GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Utah County Substance Abuse

Instructions:

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

1) Access & 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)?
Utah County aDDAPT does not admit clients with a primary mental health diagnosis, but we have for years provided co-occurring treatment to adults with non-SMI (serious mental illness) mental health conditions. Adults with SMI mental health conditions with co-occurring SUDs (Substance Use Disorders) typically contact the public system through Wasatch Mental Health, Mountainlands Community Health, and the Food and Care Coalition. Since about the year 2000 we have partnered with WMH to provide co-occurring SUD/MH treatment via a shared staff arrangement. According to the SAMHSA definitions for dual diagnosis programs, we would consider this arrangement to be "dual diagnosis capable." The partnership with the Mountainlands Community Health Center, Food and Care Coalition, and WMH allows us to provide for some primary care integration for this group. It also allows us to target a TAM Medicaid eligible population to extend the reach of this program.
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 (Drug Offenses Reform Act) funding serves DORA eligible clients only. Drug court funding is the same. TAM Medicaid clients may be seen by any willing provider, and we provide a list of private sector providers to TAM eligible individuals leaving the Utah County Jail.
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 sliding fee scale is based on federal poverty guidelines for income and family size, and is a percentage discount off our published fee schedule for services actually delivered .
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/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.
No. We were a NHSC provider until a re-interpretation of NHSC program eligibility in 2017 when a new NHSC staff member decided, on a narrow interpretation of the eligibility rules, that we were not. At the present time, we are working with the National Council to advocate for legislation in Congress as well as internal rule-making at HRSA to broaden the eligibility requirements and be more specific in the language to make SUD programs eligible. The 2018 federal omnibus funding bill includes a $105 million increase to the health service corps "to expand and improve access to quality opioid and substance use disorder treatment in rural and underserved areas nationwide." Within that amount, $30 million is specifically for rural communities. This funding should become available to our system by October of this year, but requires HRSA (Health Resources Services Administration) to amend their eligibility rules. We are also advocating for three separate federal bills that would eligibilize and fund student loan repayment for SUD program staff. At present we are at a competitive disadvantage with WMH for recruitment of new grads who have student loans. WMH is NHSC eligible and we are not.

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 of each subcontractor. 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 provide consistent oversight of contracted providers to assure quality services. In addition to regular monthly site visits which include participation in staff meetings, we complete a random chart audit annually. We look for an individualized treatment plan based on ASAM (American Society of Addiction Medicine) criteria that updated consistently including monthly open case and length of stay review. We also assure that continued stayed reviews are completed in a timely manner consistent with ASAM norms. We contact each contractor monthly to request a current employee roster to ensure that each employee who does any Medicaid services has a current valid NPI (National Provider Identifer) number to ensure that providers have no debarred staff. We check annually the System for Award Management (SAM) report for Medicaid assurances. We also require each contractor to produce 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 DHS code of conduct with each employee. We require contract treatment providers to use our EHR (electronic health record) so that we have instant access to charts and documentation. Additionally, a clinical staff assigned to program utilization audits treatment documentation and provides QA (Quality Assurance) assistance to contractors for on a regular basis and upon contractor's request. Our Contract Compliance Analyst performs contract monitoring functions to review compliance with DSAMH and Medicaid contractual obligations. Annual monitoring of contract treatment providers will mirror the annual DSAMH contract compliance site visits in content and process.

3) DocuSign

Are you utilizing DocuSign in your contracting process? If not, please provide a plan detailing how you are working towards accommodating its use.
We are now using DocuSign.

FY19 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Utah County Department of Drug and Alcohol Prever **Form B**

FY2019 Substance Use Disorder Treatment 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	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2019 Revenue
Drug Court	$319,418	$28,626	$125,887	$0	$200,000	$86,384	$83,881	$0	$2,892	$13,328	$163,749	$1,024,165
Drug Offender Reform Act	$534,465	$5,725	$0	$0	$19,084	$0	$0	$0	$1,295	$4,968	$0	$565,537
JRI	$1,100,194	$183,593	$0	$0	$0	$0	$0	$0	$9,358	$43,128	$0	$1,336,273
Local Treatment Services	$824,221	$526,656	$513,913	$0	$1,832,531	$867,736	$324,128	$1,375,096	$11,455	$53,792	$112,671	$6,442,199
Total FY2019 Substance Use Disorder Treatment	$2,778,298	$744,600	$639,800	$0	$2,051,615	$954,120	$408,009	$1,375,096	$25,000	$115,216	$276,420	$9,368,174

FY2019 Substance Use Disorder Treatment Expenditures Budget by Level of Care	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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served
Screening and Assessment Only	$11,326	$5,255	$2,623	$0	$14,479	$3,911	$1,672	$4,231	$117	$540	$1,133	$45,287	980	$46
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	$133,475		$30,906	$0	$0	$46,089	$19,709	$49,864	$0	$0	$13,352	$293,395	220	$1,334
Residential Services	$808,473	$282,363	$187,198	$0	$778,000	$279,164	$119,380	$302,033	$8,402	$38,724	$80,877	$2,884,614	321	$8,986
Outpatient: Contracts with Opioid Treatment	$173,955	$72,587	$40,279	$0	$200,000	$60,067	$25,686	$64,987	$0	$0	$17,402	$654,963	283	$2,314
Office based Opiod Treatment (Buprenorphine,	$242,261	$4,278	$56,094	$0	$11,788	$83,652	$35,772	$90,505	$2,517	$11,604	$24,235	$562,706	100	$5,627
Outpatient: Non-Methadone (ASAM I)	$579,433	$115,636	$134,165	$0	$318,616	$200,078	$85,559	$216,468	$6,026	$27,765	$57,965	$1,741,711	450	$3,870
Intensive Outpatient	$779,572	$262,569	$177,003	$0	$723,463	$263,962	$112,877	$285,584	$7,938	$36,583	$76,474	$2,726,025	398	$6,849
Recovery Support (includes housing, peer support,	$49,803	$1,912	$11,532	$0	$5,269	$17,197	$7,354	$361,424	$0	$0	$4,982	$459,473	260	$1,767
FY2019 Substance Use Disorder Treatment	$2,778,298	$744,600	$639,800	$0	$2,051,615	$954,120	$408,009	$1,375,096	$25,000	$115,216	$276,420	$9,368,174	3,012	$3,110

FY2019 Substance Use Disorder Treatment Expenditures Budget By Population	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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures
Pregnant Women and Women with Dependent	$375,389	$407,758	$86,920	$0	$1,123,504	$129,622	$301,446	$186,813	$3,451	$15,904	$38,157	$2,668,964
All Other Women (18+)	$130,135	$93,075	$30,132	$0	$256,452	$44,936	$74,882	$64,762	$1,188	$5,476	$13,137	$714,175
Men (18+)	$2,092,521	$201,662	$481,011	$0	$555,645	$717,321	$0	$1,033,818	$18,731	$86,323	$207,102	$5,394,134
Youth (12- 17) (Not Including pregnant women or	$180,253	$42,105	$41,737	$0	$116,014	$62,241	$31,681	$89,703	$1,630	$7,513	$18,024	$590,901
Total FY2019 Substance Use Disorder	$2,778,298	$744,600	$639,800	$0	$2,051,615	$954,120	$408,009	$1,375,096	$25,000	$115,216	$276,420	$9,368,174

	Allocations	Required Match			
JRI	$536,645	$107,329	Justice Reinvestment		
JRC	$747,142		Justice Reinvestment - Committee		
SPL	$0	$0	State Prevention		Subtracted from State Treatment
STL	#VALUE!	$208,271	State Treatment	80,000	WTX - Womens Residential
WTA	$229,524	$45,905	State Womens TX		
DOR	$540,190		DORA		
PTR	$124,000		Dept of Corrections PATR		
MTS	$0		Medication Assisted Therapy (MAT)		
RSS			Recovery Support Services		
ADC	#VALUE!		Drug Court - State		
ADC			Drug Court - State Restricted		
ADC	$170,265		Drug Court - Federal		
STR1	$334,801		Utah Opioid STR Grant		
BJA	$175,477		BJA Federal Grant		
FPL	#REF!		Federal Prevention		
WTD	$431,068		Pregnant Women and Women with Dependent Children		
FTL	$760,796		Federal General TX		
PFS1	$18,348		SPF-PFS		
PRX1	$26,033		Utah's Strategic Prevention Framework for Prescription Drugs		
SOP1	$0		Utah Opioid STR Grant Project (Prevention)		
CTC	$10,000	$10,000	Communities that Care training - General Funds		
OPG1	$61,666		Opioid Prevention Grant (SAPT Funding)		

FY19 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Utah County Department of Drug and Alcohol Prevent

Form B1

FY2019 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 FY2019 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	$26,804	$1,144	$168		$28,116
Residential Services	$194,354	$537,751	$283,538	$12,685	$1,028,328
Outpatient	$4,084	$0	$2,536	$0	$6,620
Outpatient	$40,521	$149,004	$116,676	$12,664	$318,865
Intensive Outpatient	$286,520	$327,099	$193,780	$37,335	$844,734
Recovery Support (includes housing, peer support,	$12,025	$35,495	$20,940	$1,560	$70,020
Other (Screening & Assessment, Drug testing, MAT)	$1,229	$485	$558	$614	$2,886
FY2019 DORA and Drug Court	$565,537	$1,050,978	$618,196	$64,858	$2,299,569

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Utah County Department of Drug and Alcohol Prevention and Treatment (DDAPT)

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

1) **Screening and Assessment Only**

Form B - FY19 Amount Budgeted:	**$45,287**	**Form B - FY19 Projected clients Served:**	**980**
Form B - Amount Budgeted in FY18 Area Plan	**$**	**Form B - Projected Clients Served in FY18 Area Plan**	**0**
Form B - Actual FY17 Expenditures Reported by Locals	**$0**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**0**

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

DDAPT offers screenings five days per week on a walk-in basis for both youth and adults in our Provo office. Screenings are also completed at the Utah County Jail for applicants to the OUT (On Unit Treatment) program and for pregnant women who are prescribed Subutex. Screening tools utilized are: TCUDS-V (Texas Christian University Drug Screen version 5) (adults), SSI (Substance Use Screening Inventory) (youth screenings), RANT (Risk and Need Triage) (adult) and ASAM (American Society of Addiction Medicine Placement Criteria) Comprehensive behavioral health assessments include some screening tools such as the CSRS (Columbia Suicide Rating Scale), LSRNR-SV (Level of Services, Risk, Need, and Responsivity - Short Version), ACES (Adverse Childhood Experiences Screen). All screenings are completed by DDAPT staff, with the exception of youth screenings (SSI) completed by Wasatch Mental Health (WMH). If a youth is identified through WMH as having SUD issues, they will complete the SSI with the youth. If the score warrants an assessment, they will be referred directly to Grandview Youth Treatment. This is intended to remove barriers and make a seamless transition for SUD services.
Comprehensive assessments are provided by both DDAPT therapist and through contracted providers

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

This category was calculated different for FY18 and doesn't have a comparison for FY19. However UCaDDAPT will not be making any changes in this category.

