,991	$ 813,780	$ 470,195	$ -	$ 2,416,000	$ 889,788	$ 408,009	$ 10,000	$ 121,812	$ 2,051,817	$ 7,850,392	1,368	$ 5,739

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
FY2015 Drug Court	12683	65102	37119		193280	71183	32641	798	9745	634844	$ 1,057,395	160	$ 6,609
FY2015 DORA		424			1286			686	4689	442827	$ 449,912	150	$ 2,999

FY2015 Substance Abuse Prevention Area Plan and Budget ah County Department of Drug & Alco

Local Authority

FY2015 Substance Abuse Prevention Revenue	State General Fund		County Funds		
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid
FY2015 Substance Abuse					

FY2015 Substance Abuse Prevention Expenditures Budget	State General Fund		County Funds		
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid
Universal Direct					
Universal Indirect					
Selective Services					
Indicated Services					
FY2015 Substance Abuse	$ -	$ -	$ -	$ -	$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process
Primary Prevention Expenditures	$ 83,686	$ 108,299	$ 29,536	$ 24,613	$ 172,294
	17%	22%	6%	5%	35%

hol Prevention & Treatme

Form C

SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
$ 492,268	$ 16,781	$ 157,500		$ 19,008	$ 124,555	$ 810,112
	State Surch	Aspire, CTC & Beer Tax		PRI & Easy	DFC	

SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures
177,216	6,041				37,367		$ 220,624
123,067	4,195	66,000		3,348	47,331		$ 243,941
108,299	3,692				18,683		$ 130,674
83,686	2,853			15,660	21,174		$ 123,373
$ 492,268	$ 16,781	$ 66,000	$ -	$ 19,008	$ 124,555	$ -	$ 718,612
36%	36%	0%	#DIV/0!	0%	30%		
25%	25%	100%	#DIV/0!	18%	38%		
22%	22%	0%	#DIV/0!	0%	15%		
17%	17%	0%	#DIV/0!	82%	17%		

Environmental	Total
$ 73,840	$ 492,268

15%

TOTAL FY2015 Evidence-based Program Expenditures
$ -

Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

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

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

N/A – substance abuse agency only

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

All citizens of Utah County are eligible for treatment through UCaDDAPT programs. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use state women's meth funding and SAPT women's set aside. DORA funding funds DORA eligible clients only. Drug court funding is the same.

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

The sliding fee scale policy is applied to all individuals applying to us for subsidized treatment – proof of income and family size. Proof of residence within the borders of Utah County is also required.

Governance and Oversight Narrative

How is this amount of public subsidy determined?

Public subsidy is determined according to the sliding fee scale policy and current sliding fee scale. The Scale is based on family size and income, and is anchored to the most current federal poverty guidelines.

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

Information about eligibility and fees is communicated to prospective clients through word of mouth, through referrals from other community partners, through the County's website, and through the staff who greet new clients at the front desk when they arrive for screening and evaluation. Additionally, information regarding eligibility for treatment for individuals covered by Medicaid is available to all Medicaid enrollees through the Medicaid Prepaid Mental Health Plan handbook distributed to all new Medicaid enrollees by Medicaid through the US Mail.

Are you a National Health Service Core (NHSC) provider?

Yes.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:
When the Local Authority subcontracts, the Local Authority shall at a minimum:
(1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

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

UCaDDAPT provides consistent oversight of contracted providers to assure quality assurance. In addition to regular monthly site visits which includes participating in staff meetings, we complete a random chart audit annually. We look to assure that each client has an individualized treatment plan based on ASAM criteria that is ongoing and updated consistently including monthly open case and length of stay review. We also assure that continued stayed reviews are completed in a timely manner consistent with ASAM norms.

We contact each contractor monthly to request a current employee roster to ensure that each employee who does any Medicaid services has a current valid NPI number. We run a monthly LEIE (list of excluding individual or entities) report to ensure that providers have no de-barred staff. We also ensure that each contracted provider has a current state substance abuse license, current liability insurance, annual HIPAA training and an annual financial audit.

We make available to each contracted provider a monthly clinical in-service to stay informed of the latest information regarding substance abuse treatment issues.

See next page for continuation of 2) Subcontractor Monitoring

We also check for and keep in each contractor's file updated information from the following checklist:

- ☐ Provider Application
- ☐ Documentation requirements as
- ☐ Liability insurance verification (organization or sole practitioner)
- ☐ List of board of directors or governing body members and name of chairperson
- ☐ Utah Managed Care Entity Prohibited Affiliation Attestation Form
- ☐ Utah Managed Care Entity Disclosure Form for Persons with an Ownership or Controlling Interest, Ownership Interest & Managing Employees
- ☐ Organization's certificate, endorsement, license, registration, or accreditation documentation related to covered services (include all satellite locations you wish to provide ATR funded services in)
- ☐ Conflict of Interest-Disclosure Statement
- ☐ DHS licensing, malpractice and liability insurance, and audits from all contractors
- ☐ W-9
- ☐ Employees: full legal name, NPI#, licensure, DOB, SSN, e-mail address (Medicaid Providers)
- ☐ Code of Conduct (on file)
- ☐ Emergency Behavior (on file)
- ☐ Notify Utah County of new hires and terminations (monthly)
- ☐ Chart Review (as requested yearly)
- ☐ Sexual Harassment, HHS (every other year)
- ☐ **Medicaid Providers**
  Employees: full legal name, NPI#, licensure, DOB, SSN, e-mail address
- ☐ **Monthly:**
  Notify Utah County of new hires and terminations

We would like assistance from the division to identify better audit tools, so we can audit each subcontract on a yearly basis in much the same way the Division audits us.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:
In the boxes below, please provide an answer/description for each question.

1) Screening and Assessment

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.

Adult Drug and Alcohol Engagement/Screenings are completed on a walk in basis and performed at the Utah County ADDAPT office in Provo, Utah. Clients are engaged in the screening interview and involved in the decision process related to their presenting issues and any subsequent recommendations and/or referrals for service. Clients are given two brief screening tools as part of the screening process. These are the Drug Abuse Screening Test (DAST), and the Alcohol Use Disorders Identification Test (AUDIT). If client is presenting with a Driving Under the Influence (DUI) charge or pending, a Substance Abuse Subtle Screening Inventory (SASSI) is required. Referrals for treatment level are based in the American Society of Addiction Medications (ASAM) Criteria. Clients may be asked to provide Urine Analysis Drug Screen (UA) as part of the screening and referral process.

UCaDDAPT does not directly treat youth clients but contracts those services out to treatment providers.

UCaDDAPT currently has two contracted providers to service youth in Utah County who need substance abuse treatment. Institute of Cognitive therapy which is located in Orem and Life Enhancement Center which has offices in Eagle Mountain, Orem, Pleasant Grove and Payson. These two contracted providers offer both general and intensive outpatient treatment services. Through an inter-agency agreement with Salt Lake County we are able to access residential treatment for youth through Odyssey House who are involved with youth drug court. UCaDDAPT oversees the 4th District Juvenile Drug Court where we are currently able to treat 13 clients at any given time.

Both contractors use the SASSI, the ASI and follow ASAM criteria when assessing and making treatment recommendations. Both providers also provide a comprehensive biopsychosocial assessment which includes evaluation of the presenting problem, current symptoms checklist, emotional/psychiatric history, family history, medical history, substance use history, developmental history, and socio-economic history (e.g., living situation, employment, financial situation, social support system, legal and sexual history as well as a cultural/spiritual history. The assessment of each client is ongoing week by week and adjustments are made in their treatment plans as needed. Our providers understand that recovery is an ongoing process and that each client's needs to be treated individual and with evidenced based practices. Both providers also use the DSM IV and make a full 5 Axis diagnosis which allows them to assess for dual diagnosis issues. We have not transitioned over to using the DSM V at this time. In addition to these tools Life Enhancement Center uses the Mini International Neuropsychiatric Interview when assessing clients for treatment.

Both of our providers are seasoned professionals and use evidenced based practices when treating our youth. Among the evidenced-based practices we utilize and support are: Therapeutic Community, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, Twelve Step facilitation, Multi-Dimensional Family Therapy, ASAM Placement Criteria and others.

Continued on next page

Include expected increases or decreases from the previous year and explain any variance.

Change in total number of clients treated will show slight reductions in clients served in specific programs where funding levels decreased, such as felony, family, and youth drug courts. Youth treatment numbers will probably decrease slightly, as will treatment for women with dependent children. DORA program capacity was reduced from a target of 52 to 39 in an attempt to improve program outcomes by increasing length of stay, decreasing group size, and providing more access to residential treatment as needed. DORA client numbers may not increase since we are embarking on programmatic changes to increase length of stay, provide access to more residential treatment, and increase the amount of family counseling and education provided in that program. We may see an increase in methadone clients seeking outpatient treatment here as Medicaid eligible clients receiving methadone dosing through one independent provider in Orem will receive a letter in June or July informing them that they can receive outpatient services at no cost through aDDAPT. There was a change last year in March related to changing from scheduled assessment appointments to seeing clients as they present on a walk in basis. A possible factor that would cause changes in our current numbers would be a change in Medicaid eligibility on a state level like the governor opting into Medicaid expansion. The OUT Plus program at the Utah County Jail may be discontinued depending on available grant funding from CCJJ. This would equate to a reduction of 40 treatment slots in the jail.

Describe any significant programmatic changes from the previous year.

Based on intelligence gained through attending the annual SAAS/NIATx conference, we implemented a process improvement plan in our assessment center to solve the problem of treatment no shows and delays in accessing evaluation processes. Starting in March, 2013, we eliminated appointments for assessments and implemented walk in screening and referral based on the SBIRT model. The process of engagement now is screening using the AUDIT and DAST tools, a brief clinical interview using MI techniques, and an initial ASAM placement recommendation. If the client disagrees with the treatment recommendation, MI is used to negotiate a starting place in treatment. One of the problems solved with this approach to screening and referral was that of poor quality evaluation by clinical staff who had no investment in the ongoing care of the client. Once a referral is made and the client arrives at their assigned treatment program, an individual therapist is assigned to the client. This therapist will remain with the client for the entire treatment episode in that program, thus has a vested interest in the thoroughness and quality of the evaluation, diagnosis, and treatment planning process. This change has been working very well, and is constantly tweaked to improve on identified problems and system issues via an ongoing rapid cycle change process.

