

## **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. Medicaid enrollees from other counties are eligible for admission to treatment through UCaDDAPT, and we coordinate reimbursement, care and transfer with other local authority programs as appropriate. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, state women's meth funding and SAPT women's set aside. DORA funding serves 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 assessed for all individuals applying to us for subsidized treatment – proof of income and family size is required to establish the amount of public subsidy. Proof of residence within the borders of Utah County is also required. Our authority board approved a change to our sliding fee scale this past year, and we will be implementing that change upon the implementation of our new electronic health record on July 1. The sliding fee scale will change from one based on a percentage of monthly income to one based on a percentage discount on services actually delivered.

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### **How is this amount of public subsidy determined?**

The sliding fee scale to determine public subsidy is based on income, family size, and the 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. Intake staff have the client or parent of a youth client complete a financial application and inform them of their sliding fee scale assessment at the time of their first visit. 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. It is also offered to Medicaid enrollees by Intake staff at the time of their first visit.

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

Yes.

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### 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 include participation 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 excluded individual and entities) report to ensure that providers have no de-barred staff. We also ensure that each contracted provider has a current state substance abuse provider license, current liability insurance, annual HIPAA/42 CFR Part 2 training and an annual financial audit.

We are implementing a new electronic health record system beginning July 1 that will allow us to increase the frequency and specificity of utilization management for clients receiving treatment through one of our subcontractors.

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

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

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

**1) Screening and Assessment**

*FY15 Amount Budgeted:*        \$0

*FY16 Amount Budgeted:* \$639,865

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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. Youth screening has been done by subcontract Outpatient treatment providers. Our primary youth treatment provider, Life Enhancement Center, closed their doors in March, 2015. UCADDAPT is bringing this program in house for SFY 2016, so youth treatment screening and assessment will be done by UCADDAPT employed staff from this point forward. An increase in budgeted amount will reflect this plus new JRI clients.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

JRI will probably result in an increase of 107 assessments, and youth treatment assessments will most likely remain close to the same, but costs in this service will increase as a result in reallocation of contract treatment costs and better tracking of youth assessments. The change from FY15 Budget to FY16 budget is due to not collecting this information from FY2015

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

The majority of youth treatment will be brought in house as a result of our primary youth treatment provider, Life Enhancement Center, going out of business on short notice in March, 2015.

Local Authority:

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

*FY15 Amount Budgeted: \$161,051*

*FY16 Amount Budgeted: \$254,300*

**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 UC aDDAPT staff.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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 and the legislature's decision on implementing Healthy Utah/ Medicaid expansion. 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 ("Grace's Bed") at Foothill for emergency room referrals. This was instituted year before last 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. So far, Grace's Bed seems to be adequate to meet the community need.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

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

**FY15 Amount Budgeted: \$2,472,523 FY16 Amount Budgeted: \$2,623,020**

**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.

House of Hope: ASAM III.3

Capacity: 12.5 women, 25 children \*

\*Children are not counted toward adolescent SUD treatment client count.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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. The JRI funding is the biggest change in budget for this category as much of the JRI funding will go into the jail. All of our jail services are coded to residential services.

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

None

Local Authority:

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**4) Outpatient (Methadone - ASAM I)**

*FY15 Amount Budgeted: \$241,554*

*FY16 Amount Budgeted: \$313,704*

**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 will put all contracted services out to bid after July 1. There are now 3 methadone providers in Utah County, so we expect more than 1 application this year, and may select more than one provider.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The only change in this category is due to shifting costs that we didn't count in SFY 2015 that belong in Methadone treatment for SFY 2016.

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

None. We are still working to coordinate with Medicaid Select Access to provide Suboxone treatment for clients transferring to us from inpatient detoxification services and who are already prescribed Suboxone. We are in process of contracting with a physician in Springville to manage these particular Suboxone referrals. 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.

Local Authority:

## **Form B – Substance Abuse Treatment Budget Narrative**

### **5) Outpatient (Non-methadone – ASAM I)**

***FY15 Amount Budgeted: \$2,519,497***

***FY16 Amount Budgeted: \$1,333,675***

Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT:

Day/Evening GOP - 55

Dual Recovery Groups- GOP - 30

DORA GOP – 40

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

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. 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.

#### **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. The budget shift here is moving costs from GOP to Evaluation only.

#### **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.

We plan to add 10 total Felony Drug Court treatment slots and 30 DORA slots funded by JRI dollars. This increases the Day/Evening GOP capacity by 5, and the DORA GOP capacity by 15.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

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

*FY15 Amount Budgeted: \$1,898,177*

*FY16 Amount Budgeted: \$2,850,173*

**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 - 35

DORA- IOP – 30

Promise of Women and Families – Direct service provided by aDDAPT

Promise South: 20 IOP, 30 children

Promise North: 20 IOP, 30 children

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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. With such a large change in budget for IOP some of the explanation can come from the JRI money. I also believe if we keep the budget forms the same we will get more consistent on how we report these figures.

**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.

We plan to add 10 total Felony Drug Court treatment slots and 30 DORA slots funded by JRI dollars. This increases the Day/Evening IOP capacity by 5, and the DORA IOP capacity by 15.

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**7) Recovery Support Services**  
***FY15 Amount Budgeted: \$359,547***

***FY16 Amount Budgeted:\$245,723***

**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.**

UCaDDAPT received an Access to Recovery Grant (ATR) federal grant to expand access to recovery support services within the community. The following are services that have been 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 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.

The success of the ATR program has inspired the funding of similar services to drug court clients and individuals returning to the community from prison (PATR). Although the Federal grant has finished, ATR services described above will continue to be provided to the drug court and PATR populations. It is anticipated that a minim of 90 parolees and 65 drug court clients will receive recovery support services.

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

Transitional housing services will be provided with contracts with sober living homes at Steps Sober Living Home, Papillion House and Wright House. UCaDDAPT also has a referral relationship with the REAP program for clients transitioning to the community from the Utah County Jail. UCaDDAPT also has a contractual arrangement with Provo and Utah County Housing through the Shelter Plus Care program for subsidized housing. With the Federal portion of the ATR money going away that is why this category has a decrease in money.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

As mentioned, the original ATR grant funded services will continue in ATR services to the drug court and PATR populations. There is also additional funding for recovery support services pending a TANFF grant that will be available July 1, 2015. UCaDDAPT will expand appropriate services to that target population as specific information is released closer to the beginning date of the grant. As for now, this decrease is due to Federal ATR funding going away.

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

As ATR funding comes to an end, UCaDDAPT requested and was granted permission to increase Vivitrol availability. We plan to continue providing Vivitrol to 27 individuals who are clinically suited via JRI funds in 2016.

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**Form B – Substance Abuse Treatment Budget Narrative**

**8) Drug Testing**

*FY15 Amount Budgeted: \$0*

*FY16 Amount Budgeted:\$410,981*

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

UCaDDAPT provides drug testing through its own in house laboratory adjacent to our outpatient, screening and assessment, and methadone program space. All clients are required to participate in drug testing both as a monitoring process informing treatment of progress, and as a behavioral intervention in drug court programs and DORA. EMIT and instant screening tests are conducted in house. Confirmation testing is conducted through an outside contract laboratory. Frequency of testing is a maximum of 3 times per week for early phase DORA and Drug Court clients to a frequency of 2 times per month for clients in GOP nearing the end of acute treatment.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect an increase of drug tests related to an increase of individuals in treatment from JRI funded clients and as a result of bringing youth outpatient treatment in house. This category was not reported last year. These costs would have been distributed across Eval only, Residential, Outpatient and Intensive Outpatient for SFY 2015.

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

We are interviewing for a new drug testing lab manager, as our lab manager for the past 8 years just resigned. Youth outpatient drug testing will occur at the treatment program location with our lab staff bringing supplies and chain of custody forms so that youth clients do not have to cross paths with adult clients at our lab. This will also allow us to have two observers in the bathroom to observe sample collection for the safety of both staff and client as per our written policy.

Local Authority:

## Form B – Substance Abuse Treatment Budget Narrative

### 9) 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. We intend to use a part time clinical therapist to provide QA on treatment plans and progress notes when our new electronic health record is brought online in July.

#### **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. This year we are changing from in house developed inservices to a purchased service from Relias Learning. Additionally, quarterly staff meetings contain inservice education components. HIPAA and 42 CFR Part 2 training were delivered at a quarterly staff meeting in SFY 15. All clinical inservice education is targeted to EBPs. We will be happy to show you our inservice education records and Relias Learning online education platform 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. We completed architectural design in 2014, but construction will be delayed until the Legislature makes a decision to opt into Medicaid Expansion. At that point, the majority of our adult clients would be eligible for Medicaid. The new 16 bed residential treatment facility with attached outpatient treatment will most likely be built in American Fork unless other property can be secured closer to Saratoga Springs and Eagle Mountain. 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.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

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

**FY15 Amount Budgeted: \$0**

**FY16 Amount Budgeted: \$439,168**

**FY16 SAPT Funds Budgeted: \$118,412**

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The 30 day OUT Program is expected to remain at the current census of 40.

