

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. The authority board approved change to our sliding fee scale was implemented upon the implementation of our new electronic health record on July 1. The sliding fee scale is now based on a percentage discount on services actually delivered rather than one based on a percentage of monthly income.

Local Authority:

Governance and Oversight Narrative

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.

Governance and Oversight Narrative

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.

We experienced significant management team turnover in 2015, and our new management structure with continuing vacancies in multiple key positions means that we have not performed adequate monitoring in the past 6 months. However, we will resume monitoring in the next few weeks.

Typically, 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.

UCADDAPT contacts 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 List of Excluded Individuals and Entities (LEIE) report to ensure that providers have no de-barred staff and check annually the System for Award Management (SAM report) for Medicaid assurances. We also ensure that each contracted provider has a current state substance abuse provider license, current liability insurance, and an annual financial audit. All contractors are required to complete annual HIPAA/42 CFR Part 2, sexual harassment, cultural diversity training and review code of conduct with each employee.

This past year, we implemented a more thorough quality of care chart monitoring system by establishing a new part time position tasked solely with this responsibility. With the implementation of a new EHR, and the requirement that all contract providers document in our EHR, quality monitoring is much easier to accomplish.

UCADDAPT implemented a new electronic health record system on July 1st, 2015 that allows us to increase the frequency and specificity of utilization management for clients receiving treatment through one of our subcontractors. We have instant access to charts and documentation. Additionally, a clinical staff assigned to program utilization will audit treatment documentation and provide technical assistance to contractors for qualitative approaches on a regular basis and upon contractor's request.

Our Contract Compliance Analyst (Corporate Compliance Officer) will perform some contract monitoring functions to review compliance with DSAMH and Medicaid contractual obligations starting this year.

Annual monitoring of contract treatment providers will mirror the annual DSAMH contract compliance site visits in content and process.

UCADDAPT plans to use the same monitoring tools that DSAMH uses to monitor us.

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

Form B - FY16 Amount Budgeted: \$639,685 *Form B - FY17 Amount Budgeted: \$85,169*

Form B – FY16 Projected Clients Served: 1,228 *Form B – FY17 Projected Clients Served: 620*

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 also be asked to provide Urine Analysis Drug Screen (UA) as part of the screening and referral process.

Youth Drug and Alcohol Engagement/Screenings are completed on a walk in basis and performed at the Utah County ADDAPT office in Provo, Utah. Youth clients are involved in the screening interview called the Simple Screening Instrument for Substance Abuse (SSI-SA) and the decision process related to their presenting issues and any subsequent recommendations and/or referrals for service. If the youth 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. Youth clients may be asked to provide Urine Analysis Drug Screen (UA) as part of the screening and referral process.

Clients receive a complete, person centered, strengths based, assessment from a licensed clinician once they have been screened and recommended to treatment. Assessments identify individual/family strengths/needs, trauma, suicidality, motivations for recovery, co-occurring conditions, medical needs and legal issues. Additionally, individual/family recovery capital strengths and needs (employment, social supports, problem solving capacity, etc) are identified and further evaluated by a case manager. Assessments are considered to be ongoing throughout the course of treatment.

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

A slight change in funding is expected resulting from arrangements made with LDS Social Services to provide screening, assessment, and treatment recommendation from the local LDSSS office. Changes in staff have resulted in an improvement in productivity and an increase in numbers of screenings performed over the past two months. LDSSS referrals for screenings are anticipated to be around 24 per year. When we switched from Junction to Credible we realized that Junction was tracking assessment only clients different than we wanted to count. That is the reason for the change in count and budget. Junction would count all the assessments. We determined we wanted to only count those clients that received an assessment or screening and received no other services.

Describe any significant programmatic changes from the previous year.

None for adults, other than the aforementioned staff change and addition of LDSSS screenings. The majority of youth treatment will be provided at Grandview Youth Treatment Center as a result of our primary youth treatment provider, Life Enhancement Center, going out of business in March, 2015. A request for proposals was completed in December of 2016 for an additional youth treatment contract provider. The contractor receiving the award is Intermountain Cognitive Therapy (ICT) in Orem, Utah. ICT will have limited youth clients due to funding constraints. Screening and assessment for youth will be done at GYTC and ICT.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$254,300 Form B - FY17 Amount Budgeted: \$264,052

Form B – FY16 Projected Clients Served: 312 Form B – FY17 Projected Clients Served:226

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 (“Grace’s Bed”) for emergency room referrals. Services include a general health assessment, screening for infectious disease and referral for follow up services with the Utah County Health Department, monitoring of vital signs, social support, nursing care and medication management, tobacco cessation screening and support, case management, and an assessment and referral for follow up care. These services are provided by UCaDDAPT staff.

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

The client count is different but the budget will be about the same. We realized that it is impossible to count all the Detox clients that come through our services so we changed the client count to reflect what we historically have been able to capture TEDS data on.

Describe any significant programmatic changes from the previous year.

Foothill Residential Treatment Center has had a vacant part time nurse position from 9/1/2015-2/23/16. During this period, medical needs were managed by one full time nurse.

As mentioned, there is a dedicated social detox bed (“Grace’s Bed”) at Foothill for emergency room referrals. This was instituted 2 years ago 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)

Form B - FY16 Amount Budgeted: \$2,623,020 Form B - FY17 Amount Budgeted: \$2,109,488

Form B – FY16 Projected Clients Served: 892

Form B – FY17 Projected Clients Served: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.

Foothill Residential Treatment Center – Level III.5 High Intensity Residential - Direct service provided by UCADDAPT

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

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. We are completing individual agreements with Odyssey and First Step for accessing residential treatment facilities for adults if the need arises that we cannot fulfill in Utah County. Since there is not a residential youth treatment agency in Utah County (other than PRTFs) 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 have determined it is better to close our 30 day program in the Jail. This will obviously make the budget decrease. The other factor making the budget decrease is the fact that we had to reduce our services due to lower funding this year versus last year. The client count was based on capacity and this year it is based more on what we believe we will be able to collect TEDS data on.

Describe any significant programmatic changes from the previous year.

Foothill Residential Treatment Center has implemented several evidenced based programs including; smoking cessation, Dialectical Behavioral Therapy/Mindfulness, and Seeking Safety. Additionally, they have fully implemented Recovery Plus in the facility.

Foothill Residential Treatment Program has had a vacant part time nurse position for approximately 6 months. This position was filled on 2/23/26. Additionally, the Program Manager position is vacant for the first time in over 10 years. UCADDAPT is currently recruiting for this position.

House of Hope in Provo has undergone significant staffing changes and currently is recruiting for three core staff positions (Clinical Director, Adult Case Manager and Child Care Coordinator).

UCADDAPT terminated the 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. We are contracting directly with the agencies we use the most.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: \$313,704 *Form B - FY17 Amount Budgeted: \$457,943*

Form B – FY16 Projected Clients Served: 180 *Form B – FY17 Projected Clients Served: 200*

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. Project Reality uses both Methadone and Suboxone as OMT.

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

We contracted for a higher number of methadone clients with Project Reality this year to take into consideration the increased need seen from admissions data and unspent Medicaid funds. We would hope to see an increase from 150 per year to somewhere above 200. Unfortunately, when we published our RFP for OMT services, we hoped to get a second bid from another provider. Unfortunately, that did not materialize. However, with the potential of additional Medicaid eligible clients subsequent to HB 437, we may reopen our panel for one additional OMT provider once we are confident on the projected numbers of potential new eligible clients.

Describe any significant programmatic changes from the previous year.

None, however we anticipate contracting with at least one additional OMT program once Medicaid expansion goes into effect.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$1,333,675 *Form B - FY17 Amount Budgeted: \$1,483,585*

Form B – FY16 Projected Clients Served: 421 *Form B – FY17 Projected Clients Served: 420*

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

Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT:

Day/Evening GOP–55DORA GOP – 40

Phase One Treatment Entry .5 level – 50

Promise of Women and Families – Direct service provided by UCaDDAPT

Promise South: 20 GOP, 30 children Promise North: 20 GOP, 30 children

Co-Occurring Recovery Groups- Direct Service Provided by UCaDDAPT and Wasatch Mental Health

GOP –20

Institute for Cognitive Therapy – Contracted Service. Census ranges from 0 – 3 at any given time. We use this program when we have dual relationship issues between staff and clients.

Average Length of Stay: Variable length of stay (range is typically 3-6 months; often longer for the Co-Occurring groups).

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, Trauma Focused Cognitive Therapy, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Trauma Recovery & Empowerment Model (TREM), Seeking Safety, Moral Recognition Therapy (MRT), ASAM Placement Criteria and others.

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

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. The deciding factor on expanding outpatient services will be the actual increase in case load resulting from Medicaid expansion.