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)

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

Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services.

Include expected increases or decreases from the previous year and explain any variance.

Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services.

Describe any significant programmatic changes from the previous year.

Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services.

Form B – Substance Abuse Treatment Budget Narrative

3) Detoxification Free Standing Residential (ASAM III.2-D)

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

Social detoxification is provided at Utah County aDDAPT Foothill Residential Treatment Center. There is capacity for five general clients and one dedicated bed for emergency room referrals. Services include a general health assessment, screening for infectious disease and referral for follow up services with the Utah County Health Department, monitoring of vital signs, social support, nursing care and medication management, tobacco cessation screening and support, case management, and an assessment and referral for follow up care. These services are provided by UCaDDAPT staff.

Include expected increases or decreases from the previous year and explain any variance.

As mentioned in last year's area plan we planned to reduce the capacity of our existing Foothill facility in Spanish Fork from 25 to 16, and build a second 16 bed facility in the north part of the county. This would give us 8 detox beds, which is a net increase of 2. This would be in response to potential impacts of healthcare reform and Medicaid expansion. This plan is still under consideration. The final decision on this change is dependent on Governor Herbert's decision on opt in/out of Medicaid expansion this fall. The existing Foothill facility would treat men only, and the excess space would be converted to additional adult outpatient treatment space allowing us to increase outpatient treatment capacity.

Describe any significant programmatic changes from the previous year.

As mentioned, there is a dedicated social detox bed at Foothill for emergency room referrals. This was instituted last year as part of a collaborative community effort to divert behavioral health issues and clients from the emergency room to more appropriate and cost effective community services. This will be reviewed with our community partners to gage its effectiveness and need to continue.

Form B – Substance Abuse Treatment Budget Narrative

4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)

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

Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services. Persons in need of this service are referred to the local community medical clinic for further evaluation or to the local private/non-profit hospital for services.

Include expected increases or decreases from the previous year and explain any variance.

None: Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services.

Describe any significant programmatic changes from the previous year.

None: Utah County Local Substance Abuse Authority (UCaDDAPT) does not fund hospital inpatient services.

Form B – Substance Abuse Treatment Budget Narrative

5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5

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

Foothill Residential Treatment Center – Level III.5 High Intensity Residential
Capacity: Foothill – 12 male beds, 10 female beds

Foothill offers a highly structured recovery environment combined with intensive services to support and promote long-term recovery. The program provides stabilization for persons with moderately severe symptoms of addictive disease. By design, the interventions begin the process of equipping clients with the foundations of relapse prevention skills and sobriety support systems. Services include assessment, treatment planning, case management, individual and group therapy, nursing services/medication management and relapse prevention. Also, by the time of discharge, clients will be engaged to follow-up with outpatient treatment. The average length of stay for Foothill Residential is 30 days. The capacity of this program is currently 22 adults with a length of stay for program completers of 30 – 45 days. This equates to roughly 264 admissions per year.

UCaDDAPT runs the OUT Program within the Utah County Jail. The OUT Program has a census of 40 clients with an average length of stay of 30 days. Participants are housed in a separate pod within a specific housing unit within the jail. They participate in daily clinical services 5 hours/day, including group, life skills education, Cognitive Behavior Treatment based curriculum and case management for an average of 25-30 hours per week. Adjusting for a slightly lower length of stay due to unplanned discharge the average number of annual participants is approximately 436. See "Services to Incarcerated People" for further detail about the program.

The combined total of short term residential admissions for these two programs totals 700 admissions per year. Procedural changes for gathering OUT program data should make the difference between historic TEDS data submissions and future submissions.

Include expected increases or decreases from the previous year and explain any variance.

Because of potential impacts of healthcare reform and Medicaid expansion, we plan to reduce the capacity of our existing Foothill facility in Spanish Fork from 25 to 16, and build a second 16 bed facility in the north part of the county. This would give us a net increase in occupancy of 7 beds including a net increase in detox beds of 2. The final decision on this change is dependent on Governor Herbert's decision to opt in/out of Medicaid expansion.

Describe any significant programmatic changes from the previous year.

See above.

Form B – Substance Abuse Treatment Budget Narrative

6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3

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

House of Hope: ASAM III.3
Capacity: 12.5 women, 25 children

Odyssey House – Adult
Odyssey House – Youth

First Step House - Adult

UCaDDAPT contracts with House of Hope in Provo for long term residential treatment for women with dependent children. In addition to this, UCaDDAPT has an inter-local agreement with Salt Lake County Behavioral Health to allow access to their entire provider network which includes accessing residential treatment facilities if the need arises that we cannot fulfill in Utah County. Since there is not a residential youth treatment agency in Utah County we work closely with Odyssey House in Salt Lake City who provides residential treatment for Utah County youth involved in drug court.

Odyssey House and First Step House are used infrequently. Census in each agency ranges from 0 – 2 at any given time. We use these programs when we have dual relationship issues between staff and clients, or when longer term treatment is indicated based on progress or severity.

UCaDDAPT runs the OUT Plus Program within the Utah County Jail. The OUT Program has a census of 40 clients with an length of stay of 90 days. Participants are housed in a separate pod within a specific housing unit within the jail. They participate in daily clinical services 3-5 hours/day, including group, life skills education, Cognitive Behavior Treatment based curriculum/homework and case management for an average of 20-30 hours per week. They are also involved working in the community with the Jail Industries Program. Adjusting for a slightly lower length of stay due to unplanned discharge the average number of annual participants is approximately 160.
See "Services to Incarcerated People" for further detail about the program.

Include expected increases or decreases from the previous year and explain any variance.

We anticipate no variation in long term residential utilization in SFY 2015. If the state opts into Medicaid expansion, then more clients would be eligible for long term treatment. At this point in time, we contract for 12.5 long term residential beds at House of Hope. Under Medicaid expansion, this could increase to 16. Because of IMD prohibitions, long term placements at Odyssey, First Step, and others might be unavailable to Medicaid clients eligible under the Medicaid expansion.

We are currently involved in ongoing dialogue with House of Hope regarding the capacity to continue serving women with dependent children. Because of changes of Medicaid interpretation or more acute oversight for children's services it is unclear whether or not House of Hope will be able to continue providing the services in the same manner they have been which would affect this specific population. We are hopeful that this issue will be resolved during the 2015 fiscal year.

Describe any significant programmatic changes from the previous year.

House of Hope hired a new clinical director during this past year but there were no programmatic changes per se.

Form B – Substance Abuse Treatment Budget Narrative

7) Outpatient (Methadone - ASAM I)

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

UCaDDAPT does not directly provide methadone ASAM level 1 treatment but has a long standing contractual relationship with Project Reality in Provo to provide methadone maintenance treatment. We negotiated to contract with Discovery House in Orem, but negotiations failed.

Include expected increases or decreases from the previous year and explain any variance.

The census at Project Reality has stayed approximately the same during this past year. Their census is been around 160 clients at any given time. If Medicaid expansion goes through we are anticipating an increase in the number of clients that will be able access medication assisted therapy.

We negotiated with Discovery House to pay for the costs of providing counseling to Medicaid clients to whom they provide methadone, but we were unable to come to a satisfactory agreement. Because they are not a Utah County contractor, they bill clients separately and directly for counseling services. If a client desires to continue receiving methadone treatment at Discovery House they may do so while receiving counseling services at UCaDDAPT. As mentioned elsewhere in this plan, Medicaid will send a letter to all enrollees on July 1 indicating that they can come to aDDAPT for counseling services that will be reimbursed by their Medicaid plan rather than having to pay out of pocket to Discovery House.

Describe any significant programmatic changes from the previous year.

None. However, we did make an attempt to coordinate with Medicaid Select Access to provide Suboxone treatment for a client transferring to us from inpatient detoxification services at LDS Hospital. We successfully kept this client from re-hospitalization for several months until his family relocated to Salt Lake County. We believe that we can provide better care for clients like this if Medicaid amended their plan to reimburse local authorities for non-hospital detoxification services, and allow methadone treatment programs to bill for suboxone under a clinic model rather than separate fee for service medication administration fee and counseling fee.

8) Outpatient (Non-methadone – ASAM I)

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

Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT:
- Day/Evening GOP - 50
- Dual Recovery Groups- GOP - 30
- DORA GOP – 25
- Phase One Treatment Entry .5 level – 50

Promise of Women and Families – Direct service provided by aDDAPT
- Promise South: 20 GOP, 30 children
- Promise North: 20 GOP, 30 children

Sub-contract providers -
- Life Enhancement Center – youth and adult outpatient - census varies
- Institute for Cognitive Therapy – youth and adult outpatient – census varies
- Various small contracts through the ATR program

Average Length of Stay: Variable length of stay (range is typically 3-6 months)
Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectic Behavior Therapy, Medication Assisted Therapy, Twelve Step Facilitation, Multi-Dimensional Family Therapy, Relapse Prevention, ASAM Placement Criteria and others.