The 90 day Out Plus program is currently funded with a federal RSAT grant. The grant will fund the program for the first half of 2015. Jail Services is an essential part of the Justice Reform Initiative. Therefore, continuation of the 40 client census Out Plus program will be part of the JRI funding/services beginning July 1, 2015. We did not report this information in SFY 2015.

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

The transition from incarceration to the community is a crucial piece in the treatment of the criminal population. Early screening/identification of treatment/service needs of inmates can help decrease the length of stay/cost of incarceration. Increased screening/ case management services will target early identification and increased support in transitioning inmates from jail treatment to community based treatment. This will be a key systems element in implementing the Justice Reform Initiative.

Local Authority:

## **Form B – Substance Abuse Treatment Budget Narrative**

### **11) Integrated Care**

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

UCaDDAPT has had a long standing arrangement with Wasatch Mental Health to provide dual diagnosis treatment to adult 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. WMH also requested that we provide SUD treatment for adolescent females as their Aspire residential program. Planning to provide that service is ongoing, and we anticipate services beginning after July 1.

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, and currently an Advanced Practice Registered Nurse. 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.

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

One of UCaDDAPT's 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 have 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 County Health Department for smoking Cessation, Hepatitis C testing and referral, HIV/STD testing and referral, Work Force Services for Medicaid, and PCN, 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. We collaborated with Mountainlands Community Health Center in SFY 2015 to apply for a federal grant that would expand SUD treatment to their clients with treatment provided by our clinical staff.

#### **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.

#### **Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

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. We are now looking for a similar program for youth in SUD treatment programs with the assistance of the Utah County Health Dept Health Promotions Division. UCaDDAPT underwent a Recovery Plus Evaluation Study in 2014. Two recommendations from the study were to train more staff on Tobacco Peer to Peer Counseling and to re-assess client tobacco use and motivation to quit at formal and informal change points in client treatment. These will be incorporated into ongoing staff training and the ongoing assessment, treatment planning and documentation in the upcoming fiscal year.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**12) Women’s Treatment**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted: \$3,442,593*

**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 that 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.

We were awarded a TANF grant to serve women with children in their custody between the ages of 2 and 6. We expect to have 10 women in treatment. This is a moving target, as TANF has changed the requirements on this grant. As this plan is being finalized, we have several staff in North Carolina for training specific to the TANF grant.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect a number of female clients – probably between 15 and 30 admissions of the 107 total we anticipate - as a result of JRI funded new admissions. We also expect 10 additional clients to be served as a result of the TANF grant.

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

In home services to women with dependent children funded through the TANF grant.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Adolescent (Youth) Treatment**

***FY15 Amount Budgeted:***

***FY16 Amount Budgeted:***

***\$666,937***

**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 not directly treated youth clients in the past, but with the loss of our primary youth treatment contract provider on short notice, we decided to bring this service in house. Life Enhancement center staff were hired to maintain continuity of drug court treatment, but we are planning to hire full time staff around July 1 to expand the number of clients we are able to treat. Locations for youth treatment will decrease from 4 to 2, and we will lose the Saratoga Springs and Salem treatment locations. However, we should be able to double the number of youth in outpatient treatment as a result.

UCaDDAPT's remaining contract youth treatment provider is Institute of Cognitive therapy is located in Orem. Our in house youth treatment office is in North Orem. We also provide treatment and drug testing for the 4<sup>th</sup> District Juvenile Drug Court where we are currently able to treat 13 clients at any given time. Again, we expect this to increase by at least double the current capacity by bringing the program in house.

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.

**Describe efforts to provide co-occurring services to adolescent clients.**

As mentioned previously, we are entering into a collaboration with WMH to provide SUD treatment services to adolescent girls in their Aspire residential treatment facility. As part of our integrating Life Enhancement Center into our agency, we plan to bring in Randy Muck, recently retired from SAMHSA, to help us improve the quality of care to youth in outpatient treatment. This would include diagnosing and treating co-occurring mental health problems as we have done for adults over the years.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We plan to reallocate some revenue from savings in cost secondary to retirements and staff turnover to youth treatment as a way to fund an increase in youth treatment slots. Additionally, a pro-forma analysis comparing contracted youth treatment reimbursed on a fee for service model versus paying in-house youth treatment staff on salary indicates that for roughly the same cost we can at least double the number of youth seen in outpatient treatment.

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

Bringing the former Life Enhancement center contract treatment program in house.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**14) Drug Court**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted: \$1,120,172*

*FY15 Recovery Support Budgeted:*

*FY16 Recovery Support Budgeted: \$31,742*

**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 and best established 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.

Treatment for drug court clients is provided through the UCADDAPT continuum of care. This includes residential, intensive and general outpatient recovery support and recovery management services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With budget increases from the Justice Reform Initiative for felony and youth drug courts, we anticipate a corresponding increase in capacity as follows: felony: from 51 to 61, youth: from 13 to 26. Family drug court will remain constant at a capacity of 38. UCADDAPT plans to purchase GPS ankle monitoring services from the Utah County Sheriff as an alternative to incarceration where appropriate. JRI funds will be used to purchase ankle monitoring services. This was not tracked in SFY 2015, so we have no comparison for SFY 2016.

Ankle monitoring is an effective intervention to bring about compliance with court requirements and to affect immediate behavioral change. It provides a physical and consistent reminder for behavioral change. Additionally, it is a collaborative intervention with the client, treatment, court, and law enforcement to shape behavior. It is a less restrictive behavioral intervention than incarceration. It is also a novel intervention to a population who has been accustomed to incarceration; hence it is a more effective motivator for behavioral change. Incarceration cost \$85.00 per diem and the ankle monitor cost is \$15.00 per diem. Therefore it is cost effective.

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

In the past, treatment for youth drug court clients has been provided by contract providers. Due to changes in the provider pool, UCADDAPT has developed an in house Youth outpatient Program as the primary treatment service for youth drug court clients. It is anticipated that this will provide more consistency and oversight of the services provided.

The 4<sup>th</sup> District Court established a felony drug court advisory board in 2014. Members of the board include the judges, state legislators, county commissioners, the Utah County Sheriff's office, public defenders, County Attorney, AP&P representatives, community members, and UCADDAPT staff. Representatives of the Administrative Office of the Courts and DSAMH have been invited but do not regularly attend. The purpose of the committee is to provide guidance and advocate for the "right sizing" of the drug court calendars.

**Describe the Recovery Support Services you will provide with Drug Court RS funding.**

Drug Court clients will have access to the same menu of services that have been available to participants in the Access To Recovery (ATR) program, (see #7 Recovery Support Services).

Local Authority:

## **Form B – Substance Abuse Treatment Budget Narrative**

### **15) Justice Reinvestment Initiative**

#### **Identify the members of your local JRI Implementation Team.**

The initial team is composed of UCaDDAPT administration staff, the Public Defender's office, the Utah County Attorney, the Utah County Sheriff, and Wasatch Mental Health. Two meetings have already occurred to provide initial planning. The 4<sup>th</sup> District Court Criminal Justice Roundtable that has met for several years will most likely become the comprehensive JRI Implementation and Oversight committee for Utah County. All required participants in the Division Directives already attend this meeting, except for prevention and citizen representation. We expect that the 4<sup>th</sup> District Court bench will embrace this opportunity and the new members.

Members of the Planning and Implementation Committee for Utah County include: 4<sup>th</sup> District Court Judges Claudia Laycock, (Chair), Judge Samuel McVey, Judge Lynn Davis, Judge Douglas Neilsen, and Shane Bahr, Trial Court Executive; Utah County Justice Court Judges Rick Romney, Reed Parkin, and Scott Cullimore; Utah County Public Defenders Tom Means and Andy Howell; Utah County Sheriff Jim Tracy and Chief Deputy Darin Durfey; Utah County Commissioner Larry Ellertson; Utah County Attorney Jeffrey Buhman and Deputy County Attorney Tim Taylor; Provo City Attorney Steve Schreiner; Dept of Corrections AP&P staff Mike Mayer and Steve Williamson; Utah County Drug and Alcohol Director Richard Nance, and Prevention Program Manager Pat Bird; Wasatch Mental Health Executive Director Juergen Korbanka; a crime victim advocate to be recruited; and a representative of DSAMH.

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

Screening tools include the RANT and LSI-R for criminal risk, and the Audit, DAST, and ASI for SUD screening and assessment. Treatment includes the OUT and OUT+ programs at the Utah County Jail, Felony Drug Court, DORA, Vivitrol, and GPS ankle monitoring as a behavioral prevention/intervention technique. As mentioned previously, the Utah County OUT Program uses a Cognitive Behavior/ Transformation Theory/ Relapse Prevention Model of treatment. Our other programs for justice system involved clients include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, and Twelve Step facilitation. Trauma informed treatment approaches are important for this population as well. Recovery Management includes Drug Court and DORA alumni groups as well as our ongoing ROSC activities. We also plan to use the OUT Program Community Transition Group for former participants in the OUT Program, Drug Court and DORA alumni, and Addict to Athlete as previously mentioned.