Describe any significant programmatic changes from the previous year.

In SFY2018, the fee associated with the screening process changed with clients. A client sliding fee scale was the initial step for billing. After a lengthy discussion with clients, administration and DSAMH over three months, clients identified significant barriers related to entering the screening system related to costs and payment. A flat fee of $68.00 was implemented as a result of the needs assessment to remove service and financial barriers. The clients did not understand the sliding fee scale and only wanted to know how much the screening would cost them. DDAPT would often not see the client back within our treatment care system for unknown reasons. The flat fee simplified billing and barriers for the clients.

In SFY2018, we began collaborating with Utah County Jail medical team to coordinate services/discharge plan for pregnant women on MAT (Medication Assisted Treatment) upon their release. Using Telehealth, several women have connected with the doctor prior to their release. Additionally, they have received a screening and referral to a treatment program.

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

Form B - FY19 Amount Budgeted:	**$293,395**	**Form B - FY19 Projected clients Served:**	**220**
Form B - Amount Budgeted in FY18 Area Plan	**$267,757**	**Form B - Projected Clients Served in FY18 Area Plan**	**220**
Form B - Actual FY17 Expenditures Reported by Locals	**$245,140**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**133**

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

Social detoxification is provided at Utah County Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT) 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, screening/education re: Naloxone 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Maintaining current numbers. No increases

Describe any significant programmatic changes from the previous year.

In June 2016 aDDAPT hired a addictionologist 10 hours per week. In April 2017 we have increased this to full time. This will allow increased access to detox for individuals requiring medical clearance and a medical taper for alcohol dependent individuals. Additionally, it will remove the barrier (and expense) of needing to see a physician or go to an ER. Quality of care has improved.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid

for?

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

Form B - FY19 Amount Budgeted:	**$2,884,614**	**Form B - FY19 Projected clients Served:**	**321**
Form B - Amount Budgeted in FY18 Area Plan	**$2,322,965**	**Form B - Projected Clients Served in FY18 Area Plan**	**321**
Form B - Actual FY17 Expenditures Reported by Locals	**$2,010,934**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**278**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.

The following treatment services to residents of Utah County are contracted with Odyssey House for low, medium and high intensity residential SUD treatment. Adult and youth eligibility and referrals will be done on a case by case basis with prior approval from the UCaDDAPT. The contracted services will consist of individual, group, family psychotherapy and individual skills training and development. Since there is not a residential youth treatment agency in Utah County (other than PRTFs (Psychiatric Residential Treatment Facility) we work closely with Odyssey House in Salt Lake City who provides residential treatment for Utah County youth.
Odyssey House services are used infrequently. Census in each agency ranges from 0–3 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
Foothill Residential Treatment Center (FHR) – Level III.5 High Intensity Residential - Direct service provided by UCaDDAPT
Capacity: 12 male beds, 10 female beds

Foothill offers a structured environment with intensive services to stabilize individuals with moderately severe symptoms of substance use Disorder (SUD). Interventions target foundations of relapse prevention skills, identifying recovery supports (inc. needs and barriers). Services include comprehensive behavioral health and recovery supports needs assessment, treatment planning, case management, smoking cessation (inc. MAT), Evidenced based individual and group therapy, nursing services/medication management and relapse prevention. At 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
UCaDDAPT contracts with House of Hope in Provo for long term residential treatment for women with dependent children.

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

Maintaining current numbers, no increases.

Describe any significant programmatic changes from the previous year.

Foothill Residential Treatment Center has implemented and maintained several evidenced based programs including; smoking cessation, Dialectical Behavioral Therapy/Mindfulness, and Seeking Safety. Additionally, they

have fully implemented Recovery Plus in the facility, including MAT related to nicotine use. Case Managers implemented a needs assessment that more directly focuses on identifying and addressing barriers related to recovery supports with housing, employment, medical navigation and linkage, and other hierarchy of needs.

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	**$654,963**	**Form B - FY19 Projected clients Served:**	**283**
Form B - Amount Budgeted in FY18 Area Plan	**$405,469**	**Form B - Projected Clients Served in FY18 Area Plan**	**243**
Form B - Actual FY17 Expenditures Reported by Locals	**$615,159**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**185**
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.			
UCaDDAPT does not directly provide methadone ASAM level OMT (Opiate Maintenance Therapy) 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/or any expected increase or decrease in the number of individuals served (15% or greater change).			
We intend to contract for a higher number of methadone clients with Project Reality this year from 150 per year to somewhere above 200.. We would like to increase the total to 283. In discussion with Medicaid to increase methadone providers, specifically in discussion with Discovery. Medicaid confirmed Discovery House has 60 medicaid methadone clients that are being billed directly for therapy services. The cost fluctuation is because in 2017 we increased Project Reality's contract to ramp up for 2018 funding of medication assisted treatment. However, our 2018 area plan didn't reflect that influx. The increase for 2019 is because of the new contract with Discovery House. We will see when we finalize our costs for 2018 but I would say the 2018 number was understated.			
Describe any significant programmatic changes from the previous year.			
None			

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount Budgeted:	**$562,706**	**Form B - FY19 Projected clients Served:**	**100**
Form B - Amount Budgeted in FY18 Area Plan	**$0**	**Form B - Projected Clients Served in FY18 Area Plan**	**0**
Form B - Actual FY17 Expenditures Reported by Locals	**$0**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**0**

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.
UCaDDAPT has provided Medication assisted treatment for clients diagnosed with alcohol use disorders using Vivitrol and Naltrexone since 2016, and using buprenorphine, suboxone, subutex, Vivitrol and Naltrexone for those with opiate use disorders since 2016. Services are provided at our main office in Provo, but clients at all programs may receive MAT with the exception of the Utah County Jail (jail policy). We provide the services through a sole source contract with Rocky Mountain Addiction Medicine (Dr. Elina Chernyak) who works for us 40 hours per week in an office we provide for her.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
We expect to see an increase in funding as a result of the 2018 Omnibus budget act that should provide another $4 million in opiate treatment dollars to the State. If this occurs, we estimate that Utah County would be in line for $800 thousand additional dollars representing an increase of 164% of current funding. We are not certain how we would absorb our share of the increase. We also plan to create a dedicated case management position to support Dr. Chernyak's patients who may be receiving medication only services. This would be paid for using STR (State Treatment Response)funds.
Describe any significant programmatic changes from the previous year.
The only significant programmatic change is that we have contracted with Mountainlands Community Health Center and Northeastern Counseling to provide additional treatment capacity and medication purchase through the STR discretionary grant program. We intend to offer this service to other FQHCs in Utah this year.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY19 Amount Budgeted:	**$1,741,711**	**Form B - FY19 Projected clients Served:**	**450**
Form B - Amount Budgeted in FY18 Area Plan	**$1,622,176**	**Form B - Projected Clients Served in FY18 Area Plan**	**450**
Form B - Actual FY17 Expenditures Reported by Locals	**$1,121,104**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**314**

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.
Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT: Day/Evening GOP – 55 DORA GOP – 25 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, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Seeking Safety, Moral Reconation Therapy (MRT), ASAM Placement Criteria and others

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

Census in Foothill Outpatient & DORA (Drug Offenses Reform Act)was temporarily reduced due to multiple staff vacancies. We have filled all positions in Foothill Outpatient, and are recruiting for a therapist in DORA. UCaDDAPT plans to develop a JRI Manager that will oversee the DORA program and other programs servicing the forensic population (Drug Courts, OUT+ in the jail, UCAP (Utah County Alternative Probation) probation). Additionally we will be using increased funds for JRI specific training (MRT (Moral Reconation Therapy), CBT (Cognitive Behavioral Therapy)). UCaDDAPT is planning to hire a consulting firm to assist in an overall restructuring of how GOP level services are delivered. In SFY 2018, all UCaDDAPT programs will offer services from 4 days per week to 5 and clinical staff will be accountable to productivity standards consistent w/ other local authorities. Increase GOP clients capacity, moving from 4 days a week to 5 days a week for treatment.

Describe any significant programmatic changes from the previous year.

UCaDDAPT has provided all therapists with training on the use of a suicide screening tool (CSRS) and have built this into our EHR (Electronic Health Record). Additionally, all UCaDDAPT employees have received comprehensive training on trauma informed care. Each program is in the process of streamlining client orientation manuals consistent with a trauma informed approach. Case Management services have increased emphasis on focused interventions that increase recovery supports (housing, employment, health and social connections). Additionally, Case Manager job descriptions have be revised to reflect a focus on ROSC (Recovery Oriented Systems of Care) principals.