Utah County Local Substance Abuse Authority (UCaDDAPT) service map shows a prominent geographic gap in treatment services between central Orem and Saratoga Springs. We have youth outpatient treatment in Eagle Mountain but no adult outpatient treatment north of Orem, even though population growth in north county communities has been significant. In the last 10 years, the county's population grew 40%, but Lehi grew 149%, Cedar Hills grew 216%, Highland grew 90%, Eagle Mountain grew 893% and Saratoga Springs grew 1673%. When we moved from Medicaid fee for service to capitation, we anticipated a tremendous increase in demand for treatment. At that time, we met with our contract treatment providers and asked how much excess capacity they had. We also met with outpatient and residential providers and asked how much excess capacity they had and if they would be willing to contract with us to provide services to Utah County clients. Additionally, as part of our planning to build a north county residential treatment facility, we asked the architects to design a multi-use building so that we could provide residential in one wing and outpatient services in the other. So, a part of building a north county treatment facility would be outpatient with the treatment population to be determined later. Some outpatient services to be provided in the north county area will be contracted, and some would be provided directly. Again, the deciding factor on expanding outpatient services will be the Governor's decision on Medicaid expansion.
It is important to note that we are sensitive to the issues of trauma that can lead to PTSD and therefore have made an effort to have many of our staff members and contracted providers trained in the Seeking Safety model. We incorporate these teachings in our treatment protocols with clients.

Include expected increases or decreases from the previous year and explain any variance.

As noted last year, if Medicaid expansion takes place we are poised to increase both residential and outpatient capacity by building a new facility in American Fork. This would essentially double our outpatient capacity and offer services in the North part of Utah County.

We are anticipating that the number of youth clients we will treat this year will decrease slightly because of decreases in youth drug court funding.

Continued on next page

Describe any significant programmatic changes from the previous year.

A UCaDDAPT goal from last year was to reconfigure our general and intensive outpatient programs to meet the Medicaid group therapy size limits and increase the number of total clients served. We were successful in reducing the groups to the therapy size limits and increase the average census by 10 clients.

Of note, we have included Phase One Treatment Entry .5 level Early Intervention in our menu of outpatient services. This is a bi-weekly group designed to facilitate entry into treatment services as well as provide support for persons who may not rise to the level of an addiction diagnosis, but could benefit from early intervention education and motivational enhancement. It is anticipated that this will be further refined and formalized in the coming year.

Form B – Substance Abuse Treatment Budget Narrative

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

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

Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT:
Day/Evening- IOP - 30
DORA- IOP – 15

Promise of Women and Families – Direct service provided by aDDAPT
Promise South: 20 IOP, 30 children
Promise North: 20 IOP, 30 children

Sub-contract providers -
Life Enhancement Center – youth and adult outpatient - census varies
Institute for Cognitive Therapy – youth and adult outpatient – census varies
Various small contracts through the ATR program

Average Length of Stay: Variable length of stay (range is typically 3-6 months)
Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectic Behavior Therapy, Medication Assisted Therapy, Twelve Step Facilitation, Multi-Dimensional Family Therapy, Relapse Prevention, ASAM Placement Criteria and others. It is important to note that we are sensitive to the issues of trauma that can lead to PTSD and therefore have made an effort to have many of our staff members and contracted providers trained in the Seeking Safety model. We incorporate these teachings in our treatment protocols with clients.

Include expected increases or decreases from the previous year and explain any variance.

As noted last year, if Medicaid expansion takes place we are poised to increase both residential and outpatient capacity by building a new facility in American Fork. This would essentially double our outpatient capacity and offer services in the North part of Utah County

Describe any significant programmatic changes from the previous year.

As noted in the GOP section, we were able to reconfigure our general and intensive outpatient programs to meet the Medicaid group therapy size limits and increase the number of total clients served. We were successful in reducing the groups to the therapy size limits and increase the average census by 10 clients.

Form B – Substance Abuse Treatment Budget Narrative

10) Detoxification (Outpatient- ASAM I-D or II-D)

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

Social Detoxification services are provided directly by aDDAPT staff in a residential setting at Foothill Residential Treatment Center in Spanish Fork.

Include expected increases or decreases from the previous year and explain any variance.

N/A

Describe any significant programmatic changes from the previous year.

N/A

Form B – Substance Abuse Treatment Budget Narrative

11) Recovery Support Services

Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

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

Access to Recovery Grant (ATR): UCaDDAPT received a federal grant to expand access to recovery support services within the community. The following are services that are provided by ATR staff or have been contracted with community partners:

Case Management/ Individual Services coordination – Direct Staff
Transportation to and from treatment, recovery support activities, or employment – Contracted Provider
Medication Costs – Contracted Provider
Emergency/Transitional Drug Free Housing – Contracted Provider
ID/Birth Certificate Documentation – Contracted Provider
Food Handlers Permits – Contracted Provider
Drug/Alcohol Testing – Direct Staff and – Contracted Provider
Recovery Coaching – Contracted Provider
Prime for Life Substance Abuse Education – Contracted Provider
Methadone Maintenance – Contracted Provider
Recovery Oriented System of Care – Direct Staff: UCaDDAPT has instituted a case management model using principles of Recovery Oriented System of Care to monitor and provide ongoing recovery support to individuals who have completed clinical treatment. The goal is to provide various levels of assessed interventions to meet the needs of the client within the framework of continued support and recovery.

Addict to Athlete: UCaDDAPT sponsors a recovery support group called Addict to Athlete that is based on the recovery principle of erasing negative behaviors and replacing them with something of greater value. In this organizations case that is participating in and sponsoring athletic events as well as community service. From its birth 3 years ago with 5 UCaDDAPT outpatient clients it has developed into a recovery support organization of over 400 participants in the last year. This included renovating community parks, participating in community sponsored athletic leagues/events, multiple media coverage events highlighting the reality of recovery, weekly recovery support groups including a family component, promoting and supporting annual Recovery Day events throughout the state and sponsoring a 5K Recovery Run.

Drug Court Alumni Group: UCaDDAPT sponsors a recovery support group for former participants in Drug Court. The group provides mentorship for current drug court clients, weekly recovery support groups, recovery social activities and is actively involved in the Recovery Day planning.

OUT Program Community Transition Group: UCaDDAPT sponsors a recovery support group for former participants in the OUT Program. The group provides mentorship for clients transitioning from jail to the community, weekly recovery support groups, recovery social activities and is actively involved in promoting follow through with continued treatment.

Include expected increases or decreases from the previous year and explain any variance.

Due to a dramatic reduction in ATR funding, it may be necessary to reduce staff and services in the upcoming fiscal year. Services will be commensurate with the size and source of funding. PATR services will continue for the corrections population. Recovery support services will also continue for Felony and Family Drug Courts. Perhaps the greatest impact will be the possibility that the staffing and infrastructure of existing ATR may have to be dismantled and scaled down to service and numbers supported by the decreased funding.

Describe any significant programmatic changes from the previous year.

UCaDDAPT, with funding from the Department of Corrections, Division of Child and Family Services and Drug Courts expanded ATR recovery support services specific to their respective populations. With the Corrections populations this has also included PATR recovery support groups provided by UCaDDAPT direct staff. To date, 70 DOC clients have participated in this service.

Form B – Substance Abuse Treatment Budget Narrative

12) Quality and Access Improvements

Describe your Quality and Access Improvements

UCaDDAPT adopted and began implementation of a system of ongoing assessment/treatment planning and documentation. In addition, we began to re-introduce a peer review process to monitor and train effectively to the new system. This will also be a foundation clinical practice piece in building a new electronic health record.

Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

UCaDDAPT has delivered inservice education between 9 and 12 times per year for several years now. Additionally, quarterly staff meetings contain inservice education components. HIPAA and 42 CFR Part 2 training were delivered at a quarterly staff meeting in 2013, for instance. All in-house continuing education has been assigned to Wanda Spaid, Ph.D. to systematize as far as content and delivery. We have a rubric for online inservices, and a schedule for required training (DHS code of conduct, for instance). The quality and academic intensity of inservice training has improved this past year. All clinical inservice education is targeted to EBPs. We will be happy to show you our inservice education records at our next contract compliance audit site visit.

It is important to note that we are sensitive to the issues of trauma that can lead to PTSD and therefore have made an effort to have many of our staff members and contracted providers trained in the Seeking Safety model. We incorporate these teachings in our treatment protocols with clients.

We began planning for increased capacity and improved geographic access for adult treatment services after the passage of the Affordable Care Act. The target date for completion of architectural design and beginning of construction was to be January 1, 2014 on the assumption that Utah would opt into Medicaid Expansion, and the majority of our adult clients would be covered by Medicaid. We hired Fowler Ferguson Kingston and Rubin architects to design a new 16 bed residential treatment facility with attached outpatient treatment to be built in American Fork. Detox beds would count for 4 of the 16 with the remainder being co-ed residential treatment. The existing Foothill facility in Spanish Fork would be reconfigured for males only with 4 detox and 12 residential treatment. This would give us a net increase of 2 detox beds and 11 residential beds. This would increase both service capacity and improve geographic access for clients living in the north part of the county.

We continue to develop prevention coalitions by supporting development of coalition capacity through a Drug Free Communities grant, and the Communities That Care process.

Form B – Substance Abuse Treatment Budget Narrative

13) Services to Incarcerated People

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

Services are provided by UCaDDAPT within the Utah County Security Center (jail) in Spanish Fork – the only jail facility in Utah County. UCaDDAPT operates the OUT and OUT+ programs in the jail. OUT is a 30 day program with a capacity of 40 males and females, and OUT+ is a 90 day program, funded through an RSAT grant also with a capacity of 40 males and females.

The On Unit Treatment Program (OUT Program) has been designed to provide substance abuse treatment, life-skills training, cognitive distortion awareness, educational and therapeutic interventions in a structured setting within the Utah County Jail. It is designed as a 24-hour supervised program which is approximately 30 to 90 days in duration. Inmates are involved in daily group, individual therapy and case management services from 9-11 AM and 1-4PM. The Utah County OUT Program uses a Cognitive Behavior/ Transformation Theory/ Relapse Prevention Model of treatment. This skill-building model emphasizes 1) individualized assessment of antecedents to substance use and criminal behavior, 2) learning alternate cognitive and behavioral coping strategies for dealing with those situations in an adaptive way, 3) an in depth introspection of personal identity and the need/process of personal change. The basic goal of the OUT Program is to provide intensive substance abuse therapy to a separately classified and segregated population within the County jail. After completion of the OUT Program, inmates will either enter the work release program, the inmate worker program, the education program pursuing a GED, or upon release, transition into a clinically appropriate community based treatment.