Describe any significant programmatic changes from the previous year.

UCaDDAPT has maintained group size limits reflecting best practice and meeting Medicaid group therapy size limits.

Each UCaDDAPT program offers Phase One Treatment Entry .5 at the program site. This has reduced the waiting list and increased engagement in treatment from screening to treatment.

UCaDDAPT and Wasatch Mental Health have continued collaboration in offering services to clients with co-occurring disorders at the Food and Care Coalition integrated care clinic. We will be increasing services by offering one more group and having an identified staff member track UCaDDAPT clients’ in these groups.

Last year we planned to add 10 total Felony Drug Court treatment slots and 30 DORA slots funded by JRI dollars. Due to a decrease in Medicaid funding, we did not increase the capacity of these programs.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$2,850,173

Form B – FY16 Projected Clients Served: 428

Form B - FY17 Amount Budgeted: \$2,879,905

Form B – FY17 Projected Clients Served: 425

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 UCaDDAPT

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, Seeking Safety, TREM, MRT, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, 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.

Not a very significant change in this category

Describe any significant programmatic changes from the previous year.

As noted in the GOP section, we continue to maintain group sizes consistent with best practice standards and meet the Medicaid group therapy size limits.

Last year we planned to add 10 total Felony Drug Court treatment slots and 30 DORA slots funded by JRI dollars. Due to a decrease in Medicaid funding, we did not increase the capacity of these programs.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: \$245,723 Form B - FY17 Amount Budgeted: \$332,267

Form B – FY16 Projected Clients Served: 921 Form B – FY17 Projected Clients Served: 512

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.

The following are services that have been provided by UCADDAPT ATR staff or have been contracted with community partners:

Case Management/ Individual Services coordination –UCADDAPT 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 – UCADDAPT Prevention Program and Contracted Provider

Methadone Maintenance – Contracted Provider

PATR Recovery Support/Life Skills Group – UCADDAPT Direct staff

Recovery Oriented System of Care – Direct Staff: UCADDAPT employs 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.

Peer Support Services – UCADDAPT plans to create a peer support position intended to assist individuals in increasing their recovery capital.

ATR services described above will continue to be provided to the drug court and PATR populations. It is anticipated that a minimum 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 continue to be provided via contracts with sober living homes at Steps Sober Living Home, Papillion House, Sandhill House and Wright House. UCADDAPT has a referral relationship with the REAP, a 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. As part of this contract, UCADDAPT provides recovery management services and case management to increase intra-agency collaboration, expedite housing for those eligible and coordination among community partners.

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

This is budgeted based on last year's allocation and last year we budgeted what we thought we would spend.

Describe any significant programmatic changes from the previous year.

UCADDAPT has increased individuals access to transportation by contracting with a provider that has countywide locations vs one site. Additionally, ATR has added a contract for adult education (GED or high school diploma), Dentist and with House of Hope Provo to fund room and board costs as needed. UCADDAPT is hoping to develop contracts with community recreation centers this year.

Last year, UCADDAPT requested and was granted permission to increase Vivitrol availability by providing it to 27 clinically eligible individuals using JRI funds. This was accomplished and has been expanded to serve JRI eligible individuals.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$410,981 Form B - FY17 Amount Budgeted: \$370,642

Form B – FY16 Projected Clients Served: 1,573 Form B – FY17 Projected Clients Served: 1,564

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 laboratory located on the first floor, Suite 1200 in the Health and Justice Building. This is in close proximity to several treatment agencies and county services in the same building. All clients are required to participate in drug testing as a monitoring process informing treatment of progress, and as a behavioral intervention in drug court programs and DORA. Enzyme multiplied immunoassay technique (EMIT) and instant screening tests are conducted by department staff within the laboratory and testing is completed on a Siemens V-Twin analyzer. Confirmation testing is conducted through an outside contract laboratory utilizing gas chromatography/mass spectrometry (GC/MS). Frequency of testing is a maximum of 3 times per week for early phase DORA and Drug Court clients to a frequency of 2-4 times per month for clients in GOP or PATR nearing the end of treatment.

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

Depending on reimbursement rates, we may be performing drug testing for Utah County Veteran's Treatment Court clients. If reimbursement covers costs, then we will provide the testing service for an average of 12 clients 2-3 times per week, or about \$13,000 in additional revenue. The budget and number decrease is based on less funding for SFY 2017

Describe any significant programmatic changes from the previous year.

UCADDAPT hired a new Laboratory Program Coordinator in July of 2015. Additionally, youth outpatient drug testing now occurs at the new Grandview Youth Treatment program location, which separates youth clients from adult clients whom frequent the lab. The process will also allow youth treatment staff to have two observers in the bathroom for sample collection and provides safety for both staff and client as per department written policy. The lab will be expanding client testing for Oxycodone and Buprenorphine based on available funds and program needs.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

As previously mentioned, UCADDAPT has improved access to services by providing a weekly psychoeducational Phase 1 group at every site. These services are available for individuals screened, recommended for treatment services and put on a wait list. Phase 1 services are based on a motivational interviewing model. Offering these groups at each level of care and each program site allows for a seamless transition to treatment and an increase in engagement. UCADDAPT has modified program orientations to facilitate rapid access when a treatment spot becomes available.

UCADDAPT has significantly increased trauma-informed care. All programs have reviewed client documents to modify language to be trauma-sensitive. Our Women's Treatment Programs have eliminated behavioral contracts and now do short-term behavioral recovery plans in addition to their treatment recovery plan. Four of UCADDAPT's programs have fully integrated Seeking Safety and all plan to incorporate it by the end of the year. UCADDAPT has incorporated treatment strategies to aid clients in increasing their recovery capital by placing increased emphasis on managing and improving physical, social, and environmental health.

UCADDAPT will be implementing the "Zero Suicide" model. We have identified a committee with representatives from all positions in the department to complete a self-study which will direct our effort at development of prevention, intervention, and postvention plans for the department.

UCADDAPT has transitioned to a new electronic health record (EHR). This system allows for more continuity in the development of recovery plans and overall documentation. Additionally, UCADDAPT has implemented a clinical record peer review to occur quarterly. UCADDAPT has hired a clinical therapist to provide quality assurance in clinical documentation. This offers oversight and training when documentation is insufficient. Additionally, UCADDAPT will be developing and implementing a clinical supervision model that includes observation and recorded interventions with new therapists and SUDCs.

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 employees complete at least 12 continuing education courses and/or conferences per year. UCADDAPT uses Relias Learning to supplement employee continuing education. This year we will send DORA and OUT staff to attend MRT training; additionally, a representative from every program will be attending Seeking Safety training in June 2016. Three UCADDAPT employees (nurse and 2 case managers) will attend smoking cessation training in April 2016. These individuals will train staff members in each program. UCADDAPT sends employees to the Generations Conference, State Drug Court Conference, Utah Fall Conference, and the UVU conference on addiction. UCADDAPT has the primary responsibility to plan the curriculum of the UVU Conference on Addiction. This year there were over 500 attendees. Due to the success of this event, we will add a one-day pre-conference workshop. All of these conferences focus on current and emerging evidence-based practices. UCADDAPT has implemented a monthly training for clinical staff that focuses on an evidence-based principal/practice and best practice models for clinical documentation. UCADDAPT has one therapist certified in EMDR and several working toward certification. UCADDAPT quarterly staff meetings contain in-service education components. Monthly in-services are provided to program managers in cultural competence. Program managers then provide this training to their team. All clinical in-service education is targeted to EBPs.

UCADDAPT volunteered to participate in the Correctional Program Checklist evaluation. The DORA program has been working with the CPC to implement changes based on the recommendations. In addition to tracking pre and post-arrest rates, the program now uses a pre/post instrument to track criminogenic behavior change, skill acquisition, and progress on treatment goals. Additionally, UCADDAPT has volunteered to participate in the Utah Consumer Guide for Adolescent Treatment, Treatment Research Institute evaluation.

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 we are certain of the impact of limited Medicaid expansion. 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. If the IMD rule is relaxed, the capacity would be 24, 6 of which would be detox. The existing Foothill facility in Spanish Fork would be reconfigured for males only. 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

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. 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. UCaDDAPT operated the OUT and OUT+ programs in the jail until the summer of 2016 when the OUT+ 90 day program was put on hiatus because of staff resignations.

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 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 has used 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 was designed to work around 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.

We expect no change in funding, as we still have federal grant funds from CCJJ that we can expend through June 30, 2016 and possibly longer if carry forward is allowed. However, we are in discussions with the jail on the structure and function of the OUT program that may result in only one program of 60 or 90 day length with referral to continuing care post release from the jail based on research that programs shorter than 90 days are ineffective.

Describe any significant programmatic changes from the previous year.