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

Form B - FY19 Amount Budgeted:	**$2,710,894**	**Form B - FY19 Projected clients Served:**	**398**
Form B - Amount Budgeted in FY18 Area Plan	**$3,089,698**	**Form B - Projected Clients Served in FY18 Area Plan**	**450**
Form B - Actual FY17 Expenditures Reported by Locals	**$2,292,795**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**396**

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

All Direct service provided by UCaDDAPT:
Foothill Adult Outpatient Services
Day/Evening- IOP - 35
DORA- IOP – 15
Promise of Women and Families
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, EMDR (Eye Movement Desensitization and Reprocessing), 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/or any expected increase or decrease in the number of individuals served (15% or greater change).
UCaDDAPT is planning to hire a consulting firm to assist in an overall restructuring of how outpatient services are delivered.
Describe any significant programmatic changes from the previous year.
Case Management services have an increased emphasis on focused interventions that increase recovery supports (housing, employment, health and social connections). In FY 2018, all UCaDDAPT programs will be moving from 4 days a week to 5 days per week and clinical staff will be accountable to productivity and qualitative standards consistent w/ other local authorities. UCaDDAPT has increased access to MAT. This will result in quicker stabilization and movement through IOP to GOP.

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	**$459,473**	**Form B - FY19 Projected clients Served:**	**260**
Form B - Amount Budgeted in FY18 Area Plan	**$401,634**	**Form B - Projected Clients Served in FY18 Area Plan**	**250**
Form B - Actual FY17 Expenditures Reported by Locals	**$229,470**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**274**

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

The following are services provided by UCaDDAPT staff : ATR (Access to Recovery) AND PATR (Parolee Access to Recovery)

Case Management/ Individual Services coordination with Utah County Housing Authority and Provo City Housing authority, Tabitha's Way for food and general household supplies
Recovery Coaching
Drug/Alcohol Testing
Prime for Life Substance Abuse Education – UCaDDAPT Prevention Program
MAT for PATR – Contracted Provider & 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 need of the client within the framework of continued support and recovery.

Services by Contracted Provider
Medication Costs – Contracted Provider
Emergency/Transitional Drug Free Housing – Contracted Provider
ID/Birth Certificate Documentation – Contracted Provider

Food Handlers Permits – Contracted Provider
Transportation costs to and from treatment, recovery support activities, or employment
High School Diploma/ GED
Dental Service
Resources for employment such as tools, clothing, certification/apprenticeships

ATR Services are provided to a minimum of 90 parolees and 80 drug court clients.

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

UCaDDAPT anticipates an increased need for recovery supports and possible increase in drug court slots. The ATR staff currently consists of a full-time Program Coordinator and one part-time Case Manager. The ATR staff is currently serving 21 Dual Diagnosis Clients, 80 Drug Court Clients (FDC (Family Drug Court), PDC (Probation Drug Court) and DCFS DC), and 68 PATR clients. We will be adding 1 full-time Case Manager and up to 4 FT/PT Peer Support Specialists (including ongoing training and support). UCaDDAPT has been in discussion with USARA as a possible contractor for technical assistance and peer support specialist training. I think the change in projected clients is a product of transitioning from the State ran WITS system to a local run system. We were seeing many more clients with fewer dollars during the start of the ATR program but with cheaper services. Now we are able to use a broader array of service in the recovery support system but the services cost more and that makes for fewer clients. However, we do intend to see more clients since the JRI (Justice Reinvestment Initiative) funding will be used to pay for some recovery support services during 2018.

Describe any significant programmatic changes from the previous year.

There has been an increase in participation in the weekly P-ATR recovery skills group. Additionally,the Program Coordinator has been trained in CRAFT (Community Reinforcement and Family Training). We will begin an ongoing family group using this model once we have recruited needed staff.

9) Peer Support Services

Form B - FY19 Amount Budgeted:	**$40,000**	**Form B - FY19 Projected clients Served:**	**100**
Form B - Amount Budgeted in FY18 Area Plan	**$32,136**	**Form B - Projected Clients Served in FY18 Area Plan**	**100**
Form B - Actual FY17 Expenditures Reported by Locals	**$0**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**0**

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

In FY 2018 UCaDDAPT will develop and implement peer support specialists. Peer Support Specialists will provide advocacy, linkage to community resources (employment, housing, transportation, social supports, etc), share their own experience to promote hope, support, community and relationship building, recovery skill building and mentoring. Services will be delivered in the community, treatment center and clients home. Services will be provided by UCaDDAPT and/or contracted provider.

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

Costs will increase to develop the peer support program, training for support specialists and supervision training for peer support program coordinator. We may contract with USARA for training and technical assistance. The addition of peer supports will increase mileage costs. It is anticipated that the use of peer supports will increase

treatment engagement and retention. Additionally, it is anticipated that this addition will assist individuals to stabilize and increase the pace of treatment completion.

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Peer Support Specialists (PSS) will receive certification from a program sanctioned by UT DSAMH. Training will include SAMSHA's core competencies for Peer Support Specialists (PSS). Additionally, PSS will participate in continuing education focused on the core competencies and personal wellness. PSS Supervisor will receive training in the PSS role, work and principles & philosophy. Supervision will serve to continue the training received in obtaining PSS certificate and provide the PSS with mentoring and support.

Describe any significant programmatic changes from the previous year.

Adding peer support specialist is a significant programmatic change as we do not have any currently.

10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:
1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
7. Enhance or support the provision of peer and other recovery supports.

Describe the activities you propose and identify where services will be provided.

We provide methadone ASAM level OMT treatment through a long standing contractual relationship with Project Reality to provide OMT(Methadone and Suboxone). We are close to signing a contract with Discovery House in Orem for increased OMT capacity. Medicaid asked us to contract with Discovery because of the significant number of Medicaid enrollees opting for services there. Discovery initially declined, then failed to submit an application at the next procurement cycle. With the significant increase in STR funds, we need to pursue additional OMT capacity. We extended our contract with Dr. Elina Chernyak from 10 to 40 hours per week in March. We expect her to manage up to 200 MAT clients for OUD (opioid use disorders) and dual diagnosis. All clients in OPT/OBOT/MAT are admitted to us for treatment prior to referral for MAT. All clients receive the same treatment EBPs as clients in Treatment As Usual. Richard Nance and Dr. Chernyak attended the 2017 National Frontier and Rural Addiction Technology Center Telemedicine Conference in Reno in July, 2017. We now have two contracts in place to provide telehealth opiate MAT, and we plan to join a larger discussion with AUCH in May. We hope this will generate interest in other rural underserved areas of the state. Plans to improve continuity of care for individuals leaving the Utah County Jail OUT+ program and Foothill Residential Treatment who are on a minimum 270 day dose of treatment is essential to reduce CJ (criminal justice) recidivism, and MAT can be an essential component of that continuing care - whether or not the client was on MAT prior to incarceration. We are also provide buprenorphine treatment services to pregnant women leaving the Utah County Jail. Since the beginning of this service in March via Zoom telehealth connection at the Jail, we have seen two so far. Three who were released by the jail and referred to us failed to follow through with us. Recovery support services provide payment for medications and access to peer support staff. Telehealth services will be provided.

How will you identify, engage and retain individuals in your area with opioid use disorders?

Peers Support staff, case managers and increased access/availability will engage and retain individuals for services described above. UCaDDAPT offers UT County residents an extensive continuum of care. In FY 2018, with the addition of increased MAT and peer support we plan to increase outreach, community based interventions and recovery supports for those entering treatment and high risk individuals leaving incarceration and residential treatment. We are planning to increase harm reduction efforts such as Naloxone training.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

Removing the barriers of the availability and access of MAT and medication, adding recovery supports such as a MAT case manager who also serves as a health navigator, community support and emphasis on trauma informed system of care will increase individuals engagement in treatment. With these additional supports, individuals will stabilize more rapidly and move into GOP sooner. This opens access to IOP. Additionally, individuals will be working w/ peers and case managers to build their recovery support system outside of the the formal support system which will increase chances for sustained recovery.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

In house services will be provided by UCaDDAPT staff, MAT services will be provided by contract w/ Dr. Chernyak, Project Reality and a contract with another OMT clinic.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

The following will increase access to treatment: rapid access to MAT both for incarcerated individuals and community members, use of peer support specialists, case managers/health navigators focused on completion of necessary applications for medical insurance and Medicaid at first contact, restructuring treatment programs to offer cafeteria vs cohort style interventions, organizational restructuring of work flow/responsibilities (including use of case managers, increased access to scheduling, productivity standards for treatment staff, etc). For youth treatment, we will collaborate with WMH to complete SUD SBIRT when indicated and facilitate a warm hand off to our youth treatment providers. We are currently in discussion with DJJS to provide SUD services to youth in their long-term facility. UCDDAPT will be adding increased access to the northern part of the county for MAT with a new Discovery House contract. The provider will allow for maintenance and capacity building for 40+ Utah County residents.

Describe your plan to improve the quality of care.

Quality Assurance: quarterly peer EHR reviews by all clinical staff, monthly EHR review by program manager and random reviews by the quality assurance supervision, improved training re: treatment planning, assessment, etc.
Clinical staff training including: increased training and implementation of evidenced based interventions, supervision of clinical staff that includes video/audio or direct observation and review by supervisor, supervision/consultation offered at all levels
Client: administration of client satisfaction surveys, use of evidenced interventions groups and 1:1 sessions.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

In FY 2019, clinical staff will be observed both by a clinical supervisor and peer, using a fidelity monitoring tool for the intervention delivered. Additionally, they will receive ongoing skills training in clinical supervision to practice evidenced based interventions. Additionally, we plan to identify key staff to become proficient in both the

interventions and supervision of others using the interventions.

Describe Clinical Supervision Protocol or Plan.