The Out+ 90 day program also incorporates inmate participation in the jail industries program. This enables inmates to engage in supervised community based employment while also receiving substance abuse treatment described above. This is especially beneficial to the inmate as they transition to the community as they have the opportunity to continue with the jail industries community employer after release from the jail.

Include expected increases or decreases from the previous year and explain any variance.

The 30 day OUT Program is expected to continue at the current census of 40. At the present time, we show $63,890 in federal SAPT funds allocated to cover a portion of the costs of the OUT program in the Utah County Jail.

The 90 day Out Plus program is currently funded with a federal RSAT grant. There is some question concerning continued funding of the grant. Continuation of the 40 client census program will depend on continued funding of the grant or finding alternative sources of funding.

Describe any significant programmatic changes from the previous year.

With the increase of opiate abuse, there has been a corresponding risk of overdose and overdose fatalities. This has been especially true for opiate addicted inmates transitioning from incarceration to the community. Funded by a Community Development Block Grant, UCaDDAPT is providing Vivitrol to OUT Program/Drug Court inmates with a severe history of opiate abuse. The Vivitrol injection is administered to the inmate by UCaDDAPT medical staff just prior to their release. The objectives are to provide participants a safer transition from jail to the community and to increase engagement in substance abuse treatment upon release. With the current funding, approximately 40 inmates will receive the Vivitrol injection.

14) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

UCaDDAPT has had a long standing arrangement with Wasatch Mental Health to provide dual diagnosis treatment to clients of both centers through a staff sharing arrangement. Both centers contribute staff, and both can refer clients. This is a valuable service to homeless clients and clients with higher acuity mental health problems. We also attend administrative level coordination meetings to coordinate specific cases as well as policy and practice.

UCaDDAPT has provided mental health services to its own clients with co-occurring disorders for nearly 20 years through staff who are licensed mental health counselors, registered nurses, and an MD addictionologist. We provide medication management services for people with quadrant I,II, and III mental health diagnoses in our own system. At present, we have nearly a quarter of our non-methadone clients treated with psychiatric medications for a variety of non-SPMI illnesses. This past year our MD addictionologist retired, and we now have medication management services delivered by an APRN supervised by a psychiatrist.

Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.

One of UCaDDAPTs Program Services Managers is the contact/coordination person assigned to assist in transitioning clients between Federally Qualified Health Centers and substance abuse treatment for Utah County residents. During this past year there has been a number of successful coordinated activities between agencies which have facilitated appropriate care for clients. Outpatient services not only utilizes our APRN for the prescribing of mental health medications, but also refers our clients regularly to Mountainlands Community Health Center, Community Health Connect, the Food and Care Coalition for dental services, Utah Valley Health Department for smoking Cessation, Hepatitis C testing and referral, HIV/STD testing and referral, Wasatch Mental Health, Work Force Services for Medicaid, PCN, and CHIP, the Volunteer Care Clinic, and Vocational Rehabilitation to assist clients with referrals for more major health assessments and short-term prescription help, and we have had Health Insurance Exchange Navigators from Community Action come in several times to assist clients sign up for medical insurance now available to them through the Affordable Care Act.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

All UCaDDAPT clinical clients receive a comprehensive bio/psych/social assessment by a licensed mental health therapist at the beginning of treatment. This is the foundation of developing an initial treatment plan to address identified needs. Ongoing assessment occurs throughout the client treatment experience as further issues unfold and new client needs arise. The treatment plan evolves according to client need and progress.

Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.

UCaDDAPT contracts with Project Realty to provide both methadone and suboxone treatment. These services are provided at the county building where Project Reality is housed. Additionally, UCaDDAPT provides medication assisted treatment to clients with co-occurring mental health disorders through our contract with Intercare, LLC. Intercare provides psychiatrist oversight for an APRN who provides medication management for over 100 clients at present. Sandra Knowles, Ph.D. is our new APRN replacing Dr. Astle who retired in June of 2013.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

Smoking is not allowed at any Utah County owned or operated facilities or properties. In light of consistent research findings of a high correlation of smoking cessation and recovery rates for drug/alcohol abstinence, smoking cessation techniques and healthy lifestyles education is included in our drug treatment programs. To assist clients in coping with many of the tobacco related addictive behavior patterns similar to drug use, relaxation techniques and "creative" strategies are encouraged and incorporated into recovery programming.

Form B – Substance Abuse Treatment Budget Narrative

15) Drug Court

Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.

Utah County operates some of the oldest drug court programs in the state including felony, family, and youth courts. Services to clients for treatment are provided through UCaDDAPT as well as contract providers, and can be treated at all ASAM levels of care. Case management for felony is provided by UCaDDAPT, for family through a combination of UCaDDAPT and DCFS Western Region, and for youth, by Juvenile Court probation officers. Drug testing is done through UCaDDAPT's inhouse drug testing lab. We anticipate conducting 25,000 drug tests this year – most of which are for drug court and DORA clients.

Include expected increases or decreases from the previous year and explain any variance.

With budget decreases for felony, family, and youth drug courts, we anticipate a corresponding decrease in capacity as follows: felony: from 53 to 51, family: from 39 to 38, and youth: from 15 to 13.

Describe any significant programmatic changes from the previous year.

There have been no programmatic changes in the youth drug court but one of the long term standing judges for youth drug court retired from the bench. The transition process of the new Judge taking over her docket went smoothly.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

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

DORA- GOP – 25
DORA- IOP - 15

Average Length of Stay: Variable length of stay (range is typically 6-9 months)

Services Delivered: Clients participate in an individualized mix of group, individual therapy, gender specific weekly group, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectic Behavior Therapy, Medication Assisted Therapy, Twelve Step Facilitation, Multi-Dimensional Family Therapy, Relapse Prevention, ASAM Placement Criteria and others.

Include expected increases or decreases from the previous year and explain any variance.

We were able to reconfigure our general and intensive outpatient clients within the DORA program to meet the Medicaid group therapy size limits thereby decreasing the number of total clients served, and keeping them in the program longer. We were successful in reducing the groups to the therapy size limits by hiring a second DORA primary therapist and breaking into two smaller groups. We reduced the capacity from 53 to a cap of 40 so that there are no more than the Medicaid size limit in any group. This will also ensure that the DORA program is focused on quality of care and adequate length of time within the program.

Describe any significant programmatic changes from the previous year.

As mentioned above, we hired a second DORA therapist, reduced capacity and brought the group size into Medicaid limits.

Form B – Substance Abuse Treatment Budget Narrative

17) Women's Treatment

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

UCaDDAPT has two unique programs that cater specifically to women. UCaDDAPT provides direct treatment services to women and their children through the Promise of Women and Families Programs. One facility is located in Spanish Fork (South Utah County) while the other is located in Orem (North Utah County). These programs are unique in the we provide a therapeutic daycare for the children of mothers in treatment. While the women are receiving substance abuse treatment services the children are receiving reciprocal services. Mother and children strengthen their relationships with one another as they work on similar goals throughout the treatment process. Each program is licensed to treat 50 women at any given time. Both programs consistently stay at capacity or near capacity levels. It is important to note that we are sensitive to the issues of trauma that can lead to PTSD and therefore have made an effort to have many of our staff members and contracted providers trained in the Seeking Safety model. We incorporate these teachings in our treatment protocols with clients.

Include expected increases or decreases from the previous year and explain any variance.

We anticipate no variation in Women's Treatment Services in SFY 2015.

Describe any significant programmatic changes from the previous year.

None

Form B – Substance Abuse Treatment Budget Narrative

18) Adolescent (Youth) Treatment

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

UCaDDAPT does not directly treat youth clients but contracts those services out to treatment providers.

UCaDDAPT currently has two contracted providers to service youth in Utah County who need substance abuse treatment. Institute of Cognitive therapy is located in Orem and Life Enhancement Center has outpatient offices in Eagle Mountain, Orem, Pleasant Grove and Payson. We also run the 4th District Juvenile Drug Court where we are currently able to treat 13 clients at any given time.

Both of our providers are seasoned professionals and use evidenced based practices when treating our youth. Among the evidenced-based practices we utilize and support are: Therapeutic Community, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, Twelve Step facilitation, Multi-Dimensional Family Therapy, ASAM Placement Criteria and others.

Children in treatment along with their mothers at House of Hope, Promise North and Promise South comprise a substantial number of the youth population. Most children are diagnosable with parent child relational disorder, reactive attachment disorder, separation anxiety disorder, and other disruptive behavior disorders. Concurrent treatment of parent and child is a key component of treatment for both the parent with a substance use disorder and related lack of parenting skills, and the child whose behavior is a direct result. The majority of treatment services provided to the children of adult drug and alcohol treatment clients is reimbursed by Medicaid. The number of children in treatment at the time of this submission was 116 with an additional 26 youth needing drug and alcohol treatment in limited treatment status at Life Enhancement Center.

Include expected increases or decreases from the previous year and explain any variance.

We are anticipating that the number of youth clients we will treat this year will decrease slightly because of cuts to drug court funding. Although aDDAPT has received increased funding for treatment services compared to last year the Utah County Government Personnel Office plans to do a market study this year which in the past has meant increased pay to staff. If this happens it is likely that the increased funding we've received will be absorbed in the department's budget to continue providing services.

Describe any significant programmatic changes from the previous year.

None

Form C – Substance Abuse Prevention Narrative

Instructions:
In the boxes below, please provide an answer/description for each question.

1) Prevention Assessment

Describe your area prevention assessment process and the date of your most current community assessment(s).

The Utah County Department of Drug and Alcohol Prevention and Treatment (UCADDAPT) utilizes the Strategic Prevention Framework to implement comprehensive and effective prevention programs, practices and policy changes. UCADDAPT uses each of the five steps to continually maintain focus with community needs through data collection and evaluation. We are currently involved in completing four community readiness surveys within Utah County. The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is absolutely essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.