Based on training received, the program content will significantly change and is in the process of changing to reflect research on risk, need, and responsivity, as well as new knowledge on effective practices for correctional populations gained from the CPC checklist survey of the DORA program. Additionally, UCaDDAPT OUT program hopes to be providing Naloxone training for opiate involved inmates upon release from the jail. However, this depends on the acceptability of this policy by the jail commander.

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

We only intend to spend a small portion of SAPT block grant dollars as we have done in past years to operate the OUT program, but this is in a correctional institution of Utah County, not the State of Utah .

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 Advanced Practice Registered Nurse supervised by a psychiatrist. 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 Deputy Directors 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 that 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, WorkForce Services for Medicaid eligibility and enrollment 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. The collaboration with Mountainlands Community Health Center in SFY 2015 to apply for a federal grant has expanded SUD screening and treatment to their clients served at the Food and Care Coalition in Provo 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. UCaDDAPT treatment programs incorporate physical and mental health issues in individual recovery plans as well as into groups.

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

All UCaDDAPT programs are tobacco and nicotine free campus'. Client's tobacco and nicotine use is evaluated at assessment and addressed in recovery planning. UCaDDAPT has implement smoking cessation groups at every site. We provide the best practice, 5 A's Tobacco Intervention. This intervention improves quitting rates. Currently, 38% of clients report no tobacco use at discharge. Compare this to the state average of a rate of 82% at admission statewide. Our rates are very favorable by comparison.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: \$3,442,593 Form B - FY17 Amount Budgeted: \$3,897,081

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 outpatient programs that cater specifically to women. UCaDDAPT provides direct treatment services to women and their children through the Promise of Women and Families Programs. We provide both IOP and GOP. One facility is located in Spanish Fork (South Utah County) while the other is located in Orem (North Utah County). 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. Mothers 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. Consistent with best practice, we offer trauma informed treatment. We have had the majority of the staff trained in the Seeking Safety model and have incorporated this into our service model. Clinical practices and modalities include: Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, Trauma Recovery and Empowerment (TREM), Helping Women Recover, MRT, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, ASAM Placement Criteria and others.

The Promise of Women and Family programs is in the second year of a TANF grant to provide evidenced based in-home services for women with children in their custody between the ages of 2 and 6. The program we are using is called “Parents as Teachers”. We have provided services to only 7 women and their children because of changing requirements of the grant dictated by DWS. It has been challenging to enroll women in this program as many do not have full custody of their children and do not qualify for TANF as required by the grant.

UCaDDAPT contracts with House of Hope, Provo location to provide long term residential treatment for women and their children. House of Hope Provides therapeutic daycare, as well as clinical services 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.

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 and Medicaid expansion. The budget variance is because of better access to data.

Describe any significant programmatic changes from the previous year.

The Promise of Women and Family staff evaluated their program using the Trauma Informed Brief Agency Assessment. As a result, they modified the language of many of the client documents and eliminated behavioral contracts. They have been replaced with short term recovery plans that are collaboratively developed to address behavioral issues. Additionally, they have added a coping skills development group intended to prepare them for TREM.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$666,937 Form B - FY17 Amount Budgeted: \$328,070

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 provides assessments, drug testing, individual, group, and family therapy for Utah County youth at the Grandview Youth Treatment Center (GYTC) in Provo, Utah and Institute for Cognitive Therapy in Orem.

GYTC provides IOP, GOP and Recovery Management. The center is fully staffed with three therapists, a case-manager, part-time secretary and future translator for Spanish speaking clients and families. The center has a capacity for 36 youth clients, but currently has 25 active clients with 7 of these being drug court youth

Additionally, UCADDAPT contracts with Institute of Cognitive Therapy (ICT) to provide additional treatment to Utah County youth clients. ICT provides the same services at their facility in Orem, Utah. The contract allows for 4-6 youth in outpatient treatment at one time. Currently there is one adolescent client in treatment.

GYTC provides trauma informed treatment. The evidenced-based practices we utilize and support are: 7 Challenges, Motivational Enhancement Therapy and Motivational Interviewing, Relapse Prevention Therapy, Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, ASAM and others. There are no youth residential treatment programs in Utah County (other than PRTFs.) We contract with Odyssey House as needed for this level of care averaging 1-3 clients served per year.

A substantial number of children in treatment, along with their mothers, are 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.

GYTC clients receive a comprehensive bio/psych/social assessment by a licensed mental health therapist at the beginning of treatment. Ongoing assessment occurs throughout the youth's treatment. GYTC staff incorporate physical and mental health issues in individual recovery plans as well as into groups. We are hoping to obtain a grant to implement the Comprehensive Adolescent Severity Inventory (CASI) assessment tool. Additionally, UCADDAPT provides medication assisted treatment provided by an Advanced Practice Registered Nurse supervised by a psychiatrist.

We are currently collaborating with Wasatch Mental Health (WMH) to provide SUD treatment services to adolescent girls in their Aspire residential treatment facility. GYTC staff have completed brief screening for their clients and are in the process of developing SUD groups appropriate to their need.

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

We realize we provide treatment services to a small percentage of the youth population compared to other LSAAs. We plan to work toward increasing capacity over the next few years as we convert existing treatment funds applied to adult treatment to youth treatment. We have had initial discussions with Polaris High School about the idea of a sobriety high school within the school at Polaris. The budget change is due to better access to tracking client data.

Describe any significant programmatic changes from the previous year.

We have been approved for a grant to train all of our staff and Youth Drug Court team in the 7 challenges model. We have applied for a grant to use the CASI. We received technical assistance from the Central Rockies ATTC to select our youth screening tools (Simple Screening Instrument for Substance Abuse (SSISA)).

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$572,775 Form B - FY17 Amount Budgeted: Felony \$204,424

Form B - FY17 Amount Budgeted: Family Dep. \$199,602

Form B - FY17 Amount Budgeted: Juvenile \$56,417

Form B1 - FY16 Recovery Support Budgeted: \$56,000 Form B1 - FY17 Recovery Support Budgeted: \$57,579

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

Fourth District Juvenile Drug Court eligibility:

Be between the ages of 13 – 17, have misdemeanor or felony charges to which they have admitted, on a case by case basis those youth in state’s custody (with Division of Juvenile Justice Services (DJJS) or the Division of Child and Family Services (DCFS)) may be screened for eligibility, have completed a substance abuse assessment with Utah County (or an assessment provider approved by Utah County), qualify for Intensive Outpatient (IOP) Treatment, ASAM level 2.1, have a parent or significant other adult sponsor who is willing to cooperate with and otherwise support the program, qualify as Moderate/High risk on Juvenile Probation’s Risk Assessment tool (PSRA/PRA)

DCFS Dependency Drug Court eligibility:

A petition alleging abuse, neglect, or dependency has been adjudicated, with reunification services and/or a service plan ordered, the parent is willing to acknowledge that substance abuse has affected his/her parenting ability, the main parenting deficit is drug abuse, the parent does not present with a severe mental illness that may impair the ability to benefit from the drug court program, the parent does not have felony charges or convictions for violent acts that may put the drug court program and persons involved thereof at risk, the parent does not have sex offender charges or convictions for violent acts that may put the drug court program and persons involved thereof at risk, if the parent is on methadone or suboxone, it must be administered and managed by Project Reality or an approved licensed facility, no other circumstances present that may render the case inappropriate from the program as determined the Family Drug Court team.

The criteria are subject to case specific determinations by the Family Drug Court team.

DCFS Drug Court will be adding a risk/needs screen as part of their eligibility.

Utah Fourth District Veterans Court (VTC) eligibility:

Be at least 18 years of age, a resident of Juab, Utah, or Wasatch Counties (and must remain so while in VTC), a US military veteran or current service member who is eligible for VA services, have a mental health or substance abuse diagnosis treatable/manageable through VTC, charged with a class A misdemeanor or felony in the Fourth District, have no current charges or convictions for sex offences, crimes of violence, drug distribution and crimes with significant financial loss will be reviewed on a case by case basis, if the crime committed is eligible for VTC but not eligible for a plea in abeyance (e.g., felony DUI), the applicant may participate in VTC in lieu of standard supervised probation, assessed as high need and low risk or high need and high risk by the RANT.

Fourth District Felony and Probation Court Eligibility:

Screening Criteria:

1. Defendant lives in Utah County.
2. Defendant is employable and is a US citizen.
3. Defendant has waived preliminary hearing.

Local Authority:

Fourth District Felony and Probation Court Eligibility:

Screening Criteria: (Cont)

4. Defendant has not been convicted of or have pending any of the following:

- a. Any felony violent offense or two or more misdemeanor violent offenses.
- b. Any felony or misdemeanor sex offense.
- c. A felony evading.
- d. A felony DUI.
- d. An assault on a peace officer.
- e. Any charge class A misdemeanor or higher involving a firearm, explosives or arson.
- f. Any charge involving the production, distribution or intent to distribute a controlled substance (however, a current charge of possession with intent may be eligible if it meets the below criteria for drug crimes).