#### **Identify your proposed outcome measures.**

Re-arrest rates (new criminal charges) from the Bureau of Criminal Identification database, and re-incarceration rates at the Utah County Security Center (jail) will comprise the bulk of our outcome data. Drug testing data will provide the bulk of in-treatment process outcome data.

Local Authority:

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

***FY15 Amount Budgeted:***

***FY16 Amount Budgeted: \$644,064***

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

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

LeeAnn Dunford, Regional Director - AP+P	Richard Nance, LCSW, Director, UCaDDAPT
Brock Findlay - AP+P	Cindy Simon, LCSW, UCaDDAPT
David Jones - AP+P	Allan Pauole, CMHC, UCaDDAPT
Hon. James Taylor - 4 <sup>th</sup> District Court Judge	Robert Johnson, UCaDDAPT
Jeffrey Buhman, Esq. – Utah County Attorney	Blu Robinson, CMHC, UCaDDAPT
Andrew Howell, Esq.–Utah County Public Defender	Barbara Van Leuven, UCaDDAPT
Mike Forshee – Utah County Undersheriff	

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

At the time of this writing, there are 40 Probationers enrolled in the Utah County DORA program. This number stays fairly constant throughout the year, so it is anticipated that the carry over on July 1, 2015 will be 40. The average number of DORA clients in a year is approximately 100. However some of the additional Justice Reform Initiative funding will be used to increase DORA treatment by 30. This should increase the average number of DORA clients in the upcoming year to approximately 140.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

Treatment for DORA clients is provided through the UCaDDAPT continuum of care. Based on clinically assessed need this can include residential, intensive and general outpatient, recovery support and recovery management services. All of these are described in detail earlier in this area plan. The intensive and general outpatient services are DORA population specific to address both addiction and criminogenic needs. All DORA clients will receive a clinical need bio/psych/social assessment as well as being assessed for criminogenic risk using the LSIR.

Medication Assisted Treatment will also be made available as part of the range of services available to DORA clients. Vivitrol will be available to a total of 27 clients determined by the greatest clinical need.

Local Authority:

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

Trauma Informed Care – All DORA clients are assessed for trauma. Trauma groups are included in individual treatment plans, group therapy and education groups.

Dialectical Behavior Therapy – Provided by DORA staff trained to fidelity

Cognitive Behavior Therapy – OUt and DORA Programs provide Cognitive Behavior/ Transformation Theory/ Relapse Prevention Model of treatment. Based on the research by Samenow, the program focuses specifically on changing criminal thinking errors.

Motivational Interviewing – DORA Program staff have received training on this model.

Group Therapy – DORA therapists are licensed mental health professionals and have been trained in delivering these services.

Individual Therapy - DORA therapists are licensed mental health professionals and have been trained in delivering these services.

Case Management – All DORA clients receive case management services that focus on transition from a criminal justice system perspective to a community model. DORA uses a collaborative case management model which includes weekly staffing with treatment staff and AP&P officers.

Recovery Management – DORA staff facilitate pro-social activities such as recovery support groups, family association and responsibilities, responsible recreation. DORA staff offer outreach and continued care for all DORA clients.

Family Therapy - DORA therapists are licensed mental health professionals and have been trained in delivering these services.

Family Psycho-educational Groups –DORA clients and family are required to participate in a weekly family education group to provide a foundation of understanding of the dynamics of addiction.

Couple's Counseling - DORA therapists are licensed mental health professionals and have been trained in delivering these services.

Medication Assisted Treatment- DORA therapists are licensed mental health professionals and are adept at both diagnosis and treatment of mental health disorders. Dr. William Bunn, diagnoses and prescribe medications for individuals with both mental illnesses and substance use disorders. MAT is limited to the financial realities of our clients. As mentioned above, clients who are clinically appropriate will have the ability to take advantage of JRI funded Vivitrol treatment up to a total of 27 clients in SFY 2016.

We will be training staff on Eye Movement Desensitization (EMDR) therapy this year, as SAMHSA has just declared this an evidence based practice for the treatment of Substance Use Disorders.

*A. Assess clients for risk and need, then design and provide services targeted to the specific risks and needs identified.*

All DORA clients are screened for criminal risk using the LSI-R by 4<sup>th</sup> District AP&P agents, then assessed for drug and alcohol diagnoses and level of treatment needs using the ASI and ASAM Criteria.

*B. Treatment, supervision, and criminal justice agencies must make every effort to coordinate and communicate either by MOUs or releases of information from every client.*

UCaDDAPT and AP&P Region 4 DORA team have weekly case staffing meetings, and all clients are encouraged (but not required) to sign a 42 CFR Part 2 and HIPAA compliant criminal justice Release of Information form upon admission to treatment to allow two way communication between all parties involved in DORA treatment.

*C. Treatment must be multi-dimensional rather than addressing addiction alone, and should target factors that are associated with criminal behavior.*

All DORA clients receive a full bio/psych/social assessment that considers all aspects of current and historical function. A comprehensive treatment plan is developed which addresses all areas of concern and welfare. Services specific to the identified problems are provided directly by the DORA staff or referred to the appropriate resource and followed by the DORA staff. DORA specifically assesses for high risk criminogenic needs and employs evidence based therapy to address those issues. In particular DORA employs cognitive behavior therapy based on the work of Samenow in addressing and changing cognitive distortions and thinking errors that lead to criminal behavior.

**16) Drug Offender Reform Act (Cont.)**

Local Authority:

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

*D. Treatment must be of sufficient dosage/duration to affect stable behavioral change. Dosage should be based on the client's assessed criminogenic needs and clinical needs (e.g., on the client's risk level and response to services). (See Attachment 4 for a description of criminogenic needs.)*

Utah County's DORA program also recognizes the need for individualized treatment. The average length of stay in Utah County's DORA program is 6.75 months. The range has been anywhere from 3 1/2 months to 9 1/2 months for the struggling probationer who requires a 90 days of residential treatment. We are moving toward longer lengths of stay in recognition of the dosage effect on outcomes. The efficacy of treatment and improved outcomes are measured by negative drug screens, compliance with the conditions of probation, decrease in criminal behavior/legal charges/arrests and engagement in pro-social activities such as employment, recovery support groups, family association and responsibilities, responsible recreation.

*E. Drug use during treatment should be carefully monitored.*

Drug testing: UCADDAPT has operated its own in-house drug testing lab for several years. We have the capability to do instant tests, saliva tests, breathalyzer tests for alcohol, and we rely primarily on RIA/EMIT testing done by our own trained lab staff. UCADDAPT projects performing 25,000 tests in SFY2016. All DORA clients are assigned a "color" and are randomly selected for drug tests as frequently as three times per week in early stages of treatment, and as frequently as once every other week toward completion. Clients can be spot checked for suspicion or cause at the discretion of the treatment and case management staff. Drug test results are communicated to the team via secure email.

*F. Treatment quality, including treatment fidelity and program integrity, should be consistently monitored.*

The Utah DORA program is probably the only program in the state that conducts its own outcome monitoring. We constantly look at re-arrest rates for program participants through access to the BCI data base looking at pre and post treatment differences. This past year we began using drug testing results to monitor client improvement during treatment. Comparing prior treatment years to this past year where capacity was reduced in order to increase treatment dosage, we show an improvement in client drug use during treatment. UCADDAPT has also looked at the CPC checklist criteria and are reviewing our performance against the criteria at quarterly DORA oversight meetings. We have also been tracking the number of positive drug screens and are pleased to report a significant and steady decrease in the last year.

*G. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.*

UCADDAPT staff has attended PAMI training hosted by the Rocky Mountain ATTC, and also participated in an in-house inservices delivered in the fall of 2012 on motivational incentives. Part of the JRI funds allocated to DORA will be used to purchase a larger number and variety of motivational incentives (recommended by the clients themselves) to bolster the impact of this treatment approach. UCADDAPT plans to purchase GPS ankle monitoring services from the Utah County Sheriff as an alternative to incarceration where appropriate. JRI funds will be used to purchase ankle monitoring services.

*H. Offenders with co-occurring substance use and mental health disorders often require an integrated treatment approach.*

UCADDAPT has delivered co-occurring treatment for dually diagnosed individuals in collaboration with Wasatch Mental health since 1999. However, we do not blend criminal populations – especially the DORA population with other low criminal risk populations. DORA employees two licensed mental health therapists who are adept at mental health diagnosis and treatment, and we are also able to provide MAT for co-occurring mental health conditions.