The prioritized communities are Spanish Fork, Orem, Pleasant Grove and Provo Cities. Geographic SHARP reports have been developed for the indentified communities and will be used for further analysis. Our next step after identifying their readiness will be to plan accordingly with denial, vague awareness or pre-planning for drug and alcohol issues within the communities. Provo School District, Provo City and UCADDAPT will be implementing the CTC model starting in June of 2014.

UCADDAPT has also separated Utah County into three distinct geographic areas for prevention services (North, Central and South). These areas are relative to population size and school district boundaries. Each school district has assessed their risk factors and protective factors they can impact. Proposal based on data collection and resources available are currently being developed for school year 2015-16. The proposals will outline funding needed for evidence based programs and strategies to build capacity within certain schools.

UCADDAPT has developed a two year strategic plan with objectives to develop community coalitions through the Communities That Care (CTC) model, increase coalition funding through priorities and legislative approaches, policy involvement, maintaining effective and efficient contracts and establishing additional public relations with key leaders. The strategic plan enhances data driven approaches to reducing substance abuse in Utah County.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

Identify the prioritized risk/protective factors for each community identified in box #1.

See ATTACHMENT A

Spanish Fork Community

-Risk Factors-

1. Low Commitment to School
2. Depressive Symptoms
3. Perceived Availability of Handguns

-Protective Factors-

1. Pro-social Involvement (peer/ind)
2. Interaction with Pro-social Peers (peer/ind))
3. Opportunities for Prosocial Involvement (school

Orem Community

-Risk Factors-

1. Low Commitment to School
2. Depressive Symptoms
3. Low Neighborhood Attachment

-Protective Factors-

1. Opportunities for Prosocial Involvement (school)
2. Rewards for Prosocial Involvement (school)
3. Pro-social Involvement (peer/ind)

Pleasant Grove Community

-Risk Factors-

1. Low Commitment to School
2. Depressive Symptoms
3. Low Neighborhood Attachment

-Protective Factors-

1. Opportunities for Prosocial Involvement (school)
2. Rewards for Prosocial Involvement (school)
3. Pro-social Involvement (peer/ind)

Form C – Substance Abuse Prevention Narrative

3) Prevention Capacity and Capacity Planning

Describe prevention capacity and capacity planning within your area.

During FY 2015, UCADDAPT will continue to coordinate the Substance Misuse and Abuse Reduction Team (SMART) for Utah County, provide technical assistance to three CTC coalitions and establish a Provo CTC coalition, participate with IHC outreach councils and other coalitions in Utah County. We will also continue to build and identify existing resources for substance abuse prevention through participation on separate geographic community coalitions. Our capacity building efforts in these areas are a major focus for UCADDAPT. Capacity for the Communities That Care model is slow and often very political with regard to funding and readiness. Economic difficulties for cities greatly contribute to building capacity for prevention services with CTC. Our focus will be to increase community mobilization through the Communities That Care (CTC) process while providing ongoing resource assessments with Utah County communities.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

The planning piece of the Strategic Prevention Framework is addressed by the comprehensive plan involving a systematic 5-step process to assess, build capacity, plan, implement and evaluate prevention strategies in the community. Each of the programs and strategies that are planned, implemented and evaluated are based on minimum evaluation requirements and population needs prioritized by UCADDAPT. The completion of resource assessments, resource gaps and archival data gathering continue to be an ongoing process. Evidence based prevention programs, practices and policies are the focus without duplicating services. Each program, practice and strategy will have a logic model outlining focus population and goals that are related to outcomes. A balanced and comprehensive approach with universal, selective and indicated services are the foundation for building around each individual community needs.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

All services will comply with minimum evaluation requirements, substance abuse prevention guiding principles and state contract reporting. Evaluation of services and environmental strategies will take place on multiple levels through in-house and independent contracted evaluations. All programs, practices and policies start with a logic model. Logic Models show the program correlation to the short and long term outcomes and the prioritized risk factors.

UCADDAPT also works with Department of Public Health and Department of Social Work at BYU to help evaluate programs and strategies. The evaluations have consisted of pre/post testing of program participants and further data collection for community needs.

All contracted services are required by contract to complete a year-end report directly related to their measures in their logic model. Those reports are due June 15 of the fiscal year. The contracted services that are not on a national registry for evidence based programs are required in contract to submit to the State Evidence Based workgroup by.

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2013 and describe why they were discontinued.

UCADDAPT has chosen to discontinue contracts with Big Brothers Big Sisters of Utah and Utah State Extensions afterschool programs. We have decided to move funding to towards the building of community coalitions directly related to the CTC model. Strategically the discontinued programs could continue based on the community matching and choosing to implement them. The contracts were phased out over a two year process.

UCADDAT also discontinued participation with providing direct service to youth involved in Juvenile Justice programs. Time commitment and changing schedules of prevention staff initiated the gradual reduction of services. UCADDPT decided not to rehire a prevention specialist position and move funding into the CTC coalitions for capacity building and implementation.

Form C – Substance Abuse Prevention Narrative

8) Prevention Activity

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

The Eliminating Alcohol Sales to Youth (E.A.S.Y.) initiative has had a significant impact on Utah County. At the start of the E.A.S.Y. program in 2004 UCADDAPT collected arrests data from 4th District Juvenile Court for youth alcohol possession and consumption totaling 714 arrests. By 2013, the number of arrests had decreased from 714 to 220. In FY2013, the County had a 94% compliance rate – of the 546 checks that were conducted, only 34 stores sold to a minor. However, these victories could not have been attributed to the department alone. In fact, a strong relationship and collaborative effort with local law enforcement has helped stress the dangers of underage alcohol consumption to the community and the importance of completing these checks. This relationship has helped the county maintain high program efficiency and impact.

Program Name: First Offender Prime for Life – Alpine School District	**Evidence Based:** YES

LSAA: Utah County

	Goal: A. To address this substance-abuse or related problem:	**Factors:** B: By addressing these intervening variables, i.e. risk and protective factors	**Focus Population** C: For these people: U / S / I X	**Strategies:** D: We will do the following program/activities (what, where and how much)	**Outcomes:** **Short** We will know these changes have occurred if:	**Long** We will know we are reaching our goals if:
Logic	Alcohol, Tobacco, and Other Drugs use (ATOD violations) in junior high and high school students	Decreased perceived risk of drug and alcohol use Favorable attitudes toward drug and alcohol use	Students in junior high and high school who have had an ATOD violation in school, and have been **referred** by administrators/counselors to attend First Offender. Estimated number of junior high students (age 12-14): 20 Estimated number of high school students (age 15-18+): 40	Alpine School District will provide First Offender PRI to indicated students. This is an 8 hour course. The classes will be held at Orem Junior High (a central location) on 4 consecutive sessions (each class will last 2 hours). Parents are required to attend the last 30 minutes of class one. Classes will be taught by a trained facilitator.	Participants who have completed ALL four classes will have an increased perception of the risks associated with alcohol and other drugs. Participants will have a decreased favorable attitude toward drug use.	A sample size of students who have successfully completed First Offender PRI has no ATOD violations in the year following the completion of the class VS a sample size of students who did not attend or successfully complete First Offender.
Measures & Sources	Violation Referrals from the schools	Violation Referral information and pre-test surveys	Violation Referrals from the schools	Program Records provided by the facilitator	Post-class survey	Student Information System Records

Program Name: Prevention Dimensions – Alpine School District	**Evidence Based:** YES

LSAA: Utah County

	Goal: A. To address this substance-abuse or related problem:	**Factors:** B: By addressing these intervening variables, i.e. risk and protective factors	**Focus Population** C: For these people: U X / S / I	**Strategies:** D: We will do the following program/activities (what, where and how much)	**Outcomes:** **Short** We will know these have if:	**Long** We will know we are changes reaching our goals occurred if:
Logic	Increase perceived risk of alcohol and other drugs Decrease favorable attitudes towards substance Abuse Decrease favorable attitudes to anti-social behavior	Favorable attitudes towards alcohol, tobacco, and other drugs Favorable attitudes toward anti-social behavior	Elementary students in Alpine School District, grades K – 6 (ages 5-11) Approximate #: 40,000 _____ Junior High students in Alpine School District, grades 7-9 (age 12-14) Approximate #:16,000 _____ High School students in Alpine School District, grades 10-12 (age 15-18+) Approximate #:14,000	Prevention Dimensions lessons will be taught to elementary students by their core teacher/PE teacher. The lesson will last approximately 15-30 minutes	Favorable attitudes toward ATOD use will decrease or maintain current 2013 levels Favorable attitudes toward anti-social behavior will decrease or maintain	ATOD use will decrease from 1-3% in 2013 when compared to 2011 results. ATOD use will continue to decrease in 2015 data. Sharp Data Comparison between elementary schools who implement PD vs. no implementation of PD

Measures & Sources	2013 Sharp	2013 Sharp	District Data	District Data	Sharp 2013 data	Sharp 2015 Data