5. Defendant's current charge(s) are only for drug or property crimes, as described below, and at least one charge is a felony. All other non drug or property charge(s) must be misdemeanors (e.g., DUI, false information, assault, etc.) and must be pled to and sentenced prior to entry of plea in drug court.

Property crimes:

- a. Defendant is charged with theft, burglary (not aggravated), credit card fraud, forgery, other crimes listed as fraud under 76-6-501 et. seq, criminal mischief or identity theft/fraud.
- b. The total restitution amount must be stipulated to prior to screening (defendant will be required to make restitution payments as part of his/her plea in abeyance).
- c. The value of any restitution owed does not exceed \$1000 at the time of entry of plea in drug court (any additional amounts must be paid prior to entry of plea).
- d. Defendant's drug problem is a significant cause or element of the property crime (i.e., the crime was committed to obtain money for drugs).
- e. The victim of the property crime has been contacted and does not object to the defendant entering into drug court or to receiving payments.

Drug crimes:

- a. Defendant is charged with possession or use of a controlled substance or prescription fraud.
- b. A current charge of possession with intent to distribute is eligible for drug court so long as all of the following criteria are met:
 - (i). The "with intent" evidence is based solely upon packaging or amount of drugs" Cnot buy/owe sheets, cutting agents, substantial amounts of cash, evidence of recent drug sales, etc.
 - (ii). The current charge does not involve more than 1/2 ounce of meth/cocaine/heroin, more than 10 separate packages of drugs, or more than 25 pills.

6. If defendant is on supervised probation for other charges his/her PO and the assigned prosecutor must agree to put defendant into drug court. If defendant is on court probation for other charges the other judge/court and prosecutor must agree to put defendant into drug court.

Additional Requirements:

1. After initial screening by County Attorney's Office AP&P will verify the following:

- a. Defendant has a moderate to severe drug addiction.
- b. Defendant has an LSI score of 24 or greater.
- c. Defendant is a low risk to commit a violent offense while in drug court.

2. Defendant must plead as charged, excepting charges for which we have insufficient evidence to convict (and are dismissed by the prosecutor).

3. Defendant must consent to any filed forfeiture action prior to entry of plea.

4. The Utah County Major Crimes Task Force is consulted and does not object to the defendant's entry into drug court.

5. By the entry of plea defendant is not working as an informant.

Local Authority:

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

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, for Veteran Court by VA providers and mentors, and for youth, by Juvenile Court probation officers. Drug testing is done through UCADDAPT's in-house drug testing lab. We anticipate conducting 25,000 drug tests this year – most of which are for drug court and DORA clients.

Treatment for all drug court clients, except Veterans Court is provided through the UCADDAPT continuum of care. This includes residential, intensive and general outpatient recovery support and recovery management services. The VA provides treatment for VTC participants.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Please answer for each type of court (Felony, Family Dep. and Juvenile).

We were allocated more than our allocation for 2016 therefore we had a budget decrease for 2017

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

For felony and probation drug court, fees are charged at each phase of court to partially recoup the increased costs of specialty case management and drug testing. Phase One: 31.00 a week, Phase Two 21.00 a week, Phase Three 11.00 a week, and Phase Four 11.00 a week.

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).

The most significant change in felony drug court was the reassignment of Judge Brady from felony probation drug court. His replacement is Judge Jennifer Brown. Additionally, we believe as a result of reclassification of drug charges from JRI, defense attorneys are counseling their clients not to participate in drug court. The consensus is that avoiding drug court, and thus also avoiding treatment, will be temporary until these individuals compile enough subsequent charges for enhanced classification of charges to kick in later. Also, the most significant change for youth drug court resulted from bringing most youth outpatient treatment in house to a brand new program.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).

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).

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$523,214 Form B - FY17 Amount Budgeted: \$546,258

Identify the members of your local JRI Implementation Team.

The JRI implementation team is the 4th District Court Criminal Justice Roundtable composed of 4th District Court Judges, AP&P, Justice Court Judges, Provo City Attorney, Utah County Commission, 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 4th District Court Criminal Justice Roundtable that has met for several years has become the comprehensive JRI Implementation and Oversight committee for Utah County.

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

Last year, UCADDAPT requested and was granted permission to increase Vivitrol availability by providing it to 27 clinically eligible individuals using JRI funds. This was accomplished and has been expanded to serve JRI eligible individuals.

We intend (hope) to use results of the jail screening processes that include the TCUDS and the LSI-SV just now beginning to be collected by the jail JRI screeners and submitted to CCJJ. Richard Nance wrote an analysis of HIPAA and 42 CFR Part 2 relative to jail screening information provided to CCJJ indicating that jails are not considered covered entities and therefore it is legal for the jail and CCJJ to share the screening data with treatment programs. We still haven't received a definitive answer on whether or not we can receive access to this screening data. If not, we will have to duplicate the screens using the same tools. Treatment *should* include the OUT and OUT+ programs at the Utah County Jail (see 10 above), Felony Drug Court, DORA, Vivitrol, and GPS ankle monitoring as a behavioral prevention/intervention technique. Our 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. We are training on MRT this year. 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.

While we do not hold ourselves out to be a sex offender treatment program, we have no policy prohibiting individuals needing SUD treatment who have a history of sex offenses or violent crimes from treatment. We have had several individuals in treatment in all of our programs (even our women's treatment programs) over the years who have a history of sex offense charges and violent crime charges. Each individual is assessed individually for suitability for treatment, but no one is categorically disqualified from admission to treatment based on their legal history.

Identify training and/or technical assistance needs.

MRT training will be beneficial. I would suggest engaging Advocates for Human Potential (refer to this website: <http://www.rsat-tta.com/Home>) the SAMHSA GAINS Center, or TASC (Illinois) to conduct statewide training on residential substance abuse treatment programs for correctional facilities, medication assisted treatment for correctional populations, and reentry challenges. The National Association of County Behavioral Health and Disability Directors (NACHBDD) also has some useful material related to their Decarceration Initiative.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: \$644,064 Form B - FY17 Amount Budgeted: \$613,864

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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.

Arnold Hansen, Regional Director - AP+P	Richard Nance, LCSW, Director, UCaDDAPT
Jason Behunin - AP+P	Cindy Simon, LCSW, UCaDDAPT
Vacant – AP+P	Allan Pauole, CMHC, UCaDDAPT
Hon. James Taylor - 4 th District Court Judge	Robert Johnson, UCaDDAPT
Jeffrey Buhman, Esq. – Utah County Attorney	Blu Robinson, CMHC, UCaDDAPT
Andrew Howell, Esq.–Utah County Public Defender	Barbara Allen, 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 2017? 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, 2016)?

At the time of this writing, there are 35 Probationers enrolled in the Utah County DORA program. This number is down from this time last year, so it is anticipated that the carry over on July 1, 2016 will be 35. The average number of DORA clients in a year is approximately 100. At the time of last year’s area plan drafting, we anticipated that JRI funding would increase the average number of DORA clients in SFY 2016 to approximately 140. However, the reduction in severity of charges from F-3 to M-A has meant that many potential DORA participants who would formerly qualify no longer meet the legal charge standard. Additionally, there is no longer the same “stick” in terms of ultimate consequences as a motivating factors to both enroll in and complete the program. JRI changes have undermined the sanctions structure to the point that we can’t use jail, work diversion, GPS monitoring, and community service like we used to. The statewide DORA oversight committee will consider modified eligibility standards before the start of the next state fiscal year.

- 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 medication management, 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 LSI-RNR and the CTS provided to us by the U of U CPC survey team.

Local Authority:

16) Drug Offender Reform Act (Cont.)

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
Dialectal Behavior Therapy
Cognitive Behavior Therapy
Motivational Interviewing
Group Therapy
Individual Therapy
Case Management
Recovery Management
Family Therapy
Family Psycho-educational Groups
Couple's Counseling
Medication Assisted Treatment
EMDR

We will be training on MRT within the next two weeks.

We had our first CPC checklist site visit and report this past summer and fall. We were not surprised by the scores. We are in the process of implementing improvements recommended by the survey team such as MRT and the CTS assessments previously mentioned, as well as trauma informed care.

You didn't ask for it, but we have done some process and outcome monitoring for our DORA population this year. We have been measuring positive drug tests, and full time employment during treatment to see how effective treatment has been. We saw a decrease in positive drug tests from before we increased LOS in the program and after. We saw a pattern of more positive drug tests during the first three months of treatment, so increased LOS in treatment generated a positive outcome. Eighty-five to 95 percent of participants have shown full time employment after changing policies requiring proof of income after July 1, 2015.