In FY 2019, all clinical staff will receive consultation/clinical supervision. Depending on their license, experience and need, staff will participate in weekly, bi monthly or monthly supervision (either 1:1 or group). Key staff will be identified become proficient in developmental, integrated and/or orientation specific supervision models. These individuals will provide supervision and train other clinical supervisors in the model.

How do you evaluate client outcomes?

Client outcomes will be evaluated by using TEDs indicators, recidivism rates for our drug court, DORA and OUT program. In 2019, we will be using the TCU criminal thinking scale with the HR/HN (high risk/high need) population as a pre/post measure. Additionally, we are currently reviewing recovery capital scales and plan to implement one in 2019 as a treatment tool and outcome measure.

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

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

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 90 day program that was recently restructured to meet criminogenic needs of clients with a capacity of 20 males and 20 females. Individualized case-management plans are built around housing, medical, employment and transition of care within community programs. Discussions have begun with Sheriff Department to maintain MAT with methadone clients, since the clients are currently removed from methadone once they enter the jail facility. The possibility of telehealth with the jail and our addictionologist is part of the discussion. This is ongoing interest of our department to increase quality of care for clients entering the jail.

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. 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, MRT, Relapse Prevention Model of treatment. This skill-building model emphasizes the 8 criminogenic factors and employs a risk, needs, responsivity model.

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

We expect no change in funding or individuals served due to time constraints and space in the jail.

Describe any significant programmatic changes from the previous year.

The OUT programs were converted from one 30 day program and one 90 day program to a restructured 90 day program. Research shows that 30 day programs are generally ineffective, and that treatment needs to be focused on antisocial rather than substance abuse related content plus a change in how inmates are managed by jail staff. Meetings generated an agreement to retool the OUT program resulting in somewhat smaller capacity. Based on training received, the program content changed significantly 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 Substance Abuse Prevention and Treatment (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.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

SUD clients are at a distinct disadvantage when it comes to access to integrated health and SUD care, as the majority do not have any form of health coverage that provides payment for treatment.
One of UCaDDAPTs 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 physician 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 efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

UCaDDAPT provides mental health and MAT services for UCaDDAPT clients with non-SMI co-occurring disorders through staff who are licensed mental health counselors, registered nurses, and an physician certified as an addictionologist. UCaDDAPT Case Managers complete a needs assessment with clients to identify and address barriers/needs (food, clothing, housing, transportation, social supports, wellness, etc). UCaDDAPT has had a long-standing arrangement with Wasatch Mental Health to provide co-occurring treatment to adult clients of both centers through a staff sharing arrangement. UCaDDAPT was asked to evaluate the need for SUD services in WMH Aspire, their adolescent female residential program. Youth treatment staff did screenings on all residents and found that the majority did not need criteria for SUD specific treatment. It was recommended that they focus on prevention strategies. 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 continue to improve policy and practice.UCaDDAPT is a member of the Mountainlands Continuum of Care which focuses on prioritizing housing for Utah County chronically homeless and vulnerable populations. In FY 2018, UCaDDAPT will use Peer Support Specialists to increase advocacy and linkage to recovery supports

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

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. Additionally, at each change of level of care, clients medical issues are evaluated as part of the ASAM and addressed if needed.

UCaDDAPT treatment programs incorporate physical and mental health issues in individual recovery plans as well as into groups. All programs provide education and referral for Hepatitis C, HIV and Naloxone. UCaDDAPT Case Managers complete a needs assessment with clients to identify and address barriers/needs, including wellness. In FY 2018, Peer Support Specialists will aid clients in accessing medical needs, including insurance. Additionally, we will be adding trigger questions in the EHR.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

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 best practice, 5 A's Tobacco Intervention. This intervention improves quitting rates. All UCaDDAPT clients have access to NRT (Nicotine Replacement Therapy) via our physician. We also are able to take advantage of our close relationship to the Utah County Health Department for assistance with curricula, training, direct client services, and NRT medications.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	**$3,383,139**		
Form B - Amount Budgeted in FY18 Area Plan	**$3,159,783**		
Form B - Actual FY17 Expenditures Reported by Locals	**$3,312,386**		

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

UCaDDAPT provides direct treatment services to women & their children at two locations of the Promise of Women and Families Programs. One is in So. Utah County while the other is in No. Utah County. The Promise programs provide therapeutic day care for the children of mothers in treatment. The programs have emphasized trauma informed treatment and have modified their forms, and protocols to be consistent with trauma informed care (TIC) principals. Promise staff have been extensively trained in TIC. All Promise staff have received training in Seeking Safety. Clinical practices include: Motivational Enhancement Therapy and Motivational Interviewing, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, Helping Women Recover, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, ASAM Placement Criteria and others.
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.

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.
Describe collaborative efforts with Division of child and family services (DCFS) for women with children at risk of, or in state custody.

The children in UCaDDAPT's Promise programs and in House of Hope receive a comprehensive assessment. In the Promise program, day care staff have been trained to recognize developmental concerns and work w/ the parent and treatment team to make a referral to the appropriate agency if required. House of Hope provides assessment and individual/groups services to the children through a Licensed Professional Mental Health Therapist. UCaDDAPT and House of Hope have a longstanding collaboration with DCFS. DCFS staff members attend staff meetings in each program and UCaDDAPT has a representative at every DCFS drug court. Since the children of women in treatment meet multiple prevention risk factors, we would like to discuss the possibility of using prevention funds to provide services to these children while their mothers are engaged in treatment.

Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.

UCaDDAPT/Promise case managers provide individual needs assessments focusing on recovery support services as well as groups. There is a child care program in each site for children 0-6. Both programs provide transportation to and from treatment for clients and their children in county vehicles until they are established and stable in treatment. Case management services assist women in developing self sufficiency (transportation, employment, social support, budgeting, parenting,etc). Additionally, drug court clients receive gas vouchers, bus tokens and bus passes.

Describe any significant programmatic changes from the previous year.

Due to the excessive TANF requirements and restrictions, the Promise of Women and Family programs opted out of the TANF grant to provide in home parenting skills. The program continues to provide parenting education and uses “Parents as Teachers” when appropriate. In March 2018, South County Promise of Women and Families moved to Payson, UT and shares a building with WMH. The Utah Co Health Department will also move to this building in the near future. Coincident with that move, the program schedule changed at both Promise North and Promise South to provide for client care services to be delivered five days per week instead of four. CDBG grant funds were used to build a playground adjacent to the new building. In October, 2017 the first Program Manager of the Promise program retired Vickie Jaussi - recipient of the 2016 Fall Conference Lifetime Achievement Award). We do not anticipate that this will result in a significant programmatic change.

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	**$590,901**		
Form B - Amount Budgeted in FY18 Area Plan	**$552,079**		
Form B - Actual FY17 Expenditures Reported by Locals	**$299,002**		

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

UCaDDAPT provides screening /comprehensive assessment (inc. eval of mental health and trauma), drug testing, individual, group, and family therapy at the Grandview Youth Treatment Center (GYTC) and contracts with Institute for Cognitive Therapy(ICT) in Orem. GYTC & ICT provide ASAM IOP, GOP and Recovery Management. GYTC is staffed with a 3 licensed mental health therapists and licensed SUDC case manager. In January 2017, we

volunteered to participate in the TRI evaluation. We have not received the recommendations and anticipate them in May 2017. In addition, we have consultation/support calls quarterly with Seven Challenges and will have a fidelity monitoring visit in August 2017. UCaDDAPT received a Grant in FY 2017 and contracted with The Seven Challenges Program. Implementation occurred in fall 2017. Seven Challenges is comprehensive and developmentally appropriate for teens. The program is built on the stages of change model and is compatible with MET and MI, RPT, TF-CBT, and Contingency Management. GYTC does community outreach and has a after-hours support phone. This has assisted with engagement and retention of clients. Due to the invasive nature of collecting urinalysis and the inherent risk of having youth use UCaDDAPT UA Lab, we have increased the use of the oral swab. GYTC provides family therapy and has increased participation of Spanish language parents. A parent group is offered, however due to financial constraints and transportation issues, attendance is poor. Family involvement and providing continuing care/recovery supports are areas we plan to request technical assistance from the TRI evaluation completed in Jan 2017. GYTC is a poor physical space for youth treatment. In FY 2018, we will be seeking another location. We plan to approach the Alpine, Nebo, and Provo school districts to share space in their alternative high schools for on-campus treatment. UCaDDAPT is in discussion with DJJ to be a contracted provider for a day treatment program.

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

We have provided outreach and collaboration to all school districts, DCFS, WMH, and JJS in effort to increase referrals. Currently we are limited by our physical space and will be seeking a more suitable treatment location. We plan to continue work towards 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 Alpine School District about providing outpatient treatment services at their alternative high school location.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

UCaDDAPT is a member of the Utah County youth Multi Agency Team. This group consists of a representative from DCFS,DJJ,SOC,DSPD,WMH and Juvenile court and meets weekly to review individual youth/families that cross many systems. Additionally we are part of the SOC and attend the DSAMH Children's Coordinators meetings.

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	**$465,141**	**Form B - FY19 Amount Budgeted: Felony**	**$1,050,978**
Form B - FY18 Amount Budgeted: Family Dep.	**$426,961**	**Form B - FY19 Amount Budgeted: Family Dep.**	**$618,196**
Form B - FY18 Amount Budgeted: Juvenile	**$110,330**	**Form B - FY19 Amount Budgeted: Juvenile**	**$64,858**
Form B - FY18 Recovery Support Budgeted	**$39,608**	**Form B - FY19 Recovery Support Budgeted**	**$57,995**

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

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) or other risk assessment tool that may be adopted by Juvenile Justice Services or the Juvenile Courts.

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, aDDAPT's staff addictionologist, 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.