Program Name: Why Try? Student Assistance Program – Alpine School District						Evidence Based: YES		
LSAA: Utah County								
	Goal: A. To address this substance-abuse or related problem:	Factors: B: By addressing these intervening variables, i.e. risk and protective factors	Focus Population C: For these people:			Strategies: D: We will do the following program/activities (what, where and how much)	Outcomes: Short We will know these changes have occurred if:	Long We will know we are reaching our goals if:
			U	S X	I			
Logic	Academic Failure in 7-9th grade at Pleasant Grove Jr. High Academic Failure in 10-12th grade at Timpanogos High Poor attendance in 7-9th grade at Pleasant Grove Junior High Poor attendance in 10-12th grade at Timpanogos High Anti-social behavior in 7-12th grades	1. Academic Failure 2. Low Commitment to school 3. Favorable attitudes towards anti-social behavior 4. Reduce favorable attitudes towards ATODs	Selective students in 7-9th grade at Pleasant Grove Junior (age 12-14). Estimated number of students: 125 Selective students in 10-12th grade at Timpanogos High (age 15-18+). Estimated number of students: 60 Students are referred into Why Try? by administrators, counselors and teachers who can determine if a student is at-risk due to academic failure, truancy, ATOD, or behavior and family circumstances.			At PG Jr: Students are organized into groups of 12-20 that will meet during one period every Monday for 8-9 weeks. At Timpanogos High: Student groups will meet during scheduled class periods and will be taught by a trained "Why Try" teacher. The Why Try? curriculum will include brief therapy, visual analogies, music, hands-on experiential activities, and service learning.	1. Students have an increase in Grade Point Average, assessed quarterly, since baseline evaluation. 2, Students demonstrate improved attendance, assessed quarterly, since baseline evaluation. 3. No behavioral offenses during the academic year 4. No ATOD Offenses in current academic year (Outcomes to be based on student who successfully completed Why Try?)	In a (15%) sample size of the selected students who successfully completed Why Try?, there will be sustained improvement in grades and attendance, and behavior and ATOD offenses in the following academic year
Measures & Sources	School records indicating at-risk	School records indicating at-risk students based on	Pleasant Grove Junior Counselor Referred Student			Pleasant Grove Junior Counselor Referred Student	Student Information System Records on GPA, attendance, and offense	Student Information

	students based on attendance, grades, and behavior offenses	attendance, grades, and behavior offenses	List Timpanogos High Class Attendance Records of Referred Students	List Timpanogos High Class Attendance Records of Referred Students	record	System Records on GPA, attendance, and offense record

Program Name: Truancy Program– Alpine School District	**Evidence Based:** YES

LSAA: Utah County

	Goal: A. To address this substance-abuse or related problem:	**Factors:** B: By addressing these intervening variables, i.e. risk and protective factors	**Focus Population** C: For these people: U / S X / I	**Strategies:** D: We will do the following program/activities (what, where and how much)	**Outcomes:** **Short** We will know these changes have occurred if:	**Long** We will know we are reaching our goals if:
Logic	Improved attendance Improved academic success	Reduce Low Commitment to school Reduce Academic Failure	Selected youth in the secondary grades (7th – 12th) in Alpine School District. Expected Number of Students served (out of total school population): Lehi Junior: 63/1406 AF Jr: 192/1920 Willowcreek: 250/1405 Lakeridge: 200/1195 Canyon View: 200/1200 AF High: 150/2150	Selected secondary schools will monitor student attendance aggressively, and generate weekly attendance reports with the at-risk students. Schools will make parent phone calls, face to face contact with parents and students, class accommodations, tracking. If continued truancy occurs after Citation 1 and Citation 2 letters have gone home, and accommodations are made, the student is referred to attend Truancy School. In Truancy School, students meet with Alpine School District's social worker. If truancy continues after Truancy School, the student may be referred to 4th District Court. Commitment to school will be reinforced through face to face contacts with students and parents, letters home, home visits, class accommodations, and early morning and after school make up classes, Truancy school, and possibly court. Monthly visits are made to each school listed to ensure the program is running uniformly district-wide. All referrals to court are reviewed for complete due process and accommodation prior to final court referral.	Low Commitment to school will decrease when compared to initial baseline attendance count (previous year) Did the student finally have to be referred to Truancy School? Did the student finally have to be referred to Court? Academic Failure will decrease when compared to initial baseline Grade Point Average (previous year)	In a selected sample (15%), did these same students have sustained attendance improvement, and sustained academic improvement?

Measures Sources	Student Information System Records	Student Information System Records	Selected student list sent weekly to Student Services	Selected student list sent weekly and quarterly, and end of year, to Student Services	Quarterly Report with grades and attendance End of Year Report with grades and attendance and final assessments	Archival data Compare year to year truancy rates at participating schools vs. non participating schools

Program Name: EASY						**Evidence Based:** YES	
LSAA: Utah county							
	Goal:	**Factors:**	**Focus Population**			**Strategies:**	**Outcomes:**
			U	S	I		**Short** / **Long**
Logic	•Decrease availability of alcohol from off-premise retail to underage individuals	•Perceived availability of alcohol •Favorable attitudes towards alcohol	•Universal: Youth ages 12-21 years living in Utah County			•Mandatory training for all cashiers in Utah County who sell alcohol at off-premise establishments. •Presentation to be conducted 1st and 3rd Thursday of each month (24 class sessions/year); each session lasting for 70 minutes – 4:00 pm – 5:10 pm. •An average of 22 participants per month. Training classes to be located @ Utah County Dept of Drug & Alcohol Prevention & Treatment in Provo, UT. 151 S. University Avenue, Ste 2500, Provo, UT, 84606	Youth ages 12-21 years living in Utah County: •Reduce perceived availability of alcohol from 21.3% in 2013 to 19.3% in 2015. •Reduce favorable attitudes towards / •Reduce alcohol possession citations for underage individuals from 227 in 2013 to 200 in 2014. •Increase Utah County alcohol compliance rate from 93.8% in

				•Organize quarterly compliance checks w/15 cities, or a total of 147 grocery and convenience stores, in Utah County off-premise retailers by law enforcement officers. An average of 3 hours per city compliance check. 588 individual checks total per year.	underage drinking use from 16.3% in 2013 to 14.3% in 2015.	2013 to 97% in 2014!
Measures & Sources	•4th District Juvenile Court records for possession citations and DUI arrests for alcohol. •Utah County compliance check records	•Student Health and Risk Prevention Survey (SHARP) survey •Utah County Compliance check data		•Utah County program records •Utah County compliance check records	•Baseline: 2013 SHARP survey •Benchmark: 2015 SHARP survey	•4th District Juvenile Court records for possession citations and DUI arrests, for alcohol. •Utah County compliance check records

Program Name: Community Events						**Evidence Based:** No	
LSAA: Utah county							
	Goal:	**Factors:**	**Focus Population**			**Strategies:**	**Outcomes:**
			U	S	I		**Short** / **Long**
Logic	Reduce ATOD use	Perceived risk of using ATOD Favorable attitudes towards using ATOD Early initiation of using ATOD	Universal populations of all ages in Utah County			Provide evidenced- based prevention information and strategies using the Prevention-Guiding Principles in UT CNTY	Perceived risk of using ATOD will decrease Favorable attitudes towards using ATOD will decrease Early initiation of using ATOD will decrease / ATOD use will decrease
Measures & Sources	Pre and post surveys SHARP Survey data, 2013	Pre and post surveys SHARP Survey data, 2013	Demographics from universal populations of all ages			Demographic records of participants and evidence based prevention strategies	Compare pre & post surveys Compare SHARP survey 2013 / Compare pre and post surveys Compare SHARP survey 2023

					2009 data	data

Program Name: Coalition Building (CTC)					**Evidence Based:** YES		
LSAA: Utah County							
	Goal:	**Factors:**	**Focus Population**		**Strategies:**	**Outcomes:**	
			U	S	I		**Short**	**Long**
Logic	Reduce ATOD use in Utah County.	Strategic Prevention Framework Process	Invest time and political capital in maintaining and building the Communities That Care model in Utah County.			Complete Community readiness surveys in 3 separate Utah County Provide technical assistance to 3 current CTC models move towards developing 2 new CTC coalitions by 2015 Increase monitoring processes for fidelity through benchmarks	Establish baseline benchmarks for each coalition based on the current CTC benchmarks. 5 phases to evaluate with onsite tool. E-CTC	Sustain and maintain coalitions with funding and technical support Increase Utah County Coalitions from 3 to 5 by the end 2015

Measures & Sources					CTC benchmark tool	Increase Utah County CTC coalitions

RICHARD J. NANCE, LCSW
DIRECTOR

POLICIES AND PROCEDURES
for
UTAH COUNTY DEPARTMENT OF DRUG AND ALCOHOL PREVENTION AND TREATMENT

151 SOUTH UNIVERSITY AVE., SUITE 3200 ι PROVO, UTAH 84601 ι PHONE (801) 851-7127

Program:	Division of Substance Abuse		
Policy:	Sliding Fee Scale		
Policy Number:	1.10	Version:	1.4
Effective Date:	04/28/2009	Date of Origin:	12/10/2002
Purpose:	Revise and update the sliding fee scale for the agency to provide for an equitable fee structure for clients based on their income and family size. Provide for some meaningful contribution to the cost of providing treatment for each client who receives services.		
Affected Programs:	CIS, in-house treatment programs, subcontracted treatment programs		
Responsible Staff:	CIS and financial staff		
Equipment & Supplies Required:	Current federal poverty guidelines, financial status application form, various documents verifying client income, social security number for clients applying for subsidized treatment, fee waiver application form, verification of community service form, sliding fee scale.		

POLICY:

The Division of Substance Abuse shall establish, maintain, and administer a sliding fee scale to provide for subsidized treatment of substance abuse clients which provides for fair and equitable monetary charges for treatment services provided to clients by the agency or its subcontract treatment providers. Such a sliding fee scale shall provide that all clients make some meaningful contribution to the costs of their care - either through payment of money or through community service. The Division's sliding fee scale shall be updated annually and approved by the Utah County Local Substance Abuse Authority Board as required by State of Utah Administrative Rule.

PROCEDURE:

1. The Division of Substance Abuse shall develop a sliding fee scale that shall be approved by the Utah County Local Substance Abuse Authority Board and adopted by the Utah County Commission. The fee scale shall be updated annually as changes in costs of providing services or other circumstances require.

2. The sliding fee scale shall be based on a combination of prevailing federal poverty guidelines and family size. The sliding fee scale shall not be regressive.

3. The fee scale shall be anchored to the current federal poverty threshold for one person. The maximum charge per month shall be the established fee for one month in the County's residential treatment program. Assessed fees cannot exceed the actual costs of services rendered.