Treatment outcome data indicates that, five years post completion of treatment and supervision, we saw that 71% of clients had only one subsequent conviction, *or less*. We also saw that 20% of those with more than one conviction were responsible for over 80% of all post completion convictions.

Budget Detail and Narrative Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan

Local Authority:

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.

Total Personnel Costs	\$268,855
------------------------------	------------------

Allan Pauole - Therapist – 100% FTE - \$96,284
 Ryan Judson – Therapist – 100% FTE - \$93,521
 Bret Davis – Case Manager – 100% FTE - \$78,277
 Wanda Spaid – Consultant – 10% FTE - \$773

Contract Services

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

Total Contract Costs	\$312,664
-----------------------------	------------------

This is services that would be provided at Residential or Detox facilities through UCADDAPT.

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.

Total ESO Costs	\$31,723
------------------------	-----------------

Office Expense – 300, Equipment Supplies – 600, Special Dept Supplies – 500, EHR cost - \$2341, Building Lease – 19,394, Telephone – 2400, Computer - 5,088, Minor Equipment 1,400

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.

Total Travel/Training Costs	\$622
------------------------------------	--------------

Fall Conference is St George UT. The mileage cost is \$.54 per mile (518 miles), 179 lodging, \$51 per day for per diem.

Total Grant	\$613,864
--------------------	------------------

Local Authority:

Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: Utah County Dept of Drug and Alcohol Prevention and Treatment

Site Administrator's Name: Richard Nance, LCSW, Director

Address: Suite 3200

151 South University Avenue

Provo, UT 84601

Phone Number: 801-851-7127 Administrator's Email Address: richardn@utahcounty.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential **ALSO DRUG TESTING**

SITE 2:

Site Name: Utah County Dept of Drug and Alcohol Prevention and Treatment Foothill Residential Treatment

Site Administrator's Name: currently vacant, contact Cindy Simon, LCSW

Address: 3281 North Main

Spanish Fork, UT 84660

Phone Number: 801-851-7652 Administrator's Email Address: cindys@utahcounty.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential **ALSO DETOX**

SITE 3:

Site Name: Utah County Jail OUT Program

Site Administrator's Name: currently vacant, contact Pat Bird, SUDC, MPA

Address: 3075 North Main

Spanish Fork, UT 84660

Phone Number: 801-851-7689 Administrator's Email Address: patbi@utahcounty.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

† Please copy this page and complete for additional sites being submitted in this request

SITE 4:

Site Name: Utah County Dept of Drug and Alcohol Prevention and Treatment Promise No.

Site Administrator's Name: Barry Sanford, LCSW

1479 West Center Street

Orem UT 84058

Phone Number: 801-851-7127 Administrator's Email Address: richardn@utahcounty.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 5:

Site Name: Utah County Dept of Drug and Alcohol Prevention and Treatment Promise So.

Site Administrator's Name: Vickie Jaussi, SUDC

Address: 1169 East 1010 North

Spanish Fork, UT 84660

Phone Number: 801-851-7652 Administrator's Email Address: cindys@utahcounty.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 6:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Utah County Dept of Drug and alcohol Prevention and Treatment

Agency Director's Name: Richard J. Nance, LCSW, Director

Agency Director's Email Address: richardn@utahcounty.gov

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified; **Site 1: Mental Health/Substance Abuse/Outpatient Treatment for 160 clients; Site 2, Mental Health/Substance Abuse/Residential Treatment for 22 adult clients; Site 4, Mental Health/Substance Abuse/Outpatient Treatment for 160 clients; Site 5 Mental Health/Substance Abuse/Outpatient Treatment for 160 clients**
- b. Accreditations; **None**
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low ,**Sites 1,2,3, moderate and high; sites 4 and 5 low and moderate.**
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and **Only co-occurring disorders**
 - iii. Substance Use Disorders per ASAM; **Site 1 ASAM Level 0.5 3.3 and 3.7WM; Site 2 ASAM level 0.5, 1, 2.1; Site 3, ASAM level 3.3, Sites 4 and 5, ASAM level 0.5, 1, 2.1**
- d. Population Capacity for Males and Females **Site 1 12 males and 10 females; Site 2, 160 total with no fixed capacity for males and females; Site 3, 20 males and 20 females, Sites 4 and 5, 40 females each.**
- e. Evidence Based Practices currently being used; **Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Trauma Focused Cognitive Therapy, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Trauma Recovery & Empowerment Model (TREM), Seeking Safety, Moral Reconciliation Therapy (MRT), Eye Movement Desensitization (EMDR), ASAM Placement Criteria and others.**

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.

- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

Richard J. Mann LCSW

Signature of Authorizing Officer

April 13, 2016

Date

9. Quality and Access Improvements

Describe your Quality and Access Improvements:

UCaDDAPT has seen an increase in treatment admissions for individuals with opiate SUD's. At the screening and throughout the treatment episode if an individual meets criterion for opiate maintenance therapy (OMT), they are educated and if necessary, referred for OMT. UCaDDAPT contracts with Project Reality and has a long standing collaborative relationship with them.

In their Salt Lake location, Project Reality has started an outpatient opioid agonist medication (buprenorphine-naloxone) program delivered in a structured group format on a weekly, bi-weekly, and monthly basis. UCaDDAPT and Project reality have partnered on this innovative treatment option to make this available to Utah County residents. The program will remain in Salt Lake City and UT County residents that quality can be referred there. If this is a successful program it is hoped it will be provided in the UT County site.

UCaDDAPT has added fentanyl to our urinalysis testing panel and increased access and use of medication assisted treatment via our prescriber (including, but not limited to oral Naltrexone, Vivotrol). Individuals released from incarceration are at a great risk for relapse and overdose. In combination w/ OMT/MAT when appropriate, our DORA and Adult Drug Court programs have increased the use of GPS monitoring when individuals are released from incarceration. This allows for monitoring and quick intervention.

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 is developing a plan to implement ongoing training for all staff and community partners on the use of Naloxone. Additionally, we will have a kits for staff use at all locations. UCaDDAPT will provide education for clients and their families in the use of Naloxone and how to obtain it. For individuals diagnosed with an opiate SUD who are referred to see our medical provider will be offered a prescription for Naloxone. The rate of opiate overdose deaths for people leaving incarcerated settings is above the community average. We have included Naloxone education for both family members and inmate clients and distribution of Naloxone to inmate clients and family members upon discharge from the OUT program at the Utah County Jail. UCaDDAPT is currently consulting with the Utah County Health department to develop a community approach to both the use of Naloxone and prevention of opioid use. UCaDDAPT will be participating in the "Utah Syringe Exchange Work Group".

Utah County's primary drug of abuse rates for heroin have increased from 28% in 2010 to 48% in 2014. In addition to Naloxone training and distribution, we intend to pursue increased OMT capacity through an additional contract with Discovery House in Orem to provide increased capacity and penetration for services to the opiate abusing population.

1. Screening and assessment: Utah County had 620 assessment only episodes reported in 2015, please explain.

Previously, UCADDAPT did a complete assessment and diagnosis on all clients referred to our agency. This resulted in a large number of unnecessary evaluations creating both a bottleneck in the screening and assessment process and wasting a significant amount of treatment funds that were better used providing treatment episodes. Full assessments seemed to create a goodly number of false positive referrals to treatment. The current process may be causing a significant number of false negative no-treatment recommendations. UCADDAPT has been using the DAST and AUDIT from the SBIRT model for the primary screening tool paired with the ASAM grid to screen for need for treatment and placement. The SBIRT process was designed for general population screening and intervention, and it seems to generate a large number of evaluation only screening results and early intervention recommendations. We plan to examine other screening tools, such as the TCU DS adopted by JRI, plus an alcohol specific screening tool designed for clinical populations rather than general populations. Technical assistance in this area from DSAMH would be helpful.

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Spanish Fork	Low Commitment to School, Perceived availability of handguns, Low Neighborhood Attachment	Rewards for Prosocial Involvement (School), Prosocial Involvement (Peer/Ind)	Spanish Fork Community Readiness Score: 3.94 (almost a preplanning stage) Continue to build readiness for community to address prevention substance abuse and coalition building
Provo	Low Commitment to School, Depressive Symptoms	Rewards for Prosocial Involvement (Family & School)	Continued TA and support for phases of eCTC coalition with funding and oversight.
Pleasant Grove/Lindon	Depressive Symptoms, Perceived availability of handguns, Parental attitudes favorable to ASB.	Rewards for Prosocial Involvement (Family & School)	Pleasant Grove Community Readiness Score: 3.30-Vague Awareness. Working with key leaders to understand data and educating community on issues

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

UCADDAPT will employ a new Prevention Program Manager in May of 2016. She will need to complete SAPST and CTC training at the first possible opportunity. Coalition based approaches will be a significant learning curve for her, but an opportunity too for County prevention plans to be assessed.