Local Authority:

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

**I. Medications are an important part of treatment for many drug abusing offenders.**

As stated above, we are able to have our APRN, Dr. Sandra Knowles, diagnose and prescribe medications for individuals with both mental illnesses and substance use disorders. MAT is limited to the financial realities of our clients. As mentioned above, clients who are clinically appropriate will have the ability to take advantage of JRI funded Vivitrol treatment up to a total of 27 clients in SFY 2016.

**J. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to screen for, prevent, and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.**

Every client who enters the DORA program is assisted to apply through the Dept of Workforce Service "My Case" system for eligibility for any type of health insurance plan. Additionally, our program is located in the same building as the Utah County Health Dept, and we are able to access free and low cost screening services because of our close working relationship.

**K. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.**

As noted above, the Utah County DORA team conducts a weekly case staffing meeting where initial and ongoing treatment planning is addressed and developed with the input and specific legal requirements of correctional supervision.

**L. Continuity of care is essential for drug abusers re-entering the community. Recovery from a substance use disorder requires effective treatment, followed by management of the problem over time.**

We utilize AP&P Region 4's Day Reporting Center for recovery management. Clients attend one to two hours a week for an average of 6-12 weeks. This allows for a graduated step-down from high intensity to aftercare treatment encompassing approximately a year of treatment between the two programs. Utah County is also an ATR and PATR program, so recovery management resources not available to some other programs are available to our clients.

## Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

### Personnel

**Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.**

<b>Total Personnel Costs</b>	<b>\$ 397,440</b>
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This will pay for 3 Therapists and 2 Case Managers (5 FTEs) and their benefits which include Health Insurance, Life Insurance, Retirement, Social Security, Workers Comp, and other benefits. The total salaries we budget to cost \$248,378 and we budget \$149,062 for benefits.

### Contract Services

**Briefly describe the Contract Services you will pay for with DORA funding.**

<b>Total Contract Costs</b>	<b>\$ 166,489</b>
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This will pay for any DORA clients that need residential care, drug screens, or other treatment the designated DORA staff couldn't provide themselves. This is also where the overhead costs will be billed.

### Equipment, Supplies and Operating (ESO)

**Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.**

<b>Total ESO Costs</b>	<b>\$ 79,513</b>
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These expenses include office supplies, cost of Vivitrol injections, licensure costs, user fees for EHR, office space cost, communications cost, and information technology costs.

### Travel/Transportation

**Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.**

<b>Total Travel/Training Costs</b>	<b>\$ 622</b>
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This is to pay for staff to attend the Fall Conference in St George. This helps clinical staff obtain their continuing education credit hours.

<b>Total Grant</b>	<b>\$ 644,064</b>
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Local Authority:

**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 a county wide needs assessment and collecting multiple data points for analysis. Our next step will be to assess resources and gaps for our highest risk and lowest protective factors. A plan will be developed to address individual community needs and balance readiness and available resources. Additionally, The Community Readiness Model developed at the Tri-Ethnic Center is used 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.

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 the risk factors and protective factors they can impact. Proposals 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. Provo School District, Provo City and UCADDAPT are currently implementing the CTC model based on data.

Local Authority:

## Form C – Substance Abuse Prevention Narrative

### 2) Risk/Protective Factors

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

The SHARP Survey is used by the Utah County Department of Drug and Alcohol Prevention to determine where and what prevention efforts are most needed in Utah County. The breakdown of the 2013 SHARP Survey for Utah County (the latest available) has identified trend data from 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students from the 2009 to 2013. The highest risk factors for Utah County are as follows:

1. Low Commitment to School
2. Depressive Symptoms
3. Parental Attitudes Favorable to Anti-social Behaviors

In addition to these top three, Parental Attitudes Favorable to Anti-social Behaviors had a significant increase and decrease among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> Grades from years 2005-2013. While this trend is decreasing in Utah County, it is important to note that youth are more likely to experiment with alcohol and drugs when their parents have favorable attitudes toward alcohol or drug use.

There are certain factors that can buffer or protect youth from experiencing problem behaviors. In Utah County, we want to see these protective factors remain high, to lower Utah County youth's risk of participating in problem behaviors like substance abuse, teen pregnancy, school dropout, etc. Trend data from 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students from the 2009 to 2013 SHARP Surveys show specific protective factors that are decreasing among our youth in Utah County.

1. Rewards for Pro-social Involvement in School
2. Family/Individual Pro-social Involvement

Youth in Utah County are reporting that they do not feel that they receive recognition, encouragement, or praise for their contributions or accomplishments in their schools and their families. They are also reporting that they are not involved in positive school or community activities. The decrease in these protective factors may lead to a youth population that is more vulnerable to substance use/abuse.

Strengthening protective factors and decreasing risk factors will have a beneficial influence on the individual and community environment in which Utah County youth live. Youth will be less vulnerable to problem behaviors, including alcohol and marijuana use. According to this data, risk prevention efforts should focus on increasing commitment to school, decreasing depressive symptoms, and decreasing parental attitudes favorable to anti-social behaviors. Protective factor efforts should focus on increasing rewards for pro-social involvement in school and family, and increasing individual pro-social involvement. Addressing these trends will decrease youth substance use in Utah County.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

During FY 2016, UCADDAPT will continue to coordinate the Substance Misuse and Abuse Reduction Team (SMART) for Utah County, provide technical assistance to three CTC coalitions and, participate with Intermountain Health Care 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 building for the Communities That Care model is slow and often very political with regard to funding and readiness. Economic difficulty for cities presents obstacles 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.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

The planning process 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 is the foundation for building around each individual community risk and protective factors.

Local Authority:

**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 BYU's School of Public Health and School of Social Work 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 contract prevention providers are required by contract to complete a year-end report specific to the measures in their logic models. Those reports are due June 15 of the fiscal year. The providers that are not on a national registry for evidence based programs are required in contract to submit to the State Evidence Based workgroup within a year of the initial department contract.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

Logic models for Utah County Prevention are attached.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2015 and describe why they were discontinued.**

UCADDAPT and Springville City collaboratively worked together to implement the CTC model for the past four years. Springville City chose not to renew their contract for funding and technical assistance with UCADDAPT for the following reasons: 1) The funding provided to Springville City was based on a requirement that CTC fidelity requirements, benchmarks and milestones to measure success. Springville did not comply with this contractual obligation; 2) Professional training obligations of the contract were not met by the CTC coordinator with the key leader and community boards; and 3) Additional barriers with the CTC coordinator and following the model for planning and workgroups were not utilized as the basis of the model. Simply put, the Springville CTC contract was terminated for multiple substantive violations of their contract.

Local Authority:

**Form C – Substance Abuse Prevention Narrative**

**8) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

Members of the JRI implementation team are listed in the Treatment Narrative. Current funding for JRI will not be utilized in Prevention.

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

This requirement is described fully in the Treatment Narrative.

Assessing needs and identifying current resources and gaps for the target population must be completed for planning purposes. Furthermore, once programs and practices are determined to meet the target population needs an evaluation plan will be outlined for outcome measurements.

**Identify your proposed outcome measures.**

Outcome measures for JRI are described fully in the Treatment Narrative.

Local Authority:

<b>Program Name:</b> Prevention Dimensions			<b>Evidence Based:</b> YES					
<b>LSAA:</b> Utah County								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD use	<p>Opportunities &amp; rewards for pro-social Involvement in school</p> <p>Favorable attitudes towards drug use</p>	K-12 <sup>th</sup> grade students in Utah County Elementary and Secondary Schools			In the classroom, teachers will provide four core PD lessons components 15-20 hrs per year in Alpine, Provo, and Nebo School Districts.	<p>Opportunities for pro-social involvement in school will Increase from 73.6% in 2013 in grades 6-12 to 74.6% in 2015</p> <p>Favorable attitudes toward drug use will decrease from 11.4% in 2013 to 10.4% in 2015.</p>	ATOD use rates will remain level from 2013 to 2025 for all grades.

<b>Measures &amp; Sources</b>	2013 SHARP	2013 SHARP	Social Research Institute - PD output measures	Number of PD lessons taught in UT CNTY School Districts.	2015 SHARP	2025 SHARP
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<b>Program Name:</b> First Offender (Prime For Life)				<b>Evidence Based:</b> YES				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD use	Favorable attitudes towards drug use  Perceived risk of drug use	Indicated youth in secondary schools (grades 7-12) in Utah County (Alpine, Provo, and Nebo School Districts).			First Offender Prime For Life 8 hr course, four sessions long/ 5 cycles per year in Alpine & Nebo School Districts for students 7-12.	Favorable attitudes towards drug use will decrease from 70% to 60% per class.  Perception of risks towards drug use will increase from 30% to 45% per class.	ATOD use will decrease 1% in Alpine and Nebo School Districts.