4. Fees charged according to this policy represent the client's (or parents') full financial obligation, regardless of level, intensity, and duration of service provided.

5. Charges for services provided according to state statute (such as DUI education classes) are not subject to the sliding fee scale and must be paid in full. Court trust funds may pay for some DUI related costs of evaluation, classes, or treatment.

6. Assessment charges are not subject to the sliding fee scale and must be paid in full, except as provided for by grant, contract, ordinance, statute or administrative rule.

7. All clients or the parents of minor clients may apply for financial assistance to the Utah County Commission. Division staff will provide clients or their parents information about how to appeal their fees to the Commission. Community service may be allowed for youth clients in lieu of monetary payment for treatment services provided.

8. The currently approved sliding fee scale is made a part of the current version of this policy by reference.

########

DISCOUNT FEE SCHEDULE
Utah County Division of Substance Abuse
State Fiscal Year 2012

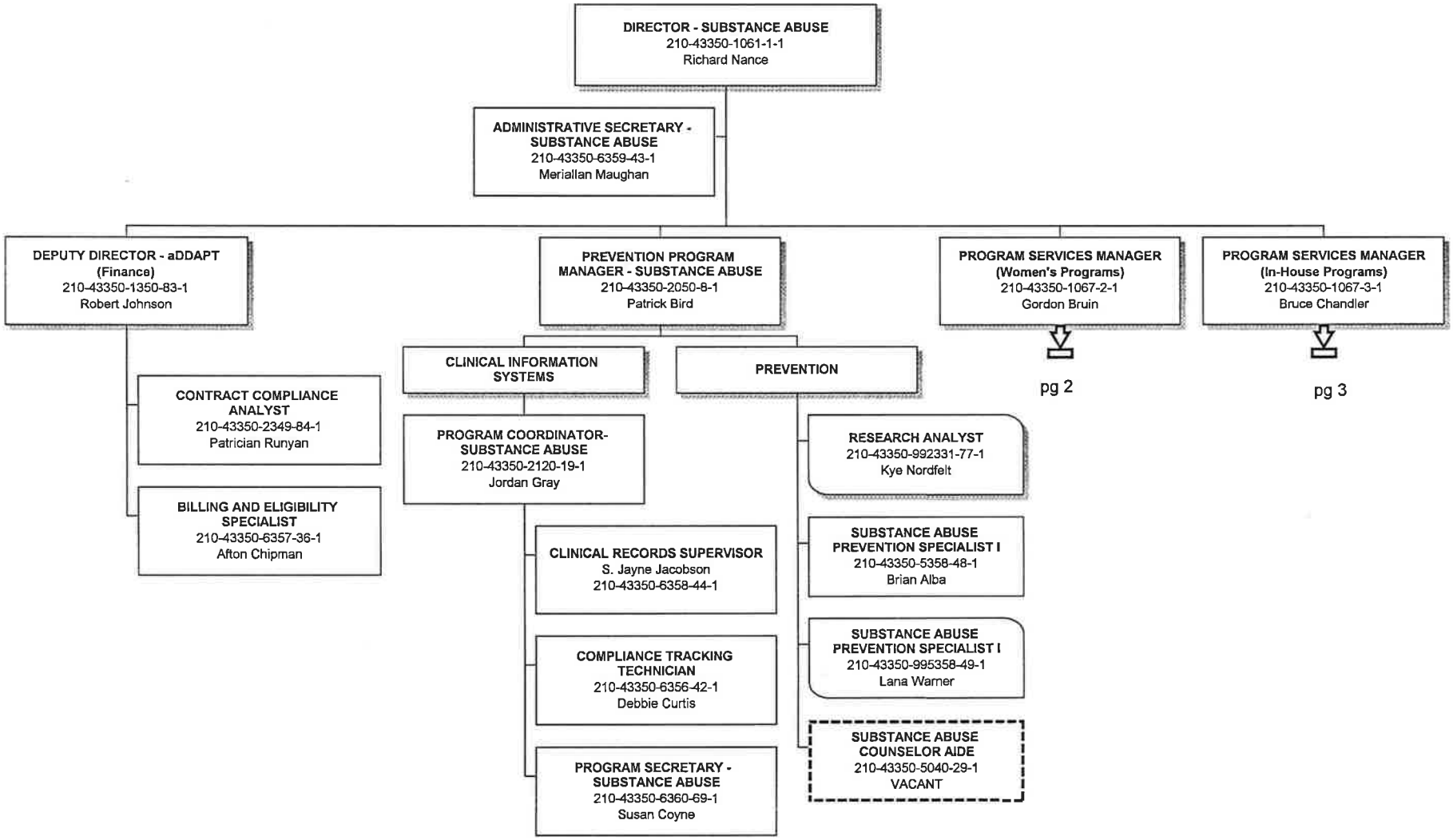
based on 2010 HHS Poverty Guidelines

MONTHLY FEE

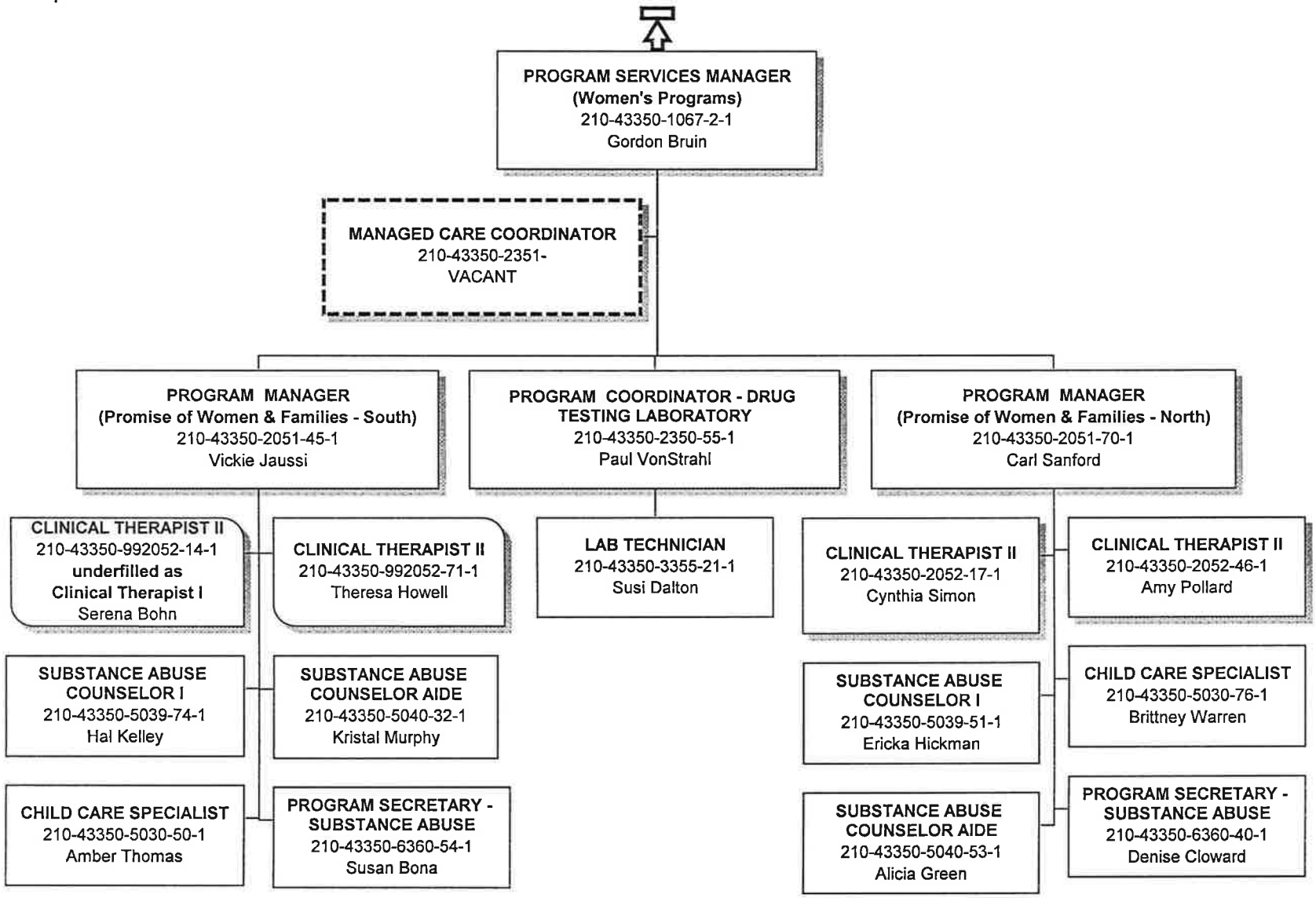
Monthly In	Annual Income	Household Size							
Above	Above	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8+**
$0 - $230	$0 - $2760	$ 22	$ 22	$ 16	$ 16	$ 11	$ 11	$ 5	$ 5
$ 503	$ 6,036	$ 43	$ 34	$ 28	$ 24	$ 21	$ 19	$ 16	$ 15
$ 817	$ 9,800	$ 69	$ 55	$ 45	$ 39	$ 35	$ 31	$ 27	$ 25
$ 1,100	$ 13,200	$ 94	$ 74	$ 61	$ 52	$ 47	$ 41	$ 36	$ 33
$ 1,383	$ 16,600	$ 118	$ 93	$ 76	$ 66	$ 59	$ 52	$ 45	$ 42
$ 1,667	$ 20,000	$ 142	$ 113	$ 92	$ 79	$ 71	$ 63	$ 54	$ 50
$ 1,950	$ 23,400	$ 166	$ 132	$ 107	$ 93	$ 83	$ 73	$ 63	$ 59
$ 2,233	$ 26,800	$ 190	$ 151	$ 123	$ 106	$ 95	$ 84	$ 73	$ 67
$ 2,517	$ 30,200	$ 214	$ 170	$ 138	$ 120	$ 107	$ 94	$ 82	$ 76
$ 2,800	$ 33,600	$ 238	$ 189	$ 154	$ 133	$ 119	$ 105	$ 91	$ 84
$ 3,083	$ 37,000	$ 278	$ 224	$ 185	$ 162	$ 146	$ 131	$ 116	$ 100
$ 3,367	$ 40,400	$ 303	$ 244	$ 202	$ 177	$ 160	$ 143	$ 126	$ 109
$ 3,650	$ 43,800	$ 329	$ 265	$ 219	$ 192	$ 173	$ 155	$ 137	$ 119
$ 3,933	$ 47,200	$ 354	$ 285	$ 236	$ 207	$ 187	$ 167	$ 148	$ 128
$ 4,217	$ 50,600	$ 380	$ 306	$ 253	$ 221	$ 200	$ 179	$ 158	$ 137
$ 4,500	$ 54,000	$ 405	$ 326	$ 270	$ 236	$ 214	$ 191	$ 169	$ 146
$ 4,783	$ 57,400	$ 454	$ 371	$ 311	$ 275	$ 251	$ 227	$ 203	$ 167
$ 5,067	$ 60,800	$ 481	$ 393	$ 329	$ 291	$ 266	$ 241	$ 215	$ 177
$ 5,350	$ 64,200	$ 508	$ 415	$ 348	$ 308	$ 281	$ 254	$ 227	$ 187
$ 5,633	$ 67,600	$ 535	$ 437	$ 366	$ 324	$ 296	$ 268	$ 239	$ 197
$ 5,917	$ 71,000	$ 562	$ 459	$ 385	$ 340	$ 311	$ 281	$ 251	$ 207
$ 6,200	$ 74,400	$ 589	$ 481	$ 403	$ 357	$ 326	$ 295	$ 264	$ 217