During FY 2017, 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.

Staff will be attending Prevention Coalition Association trainings via webinar, summits, CADCA, NPN, Fall Conference and other available media avenues. Continued education about science and evidence based programs, policies and practices is a continual focus for UCADDAPT with improving outcomes and using limited resources effectively. UCADDAPT will also be providing the 3rd Legislative Alcohol Policy Summit to target key leaders, legislators and other public health officials about research and evidence driven policies to reduce alcohol harms.

3. Attach Logic Models for each program or strategy.

Program Name: Adult Prime For Life			Cost to run program \$27,720		Evidence Based: Yes			
Agency: aDDAPT			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use	Attitudes favorable towards drug use Perceived risk of drug use	Adult DUI offenders 21 years of age and over in Utah County.			Utah County will provide 8 cycles per year. Each cycle is 16 hours, taught over 2 weeks at 3 nights per week 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

Measures & Sources	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
--------------------	-----------------------------------	-----------------------------------	--	--	-----------------------------------	---

Program Name: Community Outreach & Events		Cost to Run the Program: estimated between \$45,000-\$65,000		Evidence Based: No			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment				Tier Level: N/A			
	Goal:	Factors:	Focus Population		Strategies:	Outcomes:	
			U	S	I	Short	Long
Logic	Reduce alcohol, tobacco and other drug use.	Attitudes favorable to drug use Early initiation of drug use	Universal populations of all ages in Utah County		Provide evidenced-based prevention information and strategies using the Prevention Guiding Principles in Utah County.	Attitudes favorable to drug use will decrease from 13% in 2015 to 12% in 2017 Early initiation of drug use will decrease from 10.7% in 2015 to 9.5% in 2017.	Alcohol, tobacco, and other drug use will remain level from 2015 to 2025.

Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey	Demographics from those in attendance at community events	Record of events participated in and the strategy implemented.	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey
-------------------------------	--	--	---	--	--	--

Program Name: Eliminate Alcohol Sales to Youth				Cost to run program: \$13,654		Evidence Based: No		
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment				Tier Level: N/A				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	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 1st and 3rd Thursday of each month (24 class sessions/year); each session lasting for 75 minutes – 4:00 pm – 5:15 pm.</p> <p>An average of 22 participants per month. Training classes to be located @ Utah County Dept of Drug & Alcohol Prevention & Treatment in Provo, UT.</p> <p>151 S. University Avenue, Ste 2500, Provo, UT, 84606</p> <p>Organize quarterly compliance checks w/15 cities, or a total of 147</p>	Maintain an 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 & possession citations for underage individuals from 239 in 2014 to 200 in 2025.</p>

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

Program Name: First Offender Prime For Life			Cost to run program: \$8,675		Evidence Based: Yes			
Agency: aDDAPT			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD (Alcohol, Tobacco and other Drugs) 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).			The school Districts will provide the First Offender Prime For Life 8 hr course, four sessions per cycle, 5 cycles per year in Alpine & Nebo School Districts, for students in 7-12 th grade.	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.

Measures & Sources	Pre and Post participants surveys	Pre and post participant surveys.	Program records	Program records	Pre and Post Surveys	District SHARP Reports

Program Name: Guiding Good Choices			Cost to run program: \$15,000.00		Evidence Based: Yes			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment			Tier Level: Four					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use	Family Conflict Depressive Symptoms	Parents living in Eagle Mountain/Saratoga Springs are with children between the ages of 9-14.			4 sessions/year 2 sessions offered at Eagle Mountain, 2 sessions offered at Saratoga Springs. 2hrs, 1x a week, for 5 weeks. Includes dinner and daycare for families attending.	Reduce family conflict from 1-3% in 2017 Reduce Depressive symptoms from 1-3% in 2017	ATOD use will decrease 1% among Eagle Mountain, Saratoga Springs youth in Utah County.

Measures & Sources	SHARP 2017 Saratoga Springs & Eagle Mountain Community Profile Report	SHARP 2017 Saratoga Springs & Eagle Mountain Community Profile Report Pre/Post Survey	Program Attendance Records	Program Attendance Records	SHARP 2017 Saratoga Springs & Eagle Mountain Community Profile Report Pre/Post Survey	SHARP 2027 Saratoga Springs & Eagle Mountain Community Profile Report
--------------------	---	---	----------------------------	----------------------------------	---	--

Program Name: Parents Empowered		Cost to run program: estimated between \$15,000-22,000		Evidence Based: YES			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment				Tier Level: Three			
	Goal:	Factors:	Focus Population		Strategies:	Outcomes:	
			U	S	I	Short	Long
Logic	Reduce Underage drinking	Parental attitudes favorable to drug use	Parents of youth ages 10-16 in Utah County		Articles, PSAs, and/or ads will be placed in local newspapers focusing on Parents Empowered and ATOD prevention. Parents Empowered Kits and collateral items will be distributed at various UT CNTY community events: middle and high schools,	Parental attitudes favorable to drug use will decrease from 7.5% in 2015 to 6% in 2017.	Underage drinking rates will remain level from 2015 to 2025 for all grades.

				community classes, and worksite promotions.		
Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey	Program collateral item records	Program collateral item records	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey

Program Name: Prevention Dimensions			Cost to run program: \$51,750		Evidence Based: Yes			
Agency: aDDAPT			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use	<p>Opportunities & rewards for pro- social Involvement in school</p> <p>Favorable attitudes towards drug use</p>	K-12 th grade students in Utah County Elementary and Secondary Schools			The School Districts will provide, via teachers in the classroom, four core PD lesson 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.

Measures & Sources	2017 SHARP	2017 SHARP	Social Research Institute - PD output measures	Number of PD lessons taught in UT CNTY School Districts.	2017 SHARP	2025 SHARP

Program Name: SMART Policy Work			Cost to run program: estimated cost between \$18,000-\$24,000		Evidence Based: Yes			
Agency:			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce youth substance use in Utah County	Community Laws & Norms Favorable Toward Drug Availability of Drugs	Universal – Policies affect all Utah County Residents			<p>Advocate and educate for substance abuse issues at the Utah State Legislature.</p> <p>Plan, host and attend annual youth-led Key Leader Dinner and inform and educate Utah County legislators on the issues.</p> <p>Create infographics and briefing sheets to be shared with policy makers.</p> <p>Continue to participate in</p>	<p>Policies are maintained or improved as appropriate.</p> <p>Key Leader Dinner is attended by legislators.</p> <p>Infographics posted on website and social media.</p>	Youth substance use is reduced by 4%.

				meetings and provide information to legislators through the Utah Cannabis Work Group.	SMART members attendance recorded at meetings.	
Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey			Le.utah.gov Key Leader Dinner attendance sheet Smartutahcounty.org Utah Cannabis Work Group attendance sheet	Student Health and Risk Prevention Survey (SHARP) survey

Program Name: SMART Proper Prescribing Physician Training			Cost to run program \$5825		Evidence Based: Yes			
Agency: Accredited through Utah Medical Association			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce youth substance use in Utah County	Community Laws & Norms Favorable Toward Drug Availability of Drugs	Universal – physicians serve any member of the community			Educate physicians on proper prescribing, education, and follow up techniques with patients.	12 physicians trainings are held around Utah County	Youth prescription drug misuse is reduced by 4%.
Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey					Attendance sheets from 12 physician trainings.	Student Health and Risk Prevention Survey (SHARP) survey

Program Name: SMART Drug Take Back Events			Cost to run program: Estimated cost between \$1500- \$5,000		Evidence Based: No			
Agency:			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce youth substance use in Utah County	Community Laws & Norms Favorable Toward Drug Availability of Drugs	Universal- any member of the community may participate			Two Drug take back events will occur	Drugs will be less available in households that participate.	Youth substance use is reduced by 4%.
Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey					Number of pounds of drugs collected.	Student Health and Risk Prevention Survey (SHARP) survey

Program Name: SMART Capacity Building			Cost to run program: Estimated cost between \$26,000- \$35,000		Evidence Based: No			
Agency:			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Increase SMART's capacity to reduce youth substance use in Utah County	Community Laws & Norms Favorable Toward Drug Availability of Drugs	Universal- any member of the community may participate			36 meetings will be held annually Members of SMART will be taken to attend trainings SMART will provide 3 local trainings for members 5 new members will be recruited and	SMART members will be informed and complete assignments SMART members will learn best practices in prevention SMART members will learn best practices in prevention SMART will increase its	Youth substance use is reduced by 4%.