<b>Measures &amp; Sources</b>	Pre and Post participants surveys	Pre and post participant surveys.	Program records	Program records	Pre and Post Surveys	District SHARP Reports
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Program Name: Why Try			Evidence Based: YES				
LSAA: Utah county							
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>		<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I	<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD Use	Low commitment to school  Academic failure	Selective and indicated students (grades 7-12) in Alpine, Provo, and Nebo School Districts		Why Try Class  1 hr, 20 minute every other day for each semester  Alpine, Provo, and Nebo School Districts	Low Commitment to school will decrease from 35.9% in 2013 to 34% in 2015.  Academic failure will decrease from 25.5% in 2013 to 24.5% in 2015.	ATOD use will decrease 1% in Alpine, Provo and Nebo School Districts

<b>Measures &amp; Sources</b>	Program records	SHARP 2013	Program and attendance records	Program and attendance records	SHARP 2015	District SHARP Reports
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<b>Program Name:</b> Eliminate Alcohol Sales to Youth				<b>Evidence Based:</b> No				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce underage consumption of alcohol	Availability of alcohol  Community laws and norms favorable towards alcohol use	Universal: Clerks and Cashiers in off-premise alcohol retail outlets in Utah County			<p>Mandatory training for all cashiers in Utah County who sell alcohol at off-premise establishments.</p> <p>Presentation to be conducted 1<sup>st</sup> and 3<sup>rd</sup> Thursday of each month (24 class sessions/year); each session lasting for 70 minutes – 4:00 pm – 5:10 pm.</p> <p>An average of 22 participants per month. Training classes to be located @ Utah County Dept of Drug &amp; Alcohol Prevention &amp; Treatment in Provo, UT.</p> <p>151 S. University Avenue, Ste 2500, Provo, UT, 84606</p>	Maintain a alcohol compliance rate of 90% in Utah County among off-premise retailers	<p>Maintain Underage Consumption of alcohol rates below 5% (30 day use)</p> <p>Reduce alcohol consumption &amp; possession citations for underage individuals from 239 in</p>

				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.		2014 to 200 in 2025.
<b>Measures &amp; Sources</b>	4 <sup>th</sup> District Juvenile Court records for possession citations and DUI arrests for alcohol.  Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey	Program records including training dates and participation records	Utah County program records  Utah County compliance check records	Student Health and Risk Prevention Survey (SHARP) survey  Utah County compliance check records	Student Health and Risk Prevention Survey (SHARP) survey  4 <sup>th</sup> District Juvenile Court records for possession citations and DUI arrests, for alcohol.

<b>Program Name:</b> Parents Empowered				<b>Evidence Based:</b> YES				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce Underage drinking	Parental attitudes favorable to drug use	Parents of youth ages 10-16 in Utah County			<p>Articles, PSAs, and/or ads will be placed in local newspapers focusing on Parents Empowered and ATOD prevention.</p> <p>Parents Empowered Kits and collateral items will be distributed at various UT CNTY community events: middle and high schools, community classes, and worksite promotions.</p>	Parental attitudes favorable to drug use will decrease from 6.1% in 2013 to 5.1% in 2015	Underage drinking rates will remain level from 2013 to 2025 for all grades.

<b>Measures &amp; Sources</b>	SHARP 2013	Program collateral item records	Program collateral item records	Program collateral item records	SHARP 2015	SHARP 2025
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<b>Program Name:</b> Community Events			<b>Evidence Based:</b> No					
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD use	<p>Perceived availability of drugs</p> <p>Attitudes favorable to drug use</p> <p>Early initiation of drug use</p>	Universal populations of all ages in Utah County			<p>Provide evidenced- based prevention information and strategies using the Prevention-Guiding Principles in UT CNTY</p>	<p>Perceived availability of drugs will decrease from 21.3% in 2013 to 20.3% in 2015</p> <p>Attitudes favorable to drug use will decrease from 11.4% in 2013 to 10.4% in 2015</p> <p>Early initiation of drug use will decrease from 7.4% in 2013 to 6.4% in 2015</p>	<p>ATOD use rates will remain level from 2013 to 2025</p>

<b>Measures &amp; Sources</b>	SHARP 2013	SHARP 2013	Demographics from universal populations of all ages	Demographic records of participants and evidence-based prevention strategies	SHARP 2015	SHARP 2025
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<b>Program Name:</b> Truancy Alpine School District				<b>Evidence Based:</b> YES				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD abuse	<p>Low commitment to school</p> <p>Favorable attitudes toward antisocial behavior</p> <p>Favorable attitudes towards drug use</p>	Indicated youth in the secondary grades (7-12) in Alpine School District			<p>Truancy Program is the program the citations? for students in 7-12 grade who are referred in Alpine School District</p> <p>Following 5 unexcused absences, the 1st truancy citation will be sent home along with student and parent contract.</p> <p>Following 10 unexcused absences, the 2nd Citation will be sent home</p>	<p>In Alpine School District:</p> <p>Low Commitment to school will decrease from 35.3% in 2013 to 34.3% in 2015.</p> <p>Favorable attitudes towards anti-social behavior will decrease from 22.9% in 2013 to 21.9% in</p>	<p>In Alpine School District:</p> <p>ATOD use rates will remain level from 2013 to 2025</p>

				<p>and student will be required to attend truancy school.</p> <p>Failure to attend truancy school will result in court referral</p> <p>15 unexcused absences will result in court referral</p>	<p>2015.</p> <p>Attitudes favorable towards drug use will decrease from 10.3% in 2013 to 9.3% in 2015.</p>	
<p><b>Measures &amp; Sources</b></p>	<p>Alpine School District will track police and court data related to target population</p> <p>Quarterly behavior, attendance, and grade point average reports</p>	<p>SHARP 2013 Alpine School District Profile Report</p>	<p>Program attendance records</p> <p>Program Logs</p>	<p>Student and parent contracts</p> <p>Program attendance records</p> <p>Program logs</p> <p>Court records</p>	<p>SHARP 2015 Alpine School District Profile Report</p>	<p>Police and court data</p> <p>Quarterly behavior, Attendance, and grade point average reports</p>

<b>Program Name:</b> Aspire Afterschool Program				<b>Evidence Based:</b> no				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Prevent ATOD use	Low commitment to school  Opportunity for pro-social involvement	Elementary and Middle school students in Utah County			4-H program, two 12-week sessions of afterschool clubs for the school year, four to five days per week for 1.5 to 3 hours per day in UT CNTY elementary and middle schools	Low commitment to school will decrease from 35.9% in 2013 to 34.9% in 2015.  Opportunities for pro-social involvement in school will increase from 75.6% in 2013 to 76.6% in 2015.	ATOD use rates will remain level from 2013 to 2025

<b>Measures &amp; Sources</b>	SHARP 2013	SHARP 2013	Attendance records	Attendance records	SHARP 2015	SHARP 2025
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<b>Program Name:</b> Adult Prime for Life				<b>Evidence Based:</b> YES				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD use	Attitudes favorable towards drug use  Perceived risk of drug use	Adult DUI offenders 21 years old and over in Utah County			Prime for Life  8 sessions per year  16-hour course: 3x's per week for 2 weeks from 5:30-8:00 pm  Offered @ Utah County Health & Justice Building	Favorable attitudes towards drug use will decrease from 70% to 60% per class.  Perception of risks towards drug use will increase from 30% to 45% per class.	ATOD use will decrease 1% among program participants in Utah County
<b>Measures &amp; Sources</b>	Evaluation Lizard Pre/Post Survey	Evaluation Lizard Pre/Post survey	Utah County Department of Drug and Alcohol Prevention and Treatment attendance records			Utah County Department of Drug and Alcohol Prevention and Treatment attendance records	Evaluation Lizard Pre/Post Survey	Utah County Incarceration Recidivism Report

<b>Program Name:</b> Guiding Good Choices				<b>Evidence Based:</b> YES				
<b>LSAA:</b> Utah county								
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>			<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD Use	Family Conflict  Depressive Symptoms	Parents living in Eagle Mountain/Saratoga Springs area with children between the ages of 9-14.			4 Session/year  2 sessions offered at Eagle Mountain, 2 sessions offered at Saratoga Springs.  2 hrs, 1x week, for 5 weeks.  Includes Dinner and Daycare for families attending.	Family Conflict will decrease from 30.9% in 2013 to 29.9% in 2015  Depressive Symptoms will decrease from 33.0% in 2013 to 32.0% in 2015.	ATOD use will decrease 1% among program participants in Utah County

<b>Measures &amp; Sources</b>	SHARP 2013 Saratoga Springs & Eagle Mountain Community Profile Report	SHARP 2013 Saratoga Springs & Eagle Mountain Community Profile Report  Pre/Post Survey	Program Attendance Records	Program Attendance Records	SHARP 2015 Saratoga Springs & Eagle Mountain Community Profile Report  Pre/Post Survey	SHARP 2025 Saratoga Springs & Eagle Mountain Community Profile Report
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<b>Program Name:</b> Strengthening Families				<b>Evidence Based:</b> YES			
<b>LSAA:</b> Utah County							
	<b>Goal:</b>	<b>Factors:</b>	<b>Focus Population</b>		<b>Strategies:</b>	<b>Outcomes:</b>	
			U	S	I	<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce ATOD Use	Family conflict  Low commitment to school	20 Families with teenagers ages 12-15, within Payson community.  Payson area families will be referred by principals and counselors of Nebo School District and local Department of Child and Family Services.		Strengthening Families Program Includes:  Two cycles of 14 sessions held weekly. Each cycle includes one introduction session, twelve instruction sessions, and one graduation session.  Each session is 2.5 hours (35 hours per cycle), 6-8:30pm every Wednesday.  Sessions will be held at Payson Junior High located at 1025 South Highway 198, Payson UT. 84651  Payson area families will be referred by principals and counselors of Nebo School District and local	Reduce family conflict from 29.4% in 2013 to 28.4% in 2015.  Reduce low commitment to school from 36.3% in 2013 to 35.3% in 2015.	ATOD use will decrease 1% among program participants in Utah County

				Department of Child and Family Services.		
<b>Measures &amp; Sources</b>	SHARP 2013 Payson Community Profile Report  Pre/Post Survey	SHARP 2013 Payson Community Profile Report	Program Attendance Records	Program Records	SHARP 2015 Payson Community Profile Report	SHARP 2025

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

based on 2010 HHS Poverty Guidelines

**MONTHLY FEE**

Monthly In Above	Annual Income								
	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.