$ 6,483	$ 77,800	$ 648	$ 502	$ 454	$ 405	$ 373	$ 340	$ 308	$ 243
$ 6,767	$ 81,200	$ 677	$ 524	$ 423	$ 423	$ 389	$ 355	$ 321	$ 254
$ 7,050	$ 84,600	$ 705	$ 546	$ 494	$ 441	$ 405	$ 370	$ 335	$ 264
$ 7,333	$ 88,000	$ 733	$ 568	$ 513	$ 458	$ 422	$ 385	$ 348	$ 275
$ 7,617	$ 91,400	$ 762	$ 590	$ 533	$ 476	$ 438	$ 400	$ 362	$ 286
$ 7,900	$ 94,800	$ 790	$ 612	$ 553	$ 494	$ 454	$ 415	$ 375	$ 296
$ 8,183	$ 98,200	$ 859	$ 675	$ 614	$ 552	$ 511	$ 471	$ 430	$ 327
$ 8,467	$ 101,600	$ 889	$ 699	$ 593	$ 572	$ 529	$ 487	$ 445	$ 339
$ 8,750	$ 105,000	$ 919	$ 722	$ 613	$ 591	$ 547	$ 503	$ 459	$ 350
$ 9,033	$ 108,400	$ 949	$ 745	$ 632	$ 610	$ 565	$ 519	$ 474	$ 361
$ 9,317	$ 111,800	$ 978	$ 769	$ 652	$ 629	$ 582	$ 536	$ 489	$ 373
$ 9,600	$ 115,200	$ 1,008	$ 792	$ 672	$ 648	$ 600	$ 552	$ 504	$ 384
$ 9,883	$ 118,600	$ 1,087	$ 865	$ 741	$ 717	$ 667	$ 618	$ 568	$ 420
$ 10,167	$ 122,000	$ 1,118	$ 890	$ 763	$ 737	$ 686	$ 635	$ 585	$ 432
$ 10,450	$ 125,400	$ 1,150	$ 914	$ 784	$ 758	$ 705	$ 653	$ 601	$ 444
$ 10,733	$ 128,800	$ 1,181	$ 939	$ 805	$ 778	$ 725	$ 671	$ 617	$ 456
$ 11,017	$ 132,200	$ 1,212	$ 964	$ 826	$ 799	$ 744	$ 689	$ 633	$ 468
$ 11,300	$ 135,600	$ 1,243	$ 989	$ 848	$ 819	$ 763	$ 706	$ 650	$ 480
$ 11,583	$ 139,000	$ 1,332	$ 1,071	$ 927	$ 898	$ 840	$ 782	$ 724	$ 521
$ 11,867	$ 142,400	$ 1,365	$ 1,098	$ 949	$ 920	$ 860	$ 801	$ 742	$ 534
$ 12,150	$ 145,800	$ 1,397	$ 1,124	$ 972	$ 942	$ 881	$ 820	$ 759	$ 547
$ 12,433	$ 149,200	$ 1,430	$ 1,150	$ 995	$ 964	$ 901	$ 839	$ 777	$ 560
$ 12,717	$ 152,600	$ 1,462	$ 1,176	$ 1,017	$ 986	$ 922	$ 858	$ 795	$ 572
$ 13,000	$ 156,000	$ 1,495	$ 1,203	$ 1,040	$ 1,008	$ 943	$ 878	$ 813	$ 585
$ 13,283	$ 159,400	$ 1,594	$ 1,295	$ 1,129	$ 1,096	$ 1,029	$ 963	$ 897	$ 631
$ 13,567	$ 162,800	$ 1,628	$ 1,323	$ 1,153	$ 1,119	$ 1,051	$ 984	$ 916	$ 644
$ 13,850	$ 166,200	$ 1,662	$ 1,350	$ 1,177	$ 1,143	$ 1,073	$ 1,004	$ 935	$ 658

Assumptions: Monthly income guidelines are based on 100% of year 2006 Federal Poverty Guidelines. Grey band =minimum copay per month or community service in lieu of copay. Scale is not regressive. Federal Poverty Level=$9800 per year for a household of 1. Steps on scale are at $3400 per additional family member, consistent with Federal Poverty Guidelines.

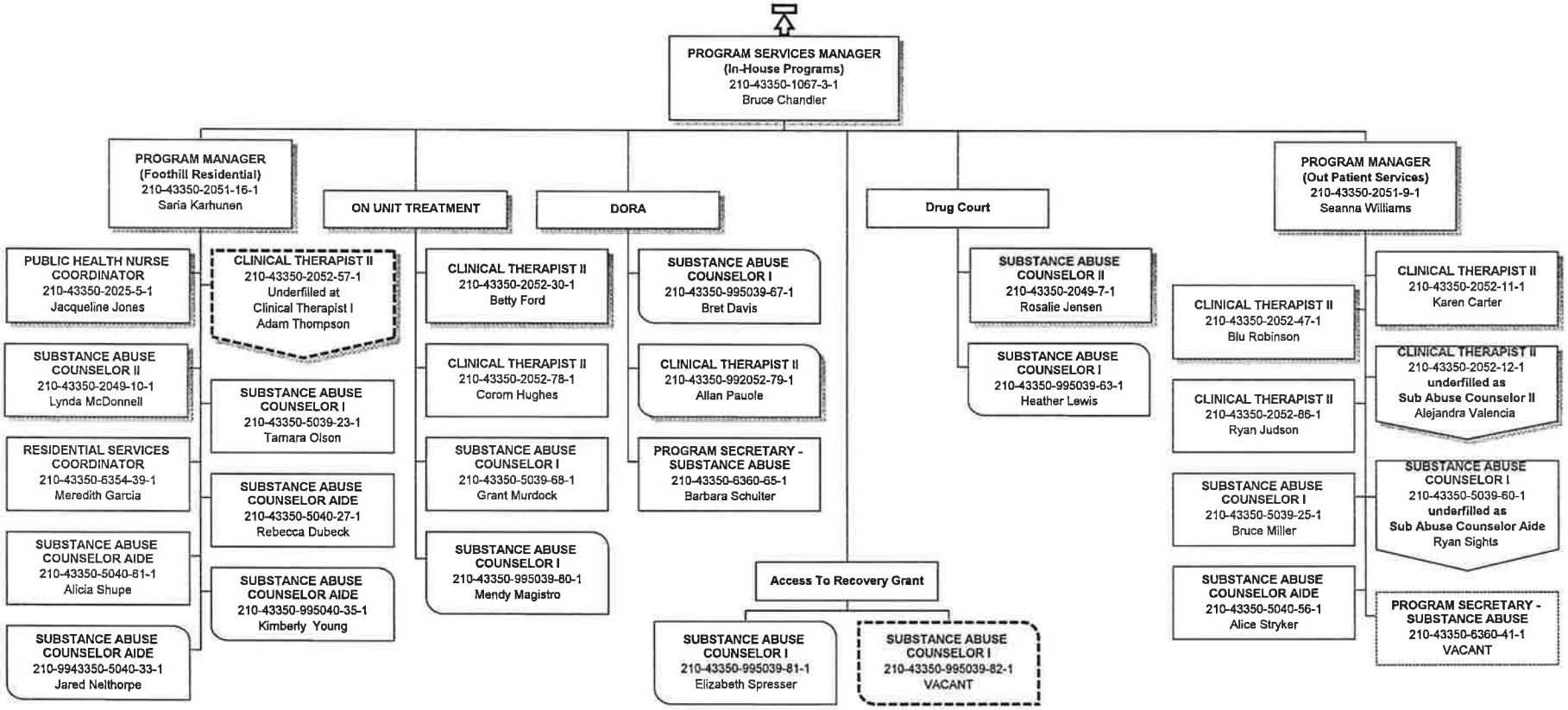
DRUG & ALCOHOL PREVENTION & TREATMENT
JUNE 2014



DRUG & ALCOHOL PREVENTION & TREATMENT
JUNE 2014|



DRUG & ALCOHOL PREVENTION & TREATMENT
JUNE 2014



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # _122419_____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

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

PLEASE PRINT:

Name: _____Gary A. Anderson_____

Title: _____Chair, Utah County Local Substance Abuse Authority___

Date: _____