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.**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.e. An assault on a peace officer. f. Any charge class A misdemeanor or higher involving a firearm, explosives or arson. g. 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, not 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.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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 is provided through the UCaDDAPT continuum of care. This includes residential, intensive and general outpatient recovery support and recovery management services. Contracted services include House of Hope for residential treatment for women with dependent children, and Odyssey House for youth residential treatment, plus Odyssey House and First Step House for longer term adult residential treatment. It is important to point out that family drug court capacity will probably decrease by 2 slots for each of the 4 calendars this year based on reduction in funding and the decreased ability to draw match Medicaid for treatment.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

MAT services include an existing contract with Project Reality for methadone maintenance treatment and some higher acuity suboxone clients. We also contract with Rocky Mountain Addiction Medicine for the services of Dr. Elina Chernyak, DO, ABAM (American Board of Addiction Medicine) for MAT services that include suboxone and Vivitrol, plus co-occurring mental health treatment medication management. We expect to expand client capacity with Project Reality, and Dr. Chernyak works for us 40 hours per week (significant increase from 10 hours per week in previous years). We also hope to contract with Discovery House in Orem for increased methadone maintenance treatment opportunities.

Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

We are analyzing the costs and practicalities of expanding drug testing services from 6 days per week to 7 days per week including holidays. We anticipate being able to do this by July, even though funding for our drug court programs was reduced by $111 thousand.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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. We expect these fees to increase during the SFY 2018 year. Costs to the client for a positive confirmation test average $40 per test.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

The most significant change in felony drug court was the reassignment of Judge Brown from felony probation drug court. Her replacement is Judge Craig Powell. Additionally, as a result of reclassification of drug charges from JRI, potential clients are opting 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. We have initiated an interesting study with drug court clients to determine their access to banking services. We are beginning to collect data on percent of clients without a bank account, obstacles to work if employer requires EFT of wages, obstacles to other essential services such as housing, transportation, etc., use of alternative banking services such as pre-paid debit cards, payday lenders, check cashing stores, etc.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

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

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	**$1,251,987**	**Form B - FY19 Amount Budgeted:**	**$1,336,273**

Justice Reinvestment Initiative

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.

Staff turnover in DORA this year means that we need to train all replacement staff on MRT. We intend to significantly increase the amount of MAT to DORA clients through federal STR (State Treatment Response) grant funds applied for through a separate funding request.

Treatment should include the 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 Moral Reconation Therapy, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, and Eye Movement Desensitization and Reprogramming. 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.

Additionally, Utah County just created a separate probation supervision, early intervention, and treatment program for misdemeanor level charges. The Sheriff screens for criminal risk, and UCaDDAPT provides screening for treatment need, case management, early intervention, and treatment services. This is the farthest upstream in the sequential intercept model we've been able to engage people coming into contact with the criminal justice system so far.

Identify training and/or technical assistance needs.

MRT training will be beneficial. I would again 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.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	**$565,537**		
Form B - Amount Budgeted in FY18 Area Plan	**$541,393**		
Form B - Actual FY17 Expenditures Reported by	**$373,257**		

Locals			

Local Drug Offender Reform Act (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 Adult Probation and Parole (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.

Spencer Turley, Regional Director - AP+P Richard Nance,LCSW, Director, UCaDDAPT
Jason Behunin - AP+P Cindy Simon, LCSW, UCaDDAPT
Vacant – AP+P Travis Visser, SUDC, UCaDDAPT
Hon. James Taylor - 4th District Court Judge Robert Johnson, UCaDDAPT
Jeffrey Buhman, Esq. – Utah County Attorney
Tom Means, Esq.–Utah County Public Defender Marti Seegmiller, UCaDDAPT
Darin Durfey – Utah County Undersheriff

In addition to this implementation and oversight team, Richard Nance is a member of the Utah County 4th District Court Criminal Justice Round Table and has both DORA and JRI as a standing agenda item on the meetings that occur every other month.

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

At the time of this writing, there are 24 Probationers enrolled in the Utah County DORA program. This number is slightly up from this time last year. so it is anticipated that the carry over on July 1, 2018 will be 21 or more. UCaDDAPT DORA staff have stabilized, but we are told to expect a new DORA agent assigned to us in May. We anticipate building the census to a capacity of between 40 and 50 quickly after that staffing change. The average number of DORA clients served in a year should be approximately 100. We anticipate DORA outcomes to worsen based on discussions with our AP&P partners related to restrictions on behavioral interventions from the new sentencing matrix.

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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

Treatment for DORA clients is provided through the UCaDDAPT continuum of care. DORA outpatient services provided by UCaDDAPT have typically been provided by dedicated DORA staff in segregated DORA groups. Based on clinically assessed need treatment 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. Because of low DORA census numbers and high staff turnover and vacancy rates, DORA clients were integrated into general population outpatient adult treatment (many of whom are felony drug court clients). We expect to resume segregated DORA treatment after May. All DORA clients 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.

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.

Our programs for justice system involved clients include Moral Reconation Therapy, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, Eye Movement Desensitization and Reprogramming. Trauma informed treatment approaches are important for this population as well. Recovery Management includes 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. The Utah County DORA treatment program has been in operation since the DORA statute was originally passed. DORA in Utah County has always been a stand alone program because of the risk nature of clients admitted and treated. EBP principles evolve over time as they are identified, and staff receive training and our Clinical Director oversees incorporation of new principles. We anticipate adding a Justice Programs Manager this year to oversee Drug Court case managers, DORA staff, and other JRI activities.

FY19 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Utah County Department of Drug and Alcohol Preven **Form C**

	State Funds		County Funds									
FY2019 Substance Abuse Prevention 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	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,	Other Revenue (gifts, donations,	TOTAL FY2019 Revenue
FY2019 Substance Abuse Prevention Revenue						$614,706	$18,348	$200,142		$16,320	$66,000	$915,516

	State Funds		County Funds											
FY2019 Substance Abuse Prevention Expenditures B	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 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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program Expenditures
Universal Direct						$368,823		$11,161		$1,697	$10,000	351,000	$391,681	$276,413
Universal Indirect						$153,677	$18,348	$188,981			$56,000	151,200	$417,006	$277,554
Selective Services						$61,471						4,350	$61,471	$50,981
Indicated Services						$30,735				$14,623		230	$45,358	$41,937
FY2019 Substance Abuse Prevention Expenditures B	$0	$0	$0	$0	$0	$614,706	$18,348	$200,142	$0	$16,320	$66,000	506,780	$915,516	$646,885

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$184,412	$184,412	$61,471	$30,735	$92,205	$61,471	$614,706

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Utah County Dept of Drug and Alcohol Prevention and Treatment

Instructions:
The next sections help you create an overview of the ***entire*** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

In this section, *please write an overview or executive summary of the entire plan*. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a *brief* but informative overview that you could share with key stakeholders.

Utah County Department of Drug and Alcohol Prevention and Treatment is responsible to provide prevention services throughout Utah County. UCADDAPT utilizes the Strategic Prevention Framework (SPF) to implement unduplicated universal, selected and indicated prevention programs, practices and policies which is an ongoing circular process.

This report outlines the strategic plan for UCADDAPT for 2017-2019. The SMART Coalition, Eagle Mountain/Saratoga Springs Communities That Care Coalition (CTC), Provo, and Payson CTC assisted in the implementation of this plan, written by Heather Lewis, Malyce Warner, Brian Alba, Michelle Allen and Annie Nicholes. We gathered data from various sources and found that rates for alcohol use, marijuana use, e-cigarette use and other drugs are always lower than national rates, but within the state our numbers fluctuate. Alcohol use rates are low, while marijuana and e-cigarette use rates are climbing. There are cities within the county who need prevention services and who don't have them and upon completing surveys we discovered some areas don't believe their area even has a problem with alcohol and drug use, even when they are one of the three cities with highest need. We plan to target these higher risk areas which are South Utah County, American Fork and Pleasant Grove.

UCADDAPT staff have been rigorous in education and training efforts. We are continually working on recruitment, involvement and training/education within each of the coalitions for maximum reach and effectiveness in our prevention work. Overall we anticipate great improvement in outcomes, programs, marketing, and most importantly, in the lives of the young people in our community as a result of the work happening in our department and with contracted agencies and community partners.

UCADDAPT completed an action plan outlining work we will be doing over the next two years, including community education, policy advocacy, reducing opioid overdose and providing naloxone kits when possible. We are strengthening community relationships, building capacity and resources, and coordinated with Intermountain HealthCare to host a media campaign around proper prescribing, use, and disposal of opioids.

Contracted providers and UCADDAPT implement various services throughout the county to increase prevention efforts. These include things like Prevention Dimensions, WhyTry, Prime For Life First Offender program, Parents Empowered educational materials, and Strengthening Families, implemented by Payson CTC. These programs are offered to school aged kids from K-12 and some programs involve the families.
We currently contract with Bach-Harrison for SHARP survey data and use pre and post test surveys on programs

to measure outcomes. Coordinators also contract with Brilliance Analytics to monitor their programming outcomes.

Overall UCADDAPT has a robust prevention program, dedicated staff, and sufficient resources to address the prevalence of substance use and misuse in our community.

1) Assessment

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?
Who was involved in looking at data?
How did you come up with the prioritization?
Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually.
Please identify what the coalitions and LSAAs did for this fiscal year.

As part of the SPF process, UCADDAPT completed a county wide needs assessment in December, 2016. We obtained data from the Student Health and Risk Prevention Survey, the Youth Risk Behavior Survey, Prevention Needs assessment, epidemiological data from the State Department of Health, Coroner reports, IBIS and SEOW databases, adult and juvenile court records and past years data. . We also explored data from two major college campuses housed in Utah County, Brigham Young University (BYU) and Utah Valley University (UVU).