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

151 SOUTH UNIVERSITY AVE., SUITE 3200 t PROVO, UTAH 84601 t 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.

#####

**BOARD OF COUNTY COMMISSIONERS, UTAH COUNTY, UTAH**  
**MINUTES OF PUBLIC MEETING**  
**COMMISSION CHAMBERS, ROOM 1400**  
**OF THE UTAH COUNTY ADMINISTRATION BUILDING**  
**January 6, 2015 - 9:00 A.M.**

**PRESENT:** COMMISSIONER LARRY A. ELLERTSON, CHAIR  
COMMISSIONER WILLIAM C. LEE, VICE-CHAIR  
COMMISSIONER GREG GRAVES

**ALSO PRESENT:**

Bryan E. Thompson, Utah County Clerk/Auditor	Jeff Smith, Utah County Recorder
Paul Jones, Utah County Deputy Attorney	Andrea Allen, Utah County Recorder's Office
Burt Harvey, Clerk/Auditor - Tax Admin. Supervisor	James O. Tracy, Utah County Sheriff
Sandy Nielson, Clerk/Auditor's Office - Tax Admin.	Mike Forshee, Utah County Sheriff's Office
Vicky Westergard, Clerk/Auditor's Office - Tax Admin.	Dalene Higgins, Utah County Sheriff's Office
Brian Voeks, Utah County Commission Office	Eldon Packer, Utah County Sheriff's Office
Sandy Hoffman, Utah County Assessor's Office	Wally Perschon, Utah County Sheriff's Office
Peter Jeppsen, Utah County Assessor's Office	Kim T. Jackson, Utah County Treasurer
Clarissa Reeve, Utah County Assessor's Office	Cary McConnell, Utah County Treasurer's Office
Bryce Armstrong, Community Development	Cathy Davies, Utah County Justice Court
Brandon Larsen, Community Development	Ron Harris, Young Living Essential Oils
Joshua K. Ivie, Community Development	Kneel Robinson, Newmark Grubb Acres Inc
Dr. Joseph K. Miner, Health Department Exec. Director	Eldon A. Neves, Citizens for Rural Utah
Bryce C. Larsen, Utah County Health Department	Carl Bacon, -No further information given-
Richard Nance, Drug & Alcohol Prevention & Treatment	Jeanne Gomm, -No further information given-
Mark Brady, Assistant Personnel Director	Casey Voeks, -No further information given-
Richard Nielson, Utah County Public Works Director	Mike Stansfield, Fairways Media
Gary Ratcliffe, Utah County Surveyor	Renée Huggins-Caron, Clerk/Auditor Admin. Assist.

Commissioner Ellertson called the meeting to order at 9:08 A.M. and welcomed those present. The following matters were discussed:

**PRAYER/READING/THOUGHT:** Bill Lee, Utah County Commissioner

**PLEDGE OF ALLEGIANCE:** Greg Graves, Utah County Commissioner

**CONSENT AGENDA**

- 1. ELECT A CHAIR AND VICE-CHAIR OF THE BOARD OF COUNTY COMMISSIONERS OF UTAH COUNTY, UTAH FOR THE YEAR 2015, PURSUANT TO SECTION 17-53-203, UTAH CODE ANNOTATED, 1953 AS AMENDED**

The Board requested Consent Agenda Item No. 1 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

- 2. APPROVE THE 2015 PORTFOLIO ASSIGNMENTS FOR THE UTAH COUNTY COMMISSIONERS**
- 3. DECLARE A REFRIGERATOR AS SURPLUS TO BE DISPOSED OF VIA PUBLIC AUCTION**  
*(Continued from the December 30, 2014 Commission meeting)*

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4. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, BEAR CLAW CABIN LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 4 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

5. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, CREEKSIDE LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 5 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

6. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, TREE ROOM - FOUNDRY GRILL LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 6 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

7. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, GROCERY DELI LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 7 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

8. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, OUTDOOR THEATER - REHEARSAL HALL - SCREENING ROOM - CATERING - CONFERENCE CENTER LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 8 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

9. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, OWL BAR LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY**

The Board requested Consent Agenda Item No. 9 be moved to the Regular Agenda for discussion.  
PULLED TO REGULAR

**10. RATIFICATION OF WARRANT REGISTER SUMMARY**

It was clarified for the record that while the agenda had only been noticed for 2015 Register Nos. 1 through 6, the correct summary should have also included remaining 2014 Register Nos. 1247 through 1259 as detailed below. The minutes reflect the verbal changes made during the meeting and list the full warrant register summary.

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Register No. 1247	December 29, 2014	Check Nos. 203004-203012	Total: \$ 9,488.00
Register No. 1248	December 29, 2014	Direct Deposit:21112-21113	Total: \$ 961.10
Register No. 1249	December 30, 2014	Direct Deposit:21114-21137	Total: \$ 85,959.95
Register No. 1250	December 30, 2014	Direct Deposit:21138-21139	Total: \$ 4,979.35
Register No. 1251	December 30, 2014	Check Nos. 203013-203013	Total: \$ 553.95
Register No. 1252	December 30, 2014	Check Nos. 203014-203014	Total: \$ 79.00
Register No. 1253	December 30, 2014	Check Nos. 203015-203056	Total: \$ 110,884.33
Register No. 1254	December 31, 2014	Check Nos. 203057-203069	Total: \$ 70,170.00
Register No. 1255	December 31, 2014	Direct Deposit:21140-21144	Total: \$ 2,604.86
Register No. 1256	December 31, 2014	Purchasing Cards 3769-3770	Total: \$ 1,086.23
Register No. 1257	December 31, 2014	Purchasing Cards 3771-3772	Total: \$ 139.06
Register No. 1258	December 31, 2014	Direct Deposit:21145-21148	Total: \$ 2,265.78
Register No. 1259	December 31, 2014	Check Nos. 203070-203070	Total: \$ 45.00
Register No. 1	January 2, 2015	Check Nos. 203071-203080	Total: \$ 89,090.79
Register No. 2	January 2, 2015	Direct Deposit:21149-21149	Total: \$ 165.56
Register No. 3	January 2, 2015	Check Nos. 203081-203149	Total: \$ 228,395.09
Register No. 4	January 2, 2015	Check Nos. 203150-203150	Total: \$ 3,687.44
Register No. 5	January 2, 2015	Check Nos. 203151-203163	Total: \$ 3,351.00
Register No. 6	January 2, 2015	Check Nos. 203164-203168	Total: \$ 2,154.00
		<b>Total:</b>	<b>\$ 619,060.49</b>

Consent Agenda Item Nos. 2, 3 and 10 were approved as written. Commissioner Ellertson recommended the following Regular Agenda items be moved to Consent:

2. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IR1023 COPIER, SERIAL NO. TJE21514, LOCATED IN THE ASSESSOR'S OFFICE - EXPIRES 12/31/2015
3. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IR3245 COPIER, SERIAL NO. DHK02253, LOCATED IN THE CLERK/AUDITOR'S OFFICE - EXPIRES 12/31/2015
4. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IRC5185 COPIER, SERIAL NO. MER06606, LOCATED IN THE HEALTH DEPARTMENT - EXPIRES 12/31/2015
5. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IR330 COPIER, SERIAL NO. MPH28832, LOCATED IN THE HEALTH DEPARTMENT - EXPIRES 12/31/2015
6. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IR2800 COPIER, SERIAL NO. MPJ12498, LOCATED IN THE DEPARTMENT OF DRUG AND ALCOHOL PREVENTION AND TREATMENT - EXPIRES 12/31/2015
7. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IRADV4245 COPIER, SERIAL NO. RKM01348, LOCATED IN THE JUSTICE COURT - EXPIRES 12/31/2015

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8. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN A MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA FOR AN IR2200 COPIER, SERIAL NO. MPG36364; AN IR5000 COPIER, SERIAL NO. MPL67642; AND TWO IR2230 COPIERS, SERIAL NOS. MSA00812 AND MSA00891, ALL LOCATED IN THE SHERIFF'S OFFICE - EXPIRES 12/31/2015**
  
10. **APPROVE A QUIT CLAIM DEED TO DAVID W. HARR AND NANCY E. HARR, HUSBAND AND WIFE, AND AUTHORIZE THE CLERK/AUDITOR TO SIGN THE QUIT CLAIM DEED RELEASING THE COUNTY'S INTEREST IN A TRUST DEED SECURED BY LOT 3, PLAT C, SOLDIER SUMMIT ESTATES SUBDIVISION BECAUSE ALL THE NECESSARY IMPROVEMENTS HAVE BEEN COMPLETED**

The Board suggested this item be stricken from the agenda.