				inactive members will be reactivated	community involvement.	
Measures & Sources		Student Health and Risk Prevention Survey (SHARP) survey		Registration for training events Meeting notes Meeting attendance sheets SMART roster	Registration for training events Meeting notes Meeting attendance sheets SMART roster	Student Health and Risk Prevention Survey (SHARP) survey

Program Name: Strengthening Families			Cost to run program: \$15,000		Evidence Based: Yes			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment			Tier Level: Four					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Reduce ATOD use</p> <p>Address risk and protective factors</p>	<p>Family conflict</p> <p>Low commitment to school</p> <p>Depressive symptoms</p>	High risk families with teenagers ages 12-15.			SF Program – 11 sessions, 2.5 hours per session for 11 weeks.	<p>Reduce family conflict from 1-3% in 2017</p> <p>Low commitment to school will decrease or maintain current rates in 2017</p> <p>Depressive symptoms will</p>	<p>ATOD use will decrease from 1-3% in 2017 to 5% in 2027.</p>

					decrease or maintain current rates in 2017	
Measures & Sources	2017 SHARP	2017 SHARP	SF output measures	SF output measures	2017 SHARP	2027 SHARP

Program Name: Truancy Alpine School District			Cost to run program: \$20,000		Evidence Based: Yes			
Agency: aDDAPT			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	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>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 and student will be required to attend truancy school.</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 2015.</p>	ATOD use rates will remain level from 2013 to 2025

				<p>Failure to attend truancy school will result in court referral.</p> <p>15 unexcused absences will result in court referral.</p>	<p>Attitudes favorable towards drug use will decrease from 10.3% in 2013 to 9.3% in 2015.</p>	
Measures & Sources	<p>Police and court data related to target population</p> <p>Quarterly behavior, attendance, and grade point average reports</p>	<p>SHARP 2017</p> <p>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 2017</p> <p>Alpine School District Profile Report</p>	<p>Police and court data</p> <p>Quarterly behavior, Attendance, and grade point average reports</p>

Program Name: WhyTry		Cost to Run the Program: \$25,225		Evidence Based: YES			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment				Tier Level: 4			
	Goal:	Factors:	Focus Population		Strategies:	Outcomes:	
			U	S	I	Short	Long
Logic	Reduce the use of alcohol, tobacco, and other drugs.	<p>Low commitment to school</p> <p>Academic failure</p> <p>Attitudes favorable to anti-social behavior</p>	<p>Selective and indicated students (grades 7-12) in Alpine, Provo, and Nebo School Districts exhibiting anti-social behavior</p> <p>Students are referred to Why Try by administrators, counselors, social workers, and teachers who can determine if a student is at-risk due to academic failure, truancy, ATOD use, or behavior and family circumstances.</p>		<p>Students will be organized into small groups that meet weekly.</p> <p>Why Try curriculum will be taught which includes coursework, hands-on activities, music, and therapy.</p> <p>Alpine, Provo, and Nebo School Districts</p>	<p>Low Commitment to school will decrease from 39.5% in 2015 to 38% in 2017.</p> <p>Academic failure will decrease from 29% in 2015 to 27.5% in 2017.</p> <p>Attitudes favorable to anti-social behavior will decrease</p>	<p>ATOD use will decrease 1% in Alpine, Provo and Nebo School Districts</p>

					from 26% in 2015 to 24.5% in 2017.	
Measures & Sources	Student Health and Risk Prevention Survey (SHARP) survey	Student Health and Risk Prevention Survey (SHARP) survey School academic records	School records indication at-risk students based on attendance, grades, and behavior offenses.	Program attendance records	Student Health and Risk Prevention Survey (SHARP) survey Why Try pre/post tests	District Student Health and Risk Prevention Survey (SHARP) survey reports

FY2017 Substance Use Disorder Treatment Area Plan and Budget

UT County Dept of Drug and Alcohol Prevention and Treatment

Form B

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other 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 FY2017 Revenue
Drug Court	448,207					69,815						\$518,022
Drug Offender Reform Act	496,418	26,127										\$522,545
JRI	491,632	54,626	109,252									\$655,510
Local Treatment Services	749,983	663,847	360,943		1,768,498	880,727	408,009	275,242	25,000	162,349	667,802	\$5,962,400
Total FY2017 Substance Use Disorder Treatment Revenue	\$2,186,240	\$744,600	\$470,195	\$0	\$1,768,498	\$950,542	\$408,009	\$275,242	\$25,000	\$162,349	\$667,802	\$7,658,477

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority												Total FY2017 Client Served	Total FY2017 Cost/ Client Served
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Expenditures		
Assessment Only	27,348	6,096	6,102		14,479	12,335	5,295	1,494	324	2,107	9,589	\$85,169	620	\$137
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	111,795		24,943			50,425	21,644	6,107	1,326	8,612	39,200	\$264,052	226	\$1,168
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	425,043	327,565	94,834		778,000	191,715	82,291	23,217	5,042	32,744	149,037	\$2,109,488	300	\$7,032
Outpatient (Methadone: ASAM I)	134,847	41,315	30,086		98,128	60,823	26,107	7,366	1,600	10,388	47,283	\$457,943	200	\$2,290
Outpatient (Non-Methadone: ASAM I)	382,628	155,670	85,370		369,731	172,583	74,079	75,344	4,539	29,477	134,164	\$1,483,585	420	\$3,532
Intensive Outpatient (ASAM II.5 or II.1)	868,825	213,954	193,848		508,160	391,881	168,212	153,142	10,307	66,932	304,644	\$2,879,905	425	\$6,776
Recovery Support (includes housing, peer support, case management and other non-clinical)	78,831										253,436	\$332,267	512	\$649
Drug testing	156,923		35,012			70,780	30,381	8,572	1,862	12,089	55,023	\$370,642	1,825	\$203
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$2,186,240	\$744,600	\$470,195	\$0	\$1,768,498	\$950,542	\$408,009	\$275,242	\$25,000	\$162,349	\$992,376	\$7,983,051	4,528	\$1,763

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	623,648	407,758	134,128	0	968,464	271,152	301,446	78,516	7,132	46,312	283,086	\$3,121,642
All Other Women (18+)	166,894	93,075	35,894	0	221,062	72,563	74,882	21,012	1,908	12,393	75,756	\$775,439
Men (18+)	1,329,065	201,662	285,842	0	478,968	577,856	0	167,325	15,198	98,696	603,288	\$3,757,900
Youth (12- 17) (Not Including pregnant women or women with dependent children)	66,633	42,105	14,331	0	100,004	28,971	31,681	8,389	762	4,948	30,246	\$328,070
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$2,186,240	\$744,600	\$470,195	\$0	\$1,768,498	\$950,542	\$408,009	\$275,242	\$25,000	\$162,349	\$992,376	\$7,983,051

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Form B1

Local Authority

FY2017 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 FY2017 Expenditures
Assessment Only	17,325	12,168	11,986	5,249	46,728
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	18,888	14,064	13,944	0	46,896
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	194,823	145,067	143,823	18,523	502,236
Outpatient (Methadone: ASAM I)	23,300	17,350	17,201	0	57,851
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)	1,258	24,662	24,662	8,255	58,837
Drug testing	30,525	22,729	22,535	7,826	83,615
FY2017 DORA and Drug Court Expenditures Budget	596,871	467,429	463,556	119,525	1,647,381

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue						\$ 552,316	\$ 73,390			\$ 25,827	\$ 66,000	\$ 717,533

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct						252,349	73,390				10,000	351,000	\$ 335,739	\$ 268,591
Universal Indirect						103,852				2,520	56,000	151,200	\$ 162,372	\$ 101,264
Selective Services						150,816						4,350	\$ 150,816	\$ 150,816
Indicated Services						45,299				23,307		230	\$ 68,606	\$ 68,606
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 552,316	\$ 73,390	\$ -	\$ -	\$ 25,827	\$ 66,000	\$ 506,780	\$ 717,533	\$ 589,277

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 93,893	\$ 121,509	\$ 33,139	\$ 27,615	\$ 193,309	\$ 82,851	\$ 552,316

**Utah County Commission
Local Substance Abuse Authority Board**

Auditor

**Director
Richard Nance**

**Administrative Secretary
PJ Maughan**

**Deputy Director/Clinical
Cindy Simon**

**Deputy Director of Operations
Pat Bird**

**Deputy Director of Finance
Robert Johnson**

Adult Drug Courts
Dependency Drug Court
Rosalie Jensen
Liz Spresser
Barbara Allen

Foothill Residential
TBD

Foothill Outpatient Services
Dual Diagnosis Treatment
Spanish Language Services
DORA Program
Blu Robinson