SHARP data shows alcohol use rates continue to decrease across all grades, along with alcohol related arrests. As far as college campus prevention efforts, UVU does offer several prevention related activities, they host the UVU Addictions Conference and have efforts under way through the student wellness center. They currently do not have data they are willing to share but said they would be willing to do so in the future. Consequently, part of our action plan is to begin the process of combining efforts and offering assist where needed for the Utah Valley University student body. Brigham Young University (BYU) reported they do not have prevention efforts in place as the honor code prohibits use of any alcohol, drug, tobacco or other dangerous or potentially addictive substances. This is quite concerning since students who use substances while enrolled at BYU will be in greater danger and will not feel safe to reach out for help and support if they are struggling, much less receive information about the harms before experimenting.

To reach our prevention goals, UCADDAPT coordinates efforts with four community coalitions in Utah County: The Eagle Mountain/Saratoga Springs Communities That Care (CTC), Provo CTC, Payson CTC, and SMART (Substance Misuse and Abuse Reduction Team). These coalitions help UCADDAPT target more specific and localized prevention efforts in their specific areas. Resources to meet these goals include funding from the SAPT block Grant, Beer Tax funds, the Partnership for Success (PFS), Prescription Drug Overdose (PDO) grants, SPF Rx grant funds, and STR grant dollars. Our department also applied for and was awarded another installment of the Drug Free Communities (DFC) grant which will be approximately $125,000 for five years.

Payson CTC is an active and robust group and is well supported by local leaders and citizens. The coalition coordinators review all the collected data, disseminate the information and assignments to board members who have been separated into various work groups. Low commitment to school, low neighborhood attachment and depressive symptoms are the top three risk factors for Payson area. One way Payson reduces all these risk factors is by teaching Strengthening Families, which is an evidence based curriculum targeting families outside of the school system. Strengthening Families is a 12 week course and is offered twice per year. Bonding and monitoring are increased inside the home and the results from pre/post test surveys show that use rates for youth participants decreased 20% in 2016. The depressive symptoms were lessened family members did feel more connected and able to handle stressors in more healthy ways.

Provo CTC is in its third year, and the coalition coordinator for Provo receives guidance and training from the UCADDAPT CTC coaches along with direct support from the staff at the University of Washington where CTC was

developed. Provo City is aware of the need for services and supports prevention efforts through the CTC in their community. Provo identified their top three risk factors as depressive symptoms, school dropout and substance use. They are working to build capacity of their members through training and recruitment. They are currently in the phase to implement programming and are working now to select an appropriate intervention to match their needs. The coordinator who began with the coalition has since retired and a new leader has stepped in. The work continues to move forward, however it is a slow going process.

Eagle Mountain/Saratoga Springs CTC coordinator has decided to redirect energy and focus into coalition development. Community members were active at the onset five years and lost all momentum and community buy-in. The coordinator has been receiving coaching monthly from UCADDAPT staff, beginning with a new survey of the community leaders to assess where focused efforts can begin the process moving in a more action oriented, positive direction. They have rebuilt the community board with new members and are going through the process again from the beginning

SMART Coalition targets risk factors countywide and the identified substances SMART addresses are alcohol, marijuana and prescription drugs. SMART has now been an active coalition for over ten years and the work coming from this coalition is tremendous. A major role for SMART has been policy advocacy and the Policy Task Force includes a State Representative who supports the mission of SMART and is a champion for keeping the laws that protect our kids from underage drinking and drug use intact.

UCADDAPT also contracts with Alpine, Nebo and Provo School Districts to implement evidence based programs. These programs are included in the portion of the report titled “Planning," but include WhyTry, First Offender PRI. Truancy Program, Prevention Dimensions to name a few.

Because of HB 442, the school districts have really struggled with having “teeth” to keep kids in school. The threat of juvenile court intervention was enough to capture a majority of the kids who would then go on to complete their education successfully. First Offender PRI was another intervention used to target this population, and there has been a huge reduction in student participation due to the change in law. Consequently, PRI has not been offered as frequently because students are no longer forced to enroll and participate. Alpine School District requested a budget amendment because of spending too little in that area and needing to increase participation and spending through in-school truancy programs.

We know that the areas of concern continue to be marijuana and alcohol use, and we will include opioid education in our efforts this year since there is increased grant funding to specifically address the opiate epidemic. We will be assisting the Department of Health with prescriber education, offer media campaigns, drug take back events, and are working to provide naloxone training and kits to any Utah County resident who is in need.

Risk factors we are addressing are depressive symptoms, parental attitudes favorable to antisocial behavior, and low commitment to school for all grades. We know that more than 70% of our geographical area supports prevention efforts and already have plans in place to address issues respectively. Based on the number of people being referred to treatment, Spanish Fork is one of the cities which need to be targeted, and a community readiness survey was completed in 2015. This is discussed in more detail in the next segment, “Capacity Building.” Based on high use rates and number of referrals to treatment, we know Pleasant Grove City also needs services. UCADDAPT will be reaching out to them within the next two years. American Fork had distanced themselves from Utah County Prevention in the past, but upon reaching out to discuss prevention efforts, the new Chief is willing to work with us and even EASY compliance checks are underway again as a result.
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2) Capacity Building

In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.

Things to Consider/Include:

Did you need to do any training to prepare you/coalition(s) for assessment?
After assessment, did the group feel that additional training was necessary? What about

increasing awareness of issue?
What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)

We completed a readiness survey within Spanish Fork which currently does not have a meaningful prevention presence in place. The results of the survey were that while there is a need for services in Spanish Fork, we do not yet have the support from the city to engage in creating a coalition, but we will continue to build an alliance with key leaders to potentially discuss prevention strategies at a later time. The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching intervention to a community's level of readiness is absolutely essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. The number one area in Utah County for Alcohol Possession and Consumption referrals is the Spanish Fork Court location; almost double than all the other court locations in Utah County.

We have identified that the leaders in Spanish Fork are in the "Vague Awareness" phase of readiness, meaning they are aware there may be a problem in their area, but they are not willing to put resources toward a remedy. We will foster relationships by offering support, involvement and education and by allowing them to see us as a valuable and supportive presence in their area, thereby opening the door to future forward progression in prevention strategies. Our goal is to increase awareness and move the community to a pre-planning phase where we can then begin to offer further assistance and insight, and persuade leaders to commit to supporting efforts in more tangible ways. Again, we plan to assess need for prevention in Pleasant Grove and American Fork during the next two years..

UCADDAPT, with several other Prevention Authorities in Utah contracted with CADCA to bring National Coalition Academy (NCA) to Utah. NCA is a comprehensive training program developed by CADCA's National Coalition Institute and teaches leaders the core competencies and the essential processes to establish or maintain a highly effective anti-drug coalition.

The NCA is designed specifically for coalition staff and volunteer leadership which entails two weeks of classroom training, two reinforcement online sessions and access to a web-based workstation. The Academy's training curriculum is organized within SAMHSA's Strategic Prevention Framework. By the end of the year-long training, coalitions will have developed five essential products (1) a community assessment, (2) a logic model, (3) a strategic & action plan, (4) an evaluation plan and (5) a sustainability plan. Our staff have been exposed to the SPF process, and we believe this rigorous and extensive training allowed us to hone our skills and bridge some of the gaps we are experiencing in our county. As a result of the training, SMART identified the need to compartmentalize the community board into separate regions, so that the coalition overall is more capable to target individual community needs in those small areas, rather than looking at the county overall with over 592,000 residents. We are able to be more effective in the work happening in the coalition. This change allows us
As most of Utahans know now, opiate overdose is a huge problem and has reached epidemic proportions. According to the Utah Department of Health, Utah ranked 7th in the nation for overdose deaths from 2013-2015 and from 2000 to 2015, overdose deaths increased 400%! UCADDAPT has teamed with the State Department of Health and through Federal grant funding we are working to get Naloxone in the hands of end users, to get education to consumers about the risks of opiates, proper disposal techniques, education regarding alternative methods to alleviate pain, and to educate physicians about proper prescribing techniques.
UCADDAPT staff, along with coalition leaders from the community will also plan to attend the Utah Prevention Coalition Association conference in June which is a three day event filled with useful knowledge and skills we all can apply.

3) Planning

The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.

Things to Consider/Include:

Write in a logical format or In a narrative. Logical Format is:

Goal: 1

Objective: 1.1
Measures/outcomes
Strategies:
Timeline:
Responsible/Collaboration:

What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?
What agencies and/or people assisted with this plan?

See attached Supplement C3

4) Implementation

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered.
LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions?
**Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).

UCADDAPT contracts with Alpine, Nebo and Provo school districts to provide prevention education and services in the schools, targeting elementary, middle and high school students. Programs and classes offered include Prevention Dimensions, First Offender PRI, Love and Logic, WhyTry, Truancy, etc. We also have the three CTC coalitions in Eagle Mountain/Saratoga Springs, Payson, and Provo which provide community based prevention strategies like Strengthening Families, and Parents Empowered educational materials. SMART also plays a major role in implementation by targeting every aspect of the spectrum of prevention: influencing policy and legislation, changing organizational practices, fostering coalitions and networks, educating providers, promoting community education, and strengthening individual knowledge and skills.

This year we plan to dig deeper and redefine our brand. Most folks still don't know what prevention is all about, the science behind it, and the change that happens as a result of it. In the coming months we plan to define our department and our perspective roles in the community.

We have been excited for the trainings available, especially CADCA Academy which came to Utah last summer. It was a great opportunity to ramp up our coalition efforts. Being able to put new knowledge into practice is exciting and we look forward to all the possibilities to market ourselves so that we can provide a solid, comprehensive approach to addressing the substance misuse in Utah County and likewise create a firm foundation of resources for continuing the great efforts already in place.