STRICKEN

11. **APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE CO-SPONSORSHIP AGREEMENT WITH THE UTAH COUNTY ARTS BOARD**

The commissioners requested Regular Agenda Item No. 11 be continued to a future meeting of the Board, on a date yet to be determined.

CONTINUED WITHOUT DATE

12. **ADOPT RESOLUTION OF APPOINTMENT OF DOUG WITNEY AS A MEMBER AND REAPPOINTMENT OF DONALD B. OLSEN AS AN ALTERNATE MEMBER TO THE UTAH COUNTY BOARD OF ADJUSTMENT**
  
13. **ADOPT RESOLUTION APPROVING AND AUTHORIZING THE EXECUTION OF AN INTERLOCAL COOPERATION AGREEMENT WITH THE TOWN OF GOSHEN REGARDING LIBRARY SERVICES**

**ACTIONS TAKEN**

**Consent Agenda Item Nos. 1 and 4 through 9 were tabled for further discussion; No. 2 was approved; No. 3 was declared as surplus; and No. 10 was ratified. Regular Agenda Item Nos. 2 through 8 were approved and authorized; No. 10 was stricken from the agenda; No. 11 was continued without date; and Nos. 12 and 13 were adopted.**

**AGREEMENT NOS.:** 2015-1, 2015-2, 2015-3, 2015-4, 2015-5, 2015-6, 2015-7, 2015-8, 2015-9 and 2015-10

**RESOLUTION NOS.:** 2015-1 and 2015-2

**REGULAR AGENDA**

**(PULLED FROM CONSENT)**

1. **ELECT A CHAIR AND VICE-CHAIR OF THE BOARD OF COUNTY COMMISSIONERS OF UTAH COUNTY, UTAH FOR THE YEAR 2015, PURSUANT TO SECTION 17-53-203, UTAH CODE ANNOTATED, 1953 AS AMENDED**

The Board requested Consent Agenda Item No. 1 be moved to the Regular Agenda for discussion.

PULLED TO REGULAR

**Commissioner Graves made the motion to elect Larry A. Ellertson as the Chair and Bill Lee as the Vice-Chair of the Board of County Commissioners of Utah County, Utah for the year 2015 as defined in Consent Agenda Item No. 1. The motion was seconded by Commissioner Lee and carried with the following vote:**

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AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None

AGREEMENT NO. 2015-11

The commissioners chose to address Consent Agenda Item Nos. 4 through 9 simultaneously as they are directly related.

**(PULLED FROM CONSENT)**

4. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, BEAR CLAW CABIN LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-12

**(PULLED FROM CONSENT)**

5. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, CREEKSIDE LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-13

**(PULLED FROM CONSENT)**

6. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, TREE ROOM - FOUNDRY GRILL LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-14

**(PULLED FROM CONSENT)**

7. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, GROCERY DELI LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-15

**(PULLED FROM CONSENT)**

8. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, OUTDOOR THEATER - REHEARSAL HALL - SCREENING ROOM - CATERING - CONFERENCE CENTER LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-16

**(PULLED FROM CONSENT)**

9. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN THE RENEWAL CLASS B RETAIL BEER LICENSE (ON-PREMISE CONSUMPTION) APPLICATION FOR SUNDANCE PARTNERS, LTD, OWL BAR LOCATED AT 8841 N ALPINE LOOP RD IN THE PROVO CANYON AREA OF UNINCORPORATED UTAH COUNTY

AGREEMENT NO. 2015-17

Commissioner Lee noted that some of the applications for Sundance Partners, LTD seemed to be missing information requested as part of the process. Bryce Armstrong of the Community Development Office explained that the applications are complete, as the process is divided between his office and the Utah County Sheriff's Office. Commissioner Lee asked that staff double-check to ensure, as one of the four applicants on the lists omitted details.

**Commissioner Lee made the motion to approve and authorize the renewal Class 'B' Retail Beer License (on-premise consumption) Applications for Sundance Partners, LTD, at various establishments as specified in Consent Agenda Item Nos. 4 through 9, subject to completion of all necessary information as discussed. The motion was seconded by Commissioner Graves and carried with the following vote:**

**AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None**

### **REGULAR AGENDA**

**1. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN AN AGREEMENT WITH THE UVU FOUNDATION, A NON-PROFIT CORPORATION FOR THE COUNTY SPONSORSHIP OF A BENEFIT CONCERT - REPLACING AGREEMENT NO. 2014-839**

Commissioner Ellertson noted the change of name for this contract, requiring a new agreement be signed. He also requested that clarifying language be added to Section 1 of the agreement to include wording for "promoting the tourism and visitation aspects of Utah County." Commissioner Lee questioned the name change, and Commissioner Ellertson explained Utah Valley University Foundation, Inc. is putting on the program to benefit the Elizabeth Smart Foundation; the previous contract was erroneously with the charity rather than the group collecting proceeds. Commissioner Lee stated concern for other foundations that would request the same, asking whether the county will be able to donate \$20,000 to each entity. Commissioner Ellertson responded that would be determined on a case-by-case basis. Commissioner Lee expressed he does not have enough information on how this benefits the county, and Commissioner Ellertson pointed out that the benefit for the county as well as the funding source for this contract is tourism promotion.

**Commissioner Graves made the motion to approve and authorize the agreement with the UVU Foundation, with the changes specified in Regular Agenda Item No. 1.**

Because there was lack of a second, Commissioner Ellertson briefly suspended Robert's Rules of Order for the purpose of seconding this motion.

**The motion was seconded by Commissioner Ellertson and carried with the following vote:**

**AYE: Larry A. Ellertson  
Greg Graves  
NAY: William C. Lee**

AGREEMENT NO. 2015-18

**9. APPROVE AND AUTHORIZE THE COMMISSION CHAIR TO SIGN AN AGREEMENT WITH THE UTAH DEPARTMENT OF HEALTH TO FUND STD INVESTIGATION SERVICES**

Utah County Health Department Executive Director Dr. Joseph K. Miner came forward. He informed the Board this is an ongoing contract with the Utah Department of Health to investigate sexually-transmitted infections as reported by the community and identified at the clinic. A fee is charged to the individuals but can be waived if they are unable to pay. There are certain parts of the process that the County Health Department cannot charge to the public, such as

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identifying and treating contacts of the patients. Commissioner Lee noted the complete funding by the federal government, but a \$3,200 charge for the county. Dr. Joseph K. Miner clarified there is some expense to the county in order to control infectious and communicable diseases, but there is no required match for the grant.

**Commissioner Lee made the motion to approve and authorize an agreement with the Utah Department of Health to fund STD Investigation Services as detailed in Regular Agenda Item No. 9. The motion was seconded by Commissioner Graves and carried with the following vote:**

**AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None**

AGREEMENT NO. 2015-19

At this point, the commissioners determined which closed meetings would be necessary to set and which could be stricken from the Regular Agenda.