OUT Program
Ryan Sights
Ann Weight
Cami Quinto

ATR Program
Christy Long

Utilization Management of
Contracted Treatment Services

Drug Testing
Michael LaGiglia
Susi Dalton

Grants Management

Promise of Women & Families
South - Vickie Jaussi

Promise of Women & Families
North - Barry Sanford

Youth Treatment
Jordan Gray
Cheri Mills
Jason Clawson
Alicia Green
Marti Seegmiller

**Prevention Program Manager
Heather Lewis**

Community Prevention

School Prevention Contracts

Prevention Data System

Clinical Information
Outcome Monitoring
Travis Visser
Alice Stryker
Jayne Jacobson
Debbie Curtis
Shannon Girvin
Amanda Kubota
Sheila Lor

Data Manager
Ben Cannon

Contract Compliance Analyst
Patricia Runyan

Billing & Collections
Third Party Payor Relations
Denise Cloward



**Utah County Department of Drug and Alcohol
Prevention and Treatment**

Richard J. Nance, LCSW
DIRECTOR

151 S. University Ave.
Suite 3200
Provo, UT 84601

Tel: 801-851-7127
Fax: 801-851-7198

POLICES AND PROCEDURES

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

POLICY:

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

PROCEDURE:

1. The Division of Substance Abuse shall develop a sliding fee scale that shall be approved by the Utah County Local Substance Abuse Authority Board and adopted by the Utah County Commission. The fee scale shall be updated annually as changes in costs of providing services or other circumstances require.
2. The sliding fee scale shall be based on a combination of prevailing federal poverty guidelines and family size. The sliding fee scale shall not be regressive.
3. The fee scale shall be anchored to the current federal poverty threshold for one person. The maximum charge per month shall be the established fee for one month in the County's residential treatment program. Assessed fees cannot exceed the actual costs of services rendered.
4. Fees charged according to this policy represent the client's (or parents') full financial obligation, regardless of level, intensity, and duration of service provided.
5. Charges for services provided according to state statute (such as DUI education classes) are not subject to the sliding fee scale and must be paid in full. Court trust funds may pay for some DUI related costs of evaluation, classes, or treatment.
6. Assessment charges are not subject to the sliding fee scale and must be paid in full, except as provided for by grant, contract, ordinance, statute or administrative rule.
7. All clients or the parents of minor clients may apply for financial assistance to the Utah County Commission. Division staff will provide clients or their parents information about how to appeal their fees to the Commission. Community service may be allowed for youth clients in lieu of monetary payment for treatment services provided.
8. The currently approved sliding fee scale is made a part of the current version of this policy by reference.

DISCOUNT FEE SCHEDULE
Utah County Division of Substance Abuse
Effective July 1, 2015

Percent of FPL	Percent Discount of Fees	Percent of Fees Charged to Client	Federal Poverty Level												
			Monthly Charge Estimate						Household Size						
			\$11,770 1	Residential	IOP	GOP	Drug Testing	\$15,930 2	\$20,090 3	\$24,250 4	\$28,410 5	\$32,570 6	\$36,730 7	\$40,890 8+	
50.00%	90.00%	10.00%	\$5,885.0	\$345.00	\$100.00	\$50.00	\$14.40	\$7,965.0	\$10,045.0	\$12,125.0	\$14,205.0	\$16,285.0	\$18,365.0	\$20,445.0	
75.00%	85.00%	15.00%	\$8,827.5	\$517.50	\$150.00	\$75.00	\$21.60	\$11,947.5	\$15,067.5	\$18,187.5	\$21,307.5	\$24,427.5	\$27,547.5	\$30,667.5	
100.00%	80.00%	20.00%	\$11,770.0	\$690.00	\$200.00	\$100.00	\$28.80	\$15,930.0	\$20,090.0	\$24,250.0	\$28,410.0	\$32,570.0	\$36,730.0	\$40,890.0	
125.00%	75.00%	25.00%	\$14,712.5	\$862.50	\$250.00	\$125.00	\$36.00	\$19,912.5	\$25,112.5	\$30,312.5	\$35,512.5	\$40,712.5	\$45,912.5	\$51,112.5	
150.00%	70.00%	30.00%	\$17,655.0	\$1,035.00	\$300.00	\$150.00	\$43.20	\$23,895.0	\$30,135.0	\$36,375.0	\$42,615.0	\$48,855.0	\$55,095.0	\$61,335.0	
175.00%	65.00%	35.00%	\$20,597.5	\$1,207.50	\$350.00	\$175.00	\$50.40	\$27,877.5	\$35,157.5	\$42,437.5	\$49,717.5	\$56,997.5	\$64,277.5	\$71,557.5	
200.00%	60.00%	40.00%	\$23,540.0	\$1,380.00	\$400.00	\$200.00	\$57.60	\$31,860.0	\$40,180.0	\$48,500.0	\$56,820.0	\$65,140.0	\$73,460.0	\$81,780.0	
225.00%	55.00%	45.00%	\$26,482.5	\$1,552.50	\$450.00	\$225.00	\$64.80	\$35,842.5	\$45,202.5	\$54,562.5	\$63,922.5	\$73,282.5	\$82,642.5	\$92,002.5	
250.00%	50.00%	50.00%	\$29,425.0	\$1,725.00	\$500.00	\$250.00	\$72.00	\$39,825.0	\$50,225.0	\$60,625.0	\$71,025.0	\$81,425.0	\$91,825.0	\$102,225.0	
275.00%	45.00%	55.00%	\$32,367.5	\$1,897.50	\$550.00	\$275.00	\$79.20	\$43,807.5	\$55,247.5	\$66,687.5	\$78,127.5	\$89,567.5	\$101,007.5	\$112,447.5	
300.00%	40.00%	60.00%	\$35,310.0	\$2,070.00	\$600.00	\$300.00	\$86.40	\$47,790.0	\$60,270.0	\$72,750.0	\$85,230.0	\$97,710.0	\$110,190.0	\$122,670.0	
325.00%	35.00%	65.00%	\$38,252.5	\$2,242.50	\$650.00	\$325.00	\$93.60	\$51,772.5	\$65,292.5	\$78,812.5	\$92,332.5	\$105,852.5	\$119,372.5	\$132,892.5	
350.00%	30.00%	70.00%	\$41,195.0	\$2,415.00	\$700.00	\$350.00	\$100.80	\$55,755.0	\$70,315.0	\$84,875.0	\$99,435.0	\$113,995.0	\$128,555.0	\$143,115.0	
375.00%	25.00%	75.00%	\$44,137.5	\$2,587.50	\$750.00	\$375.00	\$108.00	\$59,737.5	\$75,337.5	\$90,937.5	\$106,537.5	\$122,137.5	\$137,737.5	\$153,337.5	
400.00%	20.00%	80.00%	\$47,080.0	\$2,760.00	\$800.00	\$400.00	\$115.20	\$63,720.0	\$80,360.0	\$97,000.0	\$113,640.0	\$130,280.0	\$146,920.0	\$163,560.0	
425.00%	15.00%	85.00%	\$50,022.5	\$2,932.50	\$850.00	\$425.00	\$122.40	\$67,702.5	\$85,382.5	\$103,062.5	\$120,742.5	\$138,422.5	\$156,102.5	\$173,782.5	
450.00%	10.00%	90.00%	\$52,965.0	\$3,105.00	\$900.00	\$450.00	\$129.60	\$71,685.0	\$90,405.0	\$109,125.0	\$127,845.0	\$146,565.0	\$165,285.0	\$184,005.0	
475.00%	5.00%	95.00%	\$55,907.5	\$3,277.50	\$950.00	\$475.00	\$136.80	\$75,667.5	\$95,427.5	\$115,187.5	\$134,947.5	\$154,707.5	\$174,467.5	\$194,227.5	
500.00%	0.00%	100.00%	\$58,850.0	\$3,450.00	\$1,000.00	\$500.00	\$144.00	\$79,650.0	\$100,450.0	\$121,250.0	\$142,050.0	\$162,850.0	\$183,650.0	\$204,450.0	
Total				\$3,450.00	\$1,000.00	\$500	\$144.00								

Assumptions:

Column E: Residential charges are based on 30 days at \$115/day

Column F: IOP charges are based on an estimate of \$1000/month

Column G: GOP charges are based on an estimate of \$500/month

Column F: Drug testing charges are based on 8 tests/month at \$18/test

At 250% of FPL for a household of 1, a treatment episode of 1 mo Resid, 3 mos IOP, 3 mos GOP and 6 mos drug testing, discounted bill would be \$4,407, or 12% of annual income

Sliding Fee Scale assessment should be compared against Avenue H eligibility and subsidy for Medicaid or Commercial Health Insurance

Client should be encouraged to