5) Evaluation

Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.
Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes
Without fidelity, valuable time, effort, energy and resources can be squandered. To ensure quality of services, efficiency and fidelity, Utah County Prevention staff have developed techniques which are used at least quarterly to monitor the efficacy of the prevention efforts. These techniques include peer review of program implementation, contract monitoring of outside groups providing services within the community, and yearly monitoring from the Division of Substance Abuse and Mental Health. Every program we offer in Utah County either in-house or through contracted services is shown to be evidence based according to the National Registry of Evidence Based Practices and Policies through the Substance Abuse and Mental Health Services Administration (SAMHSA). These programs target the risk factors specific to the areas in which they are incorporated. Over time, the trends of these programs show at minimum a constant number that doesn't increase, but more often, the trends are moving in a positive forward motion. You can see these trends in the logic model short and long term outcomes.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
WhyTry	$25,225	Yes
Agency	Tier Level:	
UCADDAPT	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce the use of alcohol, tobacco, and other drugs	Low commitment to school academic failure attitudes favorable to anti-social behavior	Selective and indicated students (grades 7-12) in Alpine, Nebo and Provo School Districts exhibiting anti-social behavior Students are referred to WhyTry 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	Students will be organized into small groups that will meet weekly. WhyTry curriculum will be taught which includes coursework, hands-on activities, music and therapy. Alpine, Nebo and Provo School Districts	Low Commitment to school will decrease from 39.5% in 2015 to 38% in 2019, Academic failure will decrease from 29% in 2015 to 27.5% in 2019. Attitudes favorable to anti-social behavior will decrease 1.5% from 2015-2019.	Alcohol use will decrease 1% in all districts from 2015 to 2025.Marijuana use will decrease 1% in all districts from 2015 to 2025, and other drug use will decrease 1% in all districts from 2015 to 2025.
Measures & Sources	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	SHARP Survey 2019 WhyTry pre and post tests, 2017 and 2019	District-wide 2025 SHARP survey results

2. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Prevention Dimensions	$51,750	Yes
Agency	Tier Level:	
UCADDAPT	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce ATOD use	Opportunities and rewards for pro-social involvement in school Favorable attitudes toward drug use	K-12th 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 hours per year in Alpine, Provo and Nebo School Districts	Opportunities for pro-social involvement in school will increase from 73.6% in 2013 in grades 6-12 to 74.6% in 2015. Favorable attitudes toward drug use will decrease from 11.4% in 2013 to 10.4% in 2015.	Alcohol use rates will decrease from 8% from 2013 to 6.5% 2025 for all grades. Marijuana use rates will remain level at 7.5% from 2013 to 2025 for all grades. Other drug use rates will remain level at 5.5% from 2013 to 2025.
Measures & Sources	2017 SHARP	2017 SHARP	School Research Institute-PD output measures	Number of PD lessons taught in Utah County School Districts	2013 SHARP	2025 SHARP

3. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No

First Offender Prime For Life	$8,675	Yes
Agency	Tier Level:	
UCADDAPT	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce ATOD use	Favorable attitudes toward drug use Decreased 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 hour course, four sessions per cycle, 5 cycles per year in Alpine, Provo and Nebo school districts for students in 7-12th grade.	Favorable attitudes toward drug use will decrease from 70% to 60% per class. Perception of risks towards drug use will increase from 30% to 45% per class.	Alcohol use will decrease from 8% to 7%, marijuana use will decrease from 7.5% to 6.5% and other drug use will decrease from 5% to 4%% in Alpine, Nebo and Provo school districts
Measures & Sources	Pre and post test surveys and violation referrals from schools	Violation referral information and pre-and post-test surveys	Violation referrals from the schools	Program records provided by the facilitator	Pre and post test class survey	District 2025 SHARP reports

4. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Adult Prime for Life (CURRENTLY ON HOLD DUE TO LOW REFERRALS)	$27,720	Yes
Agency	Tier Level:	

UCADDAPT				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Decrease adult binge drinking	Perceived risk of drug use Attitudes favorable towards alcohol use	Individuals over the age of 21 in Utah County experiences early to late signs of substance use and related problems, IE: impaired driving, drug possession and consumption, etc.	Utah County will provide 8 cycles per year. Each cycle is 16 hours, taught over two weeks at three nights per week Offered at Utah County Health and Justice Building	Maintain binge drinking rate of 6% by persons over 18 from 2015 to 2019	Alcohol use will decrease from 6% to 5% among program participants in Utah County from 2015 to 2025
Measures & Sources	Behavior Risk Factor Surveillance System (BRFSS) Survey	Brilliance Analytics Pre/Post test survey	UCADDAPT Credible system	UCADDAPT attendance records and Credible system	Behavior Risk Factor Surveillance System (BRFSS) Survey	Behavior Risk Factor Surveillance System (BRFSS) Survey

5. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Strengthening Families				$15,000	Yes	
Agency				Tier Level:		
UCADDAPT				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

Logic	Reduce ATOD use	Family conflict Low commitment to school	High risk families with teenagers 12-15 (at least 20 families)	Two cycles of 14 sessions held weekly. Each cycle includes one introduction session, twelve instruction sessions, and one graduation session Each session is 2.5 hours (35 hours per cycle). Sessions will be held at Payson Jr High School Payson area families will be referred by principals and counselors of Nebo School District and local DCFS Child and Family Services	Reduce family conflict from 28.8% in 2015 to 26.8% in 2019. Reduce low commitment to school from 42.3% in 2015 to 30.3% in 2019.	Alcohol use will decrease from 6.8% to 5.8%, marijuana use will remain the same at 3.8% and other drugs will remain the same at 2.1% among youth in Payson, Utah by 2027.
Measures & Sources	2017 SHARP survey	2017 SHARP survey	Program attendance records	Strengthening Families output measures	2019 SHARP Survey	2027 SHARP Survey

6. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Parents Empowered	$15,000-$22,000	Yes
Agency	Tier Level:	

UCADDAPT				3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce underage drinking	Parental Attitudes favorable to drug use	Parents of youth ages 10-16 in Utah County	Parents Empowered kits and collateral items will be distributed at various Utah County community events: middle and high school, community classes, and worksite promotions.	Parental attitudes favorable to drug use will decrease from 7.5% in 2015 to 5.5% in 2019	Underage drinking rates will remain level from 2017 to 2027 for all grades.
Measures & Sources	2017 SHARP	2017 SHARP	Program collateral item records	Program collateral item records	2017 SHARP	2017 SHARP

7. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Truancy Program				$60,000	Yes	
Agency				Tier Level:		
UCADDAPT				3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

Logic	Reduce ATOD use	Low commitment to school Favorable attitudes toward antisocial behavior favorable attitudes toward drug use	Indicated youth in the secondary grades (7-12) in the school districts	Students will be given policy and procedures. After 5 unexcused absences the first citation will be sent home along with student/parent contract. Students with ten or more absences will be sent the second citation with a referral letter to attend truancy school or meet with principal. Non-attendance to truancy school will result in referral to District Juvenile Court where possible services could be given: court supervision, tutors/mentors, after-school programs, testing for placement, counseling services, social workers referring to local agencies, family assessment	Low commitment to school will decrease from 34.3% in 2015 to 33% in 2019. Favorable attitudes toward anti-social behavior will decrease from 21.9 in 2015 to 20% in 2019. Outcomes favorable to drug use will decrease from 9.3 in 2015 to 8.5% in 2019.	Alcohol use rates will decrease from 8% to 7% for all grades. Marijuana use rates will decrease from 7.5% to 6.5%, and other drug use rates will decrease from 5% to 4% in all grades.
Measures & Sources					2015 Attendance records and 2015 District SHARP Survey results	2013 SHARP Survey Results to 2025 SHARP results

8. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Eliminating Alcohol Sales to Youth	$14,000	Yes
Agency	Tier Level:	
UCADDAPT		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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	Mandatory training for all cashiers in Utah County who sell alcohol at off-premise establishments. Presentation to be conducted 1st and 3rd Thursday of each month Average of 22 participants per month. Training classes to be located at UCADDAPT Organize quarterly compliance checks with 15 cities for a total of 147 grocery and convenience stores.	Maintain an alcohol compliance rate of 90% in Utah county among off-premise retailers, increase number of compliance checks by 10 from 473 to 483. (The total 473 does not include CTC compliance check numbers)	Maintain underage consumption of alcohol rates below 5% (30 day use) Reduce alcohol consumption and possession citations for underage individuals from 239 in 2014 to 200 in 2025
Measures & Sources	2017 SHARP survey and	2017 SHARP	Utah County program records	Utah County Compliance	Utah County Compliance	SHARP survey and

	4th District Juvenile court records for possession citation, and DUI.		Utah County Compliance Check records	Check records	Check records	4th District Juvenile Court records

9. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Community Outreach and Events	$45,000-65,000	Yes
Agency	Tier Level:	
UCADDAPT	N/A	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce ATOD use	Attitudes favorable to drug use	Universal populations of all ages in Utah County	Provide evidence-based 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	Alcohol use rates will remain level at 8%, marijuana use rates will remain level at 7.5%, and other drug use will remain level at 5% from 2017 to 2027.
Measures & Sources	2017 SHARP	2017 SHARP	Demographics from those in attendance at community events	Record of events participated in and the strategy implemented	2017 SHARP	2027 SHARP

10. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
SMART	$115,000	Yes
Agency	Tier Level:	
UCADDAPT	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce youth substance use in Utah County	Community Laws and Norms favorable to drug use Availability of drugs	Universal/SMART work impacts all community members	Physician education, staff trainings, member trainings, member recruitment, policy work.	Community Laws and norms favorable to drug use will decrease from 11% in 2015 to 10% in 2019. Perceived availability of drugs will decrease from 18% to 16.5% in 2019.	Underage drinking rates will remain level at 8%, Marijuana use rates will remain level at 7.5% and other drug use will remain level at 5% for all grades from 2015 to 2027 laws favorable to drug use will decrease from 11% in 2015 to 9 % in 2025. Availability of drugs will decrease from 18% in 2015 to 16% in 2025.
Measures & Sources	2017 SHARP	2017 SHARP		Program records	2015- 2019 SHARP	2027 SHARP