**15. SET A DATE, TIME AND LOCATION FOR A CLOSED MEETING FOR A STRATEGY SESSION TO DISCUSS PENDING OR REASONABLY IMMINENT LITIGATION**

STRICKEN

**16. SET A DATE, TIME AND LOCATION FOR A CLOSED MEETING FOR A STRATEGY SESSION TO DISCUSS THE PURCHASE, EXCHANGE, OR LEASE OF REAL PROPERTY**

STRICKEN

**17. SET A DATE, TIME AND LOCATION FOR A CLOSED MEETING FOR A STRATEGY SESSION TO DISCUSS THE SALE OF REAL PROPERTY**

STRICKEN

**18. SET A DATE, TIME AND LOCATION FOR A CLOSED MEETING TO DISCUSS COMMERCIAL INFORMATION AS DEFINED IN SECTION 59-1-404, U.C.A., AS AMENDED**

STRICKEN

**Commissioner Graves made the motion to strike Regular Agenda Item Nos. 15, 16, 17, and 18 to set dates, times, and locations for a closed meeting for a strategy session to discuss pending or reasonably imminent litigation; for a strategy session to discuss the purchase, exchange, or lease of real property; for a strategy session to discuss the sale of real property; and to discuss commercial information as defined in Section 59-1-404, U.C.A., as amended. The motion was seconded by Commissioner Lee and carried with the following vote:**

**AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None**

**14. SET A DATE, TIME AND LOCATION FOR A CLOSED MEETING TO DISCUSS THE CHARACTER, PROFESSIONAL COMPETENCE, OR PHYSICAL OR MENTAL HEALTH OF AN INDIVIDUAL OR INDIVIDUALS**

**Commissioner Graves made the motion to set a date, time and location for a closed meeting for a strategy session to discuss the character, professional competence, or physical or mental health of an individual or individuals to immediately follow the public comment portion of the regular public meeting today in Room 1400 of the County Administration Building. The motion was seconded by Commissioner Lee and carried with the following vote:**

**AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None**

SET

### **WORK SESSION**

#### **1. PROJECT SANUS OVERVIEW BY RON HARRIS**

Commissioner Ellertson introduced Ron Harris, Vice President of Real Estate and Facilities for Young Living Essential Oils. Newmark Grubb Commercial Real Estate Executive Vice President Kneel Robinson also came forward. Mr. Harris provided background on Young Living Essential Oils, referring to it as the 'mother of the essential oil business' and reviewing the history for company founder Gary Young. Young Living has farms throughout the world and has a trademarked quality "seed to seal" process. Mr. Harris spoke of increasing sales, a variety of products, and the vision statement of the company to bring Young Living Essential Oils to every home in the world. Because of their increasing inventory and growth, the company has received incentives from the state to continue operating in Utah; they are now hoping for a similar arrangement from the county and city.

Dave Anderson, Community and Economic Development Director for Spanish Fork City, joined Ron Harris and Kneel Robinson at the stand. He expressed gratitude for their approach to Spanish Fork City and Nebo School District to discuss the possibility of a facility expansion project. Mr. Anderson explained the city would be voting tonight on the Sierra Bonita Community Development Area Plan, and the potential for a new tax increment to help fund the project. The arrangement would allow approximately thirty percent of the new taxes generated from the development would go to the existing taxing entities for the next ten years, including Utah County if the county chooses to participate. Mr. Anderson anticipates the Spanish Fork City Council to take action in favor of the plan and agreement with Young Living, as well as Nebo School District the following week.

Commissioners Lee and Ellertson reviewed the financial statistics with Dave Anderson, and Mr. Anderson talked about benefits for all involved entities. They discussed statute, legality, water and sewer lines, economic development, and possible complications. Ron Harris provided a timeline for the project which would add 96,000 square feet to the current facility, noting a site plan would be submitted to Spanish Fork City in the next few weeks and expressing hope for construction to be completed in the year 2016. They reviewed the details of an interlocal agreement, and Kneel Robinson commented on the loyalty of the company. He mentioned that the current request is for assistance with the warehouse, but there is a possibility for expanded headquarters in the future.

### **PUBLIC COMMENTS**

There were no public comments and the meeting recessed at 10:00 A.M. to go into closed meetings. The public meeting reconvened at 10:20 A.M.

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**Commissioner Graves made the motion to adjourn the January 6, 2015 meeting of the Utah County Board of Commissioners. The motion was seconded by Commissioner Lee and carried with the following vote:**

**AYE: Larry A. Ellertson  
William C. Lee  
Greg Graves  
NAY: None**

There being no further business nor public comment, the meeting adjourned at 10:20 A.M. The minutes of the January 6, 2015 Commission meeting were approved as transcribed on February 10, 2015.

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LARRY A. ELLERTSON, Commission Chair

ATTEST:

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BRYAN E. THOMPSON  
Utah County Clerk/Auditor

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

**IN WITNESS WHEREOF:**

The Local Substance Abuse Authority Board for Utah County approves and submits the attached Area Plan for State Fiscal Year 2016 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:** Utah County Local Substance Abuse Authority Board

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

**PLEASE PRINT:**

**Name:** Larry A. Ellertson

**Title:** Chair, Utah County Commission

**Date:** April 28, 2015

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Utah County Dept of Drug and Alcohol Prevention and Treatment

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	33,267	12,894	174,405	27,787		148,390	71,000	34,970	455,614	684	55,162	106,000	\$1,120,173
Drug Offender Reform Act	465,632	4,232	174,405			10,193					4,007		\$658,469
Local Treatment Services	511,857	942,068	174,404	442,408		1,741,417	798,350	373,039	160,128	24,316	232,933	714,802	\$6,115,722
Total FY2016 Substance Use Disorder Treatment Revenue	\$1,010,756	\$959,194	\$523,214	\$470,195	\$0	\$1,900,000	\$869,350	\$408,009	\$615,742	\$25,000	\$292,102	\$820,802	\$7,894,364

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority												Total FY2016 Client Served	Total FY2016 Cost/ Client Served	
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue			TOTAL FY2016 Expenditures
Assessment Only	73,889	81,105	38,731	34,531		189,695	63,846	29,964	33,727	1,851	21,623	57,829	\$626,791	1,228	\$510
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	50,913		26,687	23,793			43,992	20,647	23,239	1,275	14,899	22,991	\$228,436	312	\$732
Residential Services (ASAM III.7, III.5, III.1 III.3 II.1 or III.3)	307,769	305,760	161,327	143,834		780,000	265,933	124,810	140,484	7,709	90,066	237,062	\$2,564,754	892	\$2,875
Outpatient (Methadone: ASAM I)	37,219	37,800	19,510	17,394		90,000	32,160	15,093	16,989	932	10,892	28,352	\$306,341	180	\$1,702
Outpatient (Non-Methadone: ASAM I)	222,938	169,082	116,859	104,187		267,926	192,633	90,408	152,817	5,584	65,241	120,559	\$1,508,234	421	\$3,583
Intensive Outpatient (ASAM II.5 or II.1)	228,151	365,447	119,593	106,624		572,379	197,139	92,522	213,213	5,714	66,767	257,553	\$2,225,102	428	\$5,199
Recovery Support (includes housing, peer support, case management and other non-clinical )	12,601			3,718			6,875	3,227				219,302	\$245,723	921	\$267
Drug testing	77,276		40,507	36,114			66,772	31,338	35,273	1,935	22,614	37,154	\$348,983	1,573	\$222
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$1,010,756	\$959,194	\$523,214	\$470,195	\$0	\$1,900,000	\$869,350	\$408,009	\$615,742	\$25,000	\$292,102	\$980,802	\$8,054,364	5,955	\$1,353

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority												TOTAL FY2016 Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	43,606	614,868	25,147	21,131		1,214,925	39,070	287,876	27,672	1,124	13,127	44,078	\$2,332,624
All Other Women (18+)	3,714	215,782	2,142	1,800		429,322	3,327	93,638	2,357	96	1,118	3,754	\$757,050
Men (18+)	859,964	36,066	495,925	416,731		71,758	770,500		545,729	22,157	258,889	869,280	\$4,346,999
Youth (12- 17) (Not including pregnant women or women with dependent children)	103,472	92,478		30,533		183,995	56,453	26,495	39,984	1,623	18,968	63,690	\$617,691
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$1,010,756	\$959,194	\$523,214	\$470,195	\$0	\$1,900,000	\$869,350	\$408,009	\$615,742	\$25,000	\$292,102	\$980,802	\$8,054,364

FY2016 Drug Offender Reform Act and Drug Court Expenditures

UCaDDAPT

Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	47,525	35,388	35,085	12,185	130,183
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	18,888	14,064	13,944	4,843	51,739
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	194,823	145,067	143,823	49,950	533,663
Outpatient (Methadone: ASAM I)	23,300	17,350	17,201	5,974	63,825
Outpatient (Non-Methadone: ASAM I)	99,058	73,759	73,127	25,397	271,341
Intensive Outpatient (ASAM II.5 or II.1)	211,694	157,630	156,278	54,275	579,877
Recovery Support (includes housing, peer support, case management and other non-clinical )	18,251	23,976	23,769	8,255	74,251
Drug testing	30,525	22,729	22,535	7,826	83,615
<b>FY2016 DORA and Drug Court Expenditures Budget</b>	<b>644,064</b>	<b>489,963</b>	<b>485,762</b>	<b>168,705</b>	<b>1,788,494</b>

Local Authority

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue							\$ 547,439	\$ 200,316			\$ 26,655	\$ 157,500	\$ 931,910

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match									
Universal Direct							250,121	200,316				101,500	351,000	\$ 551,937
Universal Indirect							102,935				3,348	56,000	151,200	\$ 162,283
Selective Services							149,484						4,350	\$ 149,484
Indicated Services							44,899				23,307		230	\$ 68,206
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 547,439	\$ 200,316	\$ -	\$ -	\$ 26,655	\$ 157,500	\$ 506,780	\$ 931,910

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 93,064	\$ 120,436	\$ 32,846	\$ 27,371	\$ 191,603	\$ 82,119	\$ 547,439