ORDINANCE NO. 2017-_15_

AN ORDINANCE AMENDING THE UTAH COUNTY GOVERNMENT
FEE SCHEDULE ADOPTED IN BOOK FORM BY SECTION 2-1-6 OF
THE UTAH COUNTY CODE, BY AMENDING UTAH COUNTY DEPARTMENT OF DRUG & ALCOHOL
PREVENTION & TREATMENT FEE SCHEDULE

THE COUNTY LEGISLATIVE BODY OF UTAH COUNTY ORDAINS AS FOLLOWS:

PART I:

A. The Section of the Utah County Government Fee Schedule adopted in book form by Section 2-1-6 of the Utah County Code, relating to the Utah County Department of Drug & Alcohol Prevention & Treatment Fee Schedule is hereby amended to read as follows:

DEPARTMENT OF DRUG & ALCOHOL PREVENTION & TREATMENT FEES

DRUG SCREENINGS	
Drug Screening	$ 21.00 per encounter
Drug Screening - DCFS	$ 21.00 per encounter
Drug Screening – AP&P	$ 21.00 per encounter
Drug Screening – DCL	$ 21.00 per encounter
Drug Screening – DTF	$ 21.00 per encounter
Drug Screening – DWS	$ 21.00 per encounter
Drug Screening – Jail	$ 18.00 per encounter
Drug Screening – PR	$ 18.00 per encounter
Drug Screening – PUB	$ 21.00 per encounter
Breathalizer	$11.00 per encounter
Breathalizer – DCFS	$ 11.00 per encounter
Drug Screening – Confirmation	$40.00 per encounter
EVALUATIONS	
Assessment by Non-Masters level Therapist	$ 34.15 per 15 min.
Screening by Non-Masters level Therapist	$68.00 per encounter
Assessment by Masters level Therapist	$ 34.15 per 15 min.
NO SHOW FEES	
No Show Fee	$ 21.00 per no show
CLASSES	
PRI Class Adult	$ 206.00
PRI Class Adult - DCFS	$ 206.00
PRI Class – District Court Trust Fund	$ 206.00
PRI Class – Justice Court Trust Fund	$ 206.00
PRI Class – Youth	$ 206.00

PRI Class – DCFS	$ 206.00
USUAL AND CUSTOMARY RATES	
SA Adult Skills Development	$ 3.74 per 15 min.
SA Family Therapy	$ 28.07 per 15 min.
SA Family Therapy w/o Patient	$ 28.07 per 15 min.
SA Group Behavioral Management	$ 5.93 per 15 min.
SA Group Therapy	$ 6.70 per 15 min.
SA Individual Behavioral Management	$ 17.26 per 15 min.
SA Individual Skills Development	$ 13.92 per 15 min.
SA Individual Therapy	$ 28.07 per 15 min.
SA Individual Therapy (16-37 min)	$ 56.14 20-30 min.
SA Individual Therapy (38-52 min)	$ 97.06 45-60 min.
SA Individual Therapy (53-89 min)	$ 168.42 75-80 min.
SA Individual Therapy (90-134 min)	$73.07 per encounter
SA Individual Therapy (135-??? Min)	$71.57 per 30 min
SA Individual Therapy w/Medication Management – M.D.	$ 28.07 per 15 min.
SA Medication Management M.D. Lvl 1	$14.31 per encounter
SA Medication Management M.D. Lvl 2	$31.40 per encounter
SA Medication Management M.D. Lvl 3	$52.74 per encounter
SA Medication Management M.D. Lvl 4	$100.00 per encounter
SA Medication Management M.D. Lvl 5	$125.00 per encounter
SA Nurse Evaluation (Medical)	$40.72 per encounter
SA Nurse Injection	$17.79 per encounter
SA Psychological Testing	$ 34.10 per 15 min.
SA Targeted Case Management	$ 14.17 per 15 min.
SA Youth Skills Development	$ 3.74 per 15 min.
Vivitrol Medication Charge	$1,112.65 per injection
Drug Court – Phase I	$ 31.00 per week
Drug Court – Phase II	$ 21.00 per week
Drug Court – Phase III	$ 11.00 per week
Drug Court – Phase IV	$ 11.00 per week
THIRD PARTY RATES (cont)	
Residential Daily Rate	$ 98.00 per day
Residential – House of Hope ASAM 3.3	$ 97.50 per day
Residential – House of Hope ASAM 3.5	$ 108.50 per day
Residential – Odyssey House Yth ASAM 3.1	$ 85.00 per day
Residential – Odyssey House Yth ASAM 3.5	$ 148.00 per day
Residential – Odyssey House ASAM 3.1	$ 95.00 per day
Residential – Odyssey House ASAM 3.3	$ 97.50 per day
Residential – Odyssey House ASAM 3.5	$ 108.50 per day

Residential – Step House ASAM 3.1	$ 95.00 per day
Residential – Step House ASAM 3.3	$ 97.50 per day
Residential – Step House ASAM 3.5	$ 108.50 per day
CLIENT CO-PAYMENTS	
Discount Fee Schedule – not published	
RECORD COPIES	
Request of Archive Files	$ 25.00 per request
Copies	$ .10 per copy

PART II:

Insert pages reflecting the above amendments, including a title page which bears the enactment date of this ordinance, are hereby ordered to be filed in the copy of the Utah County Government Fee Schedule which are on file with the Utah County Clerk-Auditor.

PART III:

This ordinance shall take effect: 1) sixteen (16) days after it is passed, or 2) after it has been published, whichever date is later.

PART IV:

If any of the sections, sentences, clauses, or provisions of this ordinance shall for any reason be adjudged inapplicable or invalid by a court of competent jurisdiction, such shall not affect or invalidate the remaining portion contained herein.

PASSED and ordered published this _18th_ day of July 2017.

BOARD OF UTAH COUNTY COMMISIONERS
UTAH COUNTY, UTAH

_____
WILLIAM LEE, Chairman

_____
GREGORY GRAVES, Commissioner

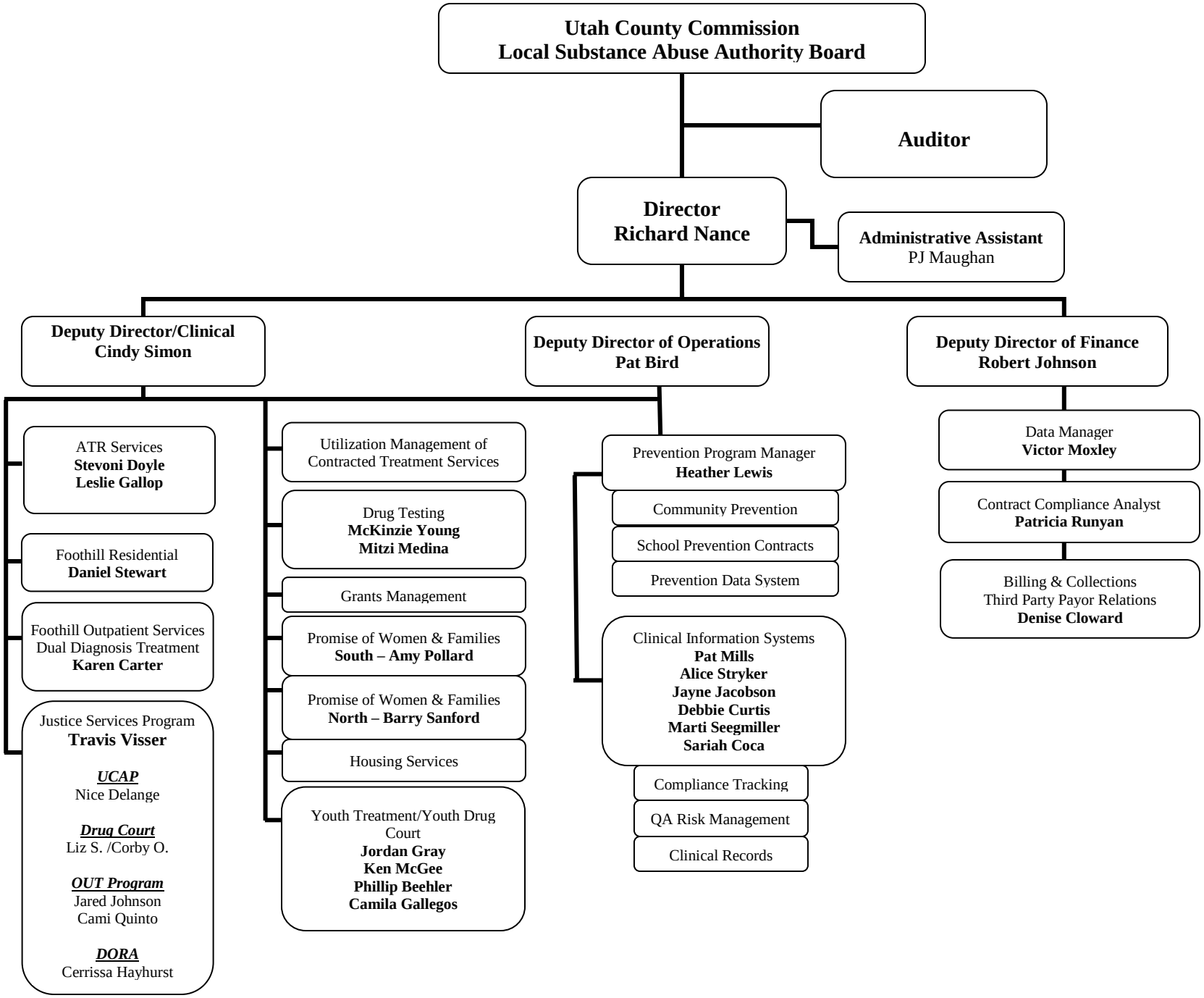
_____
NATHAN IVIE, Commissioner

ATTEST:
BRYAN E. THOMPSON
County Auditor/Clerk

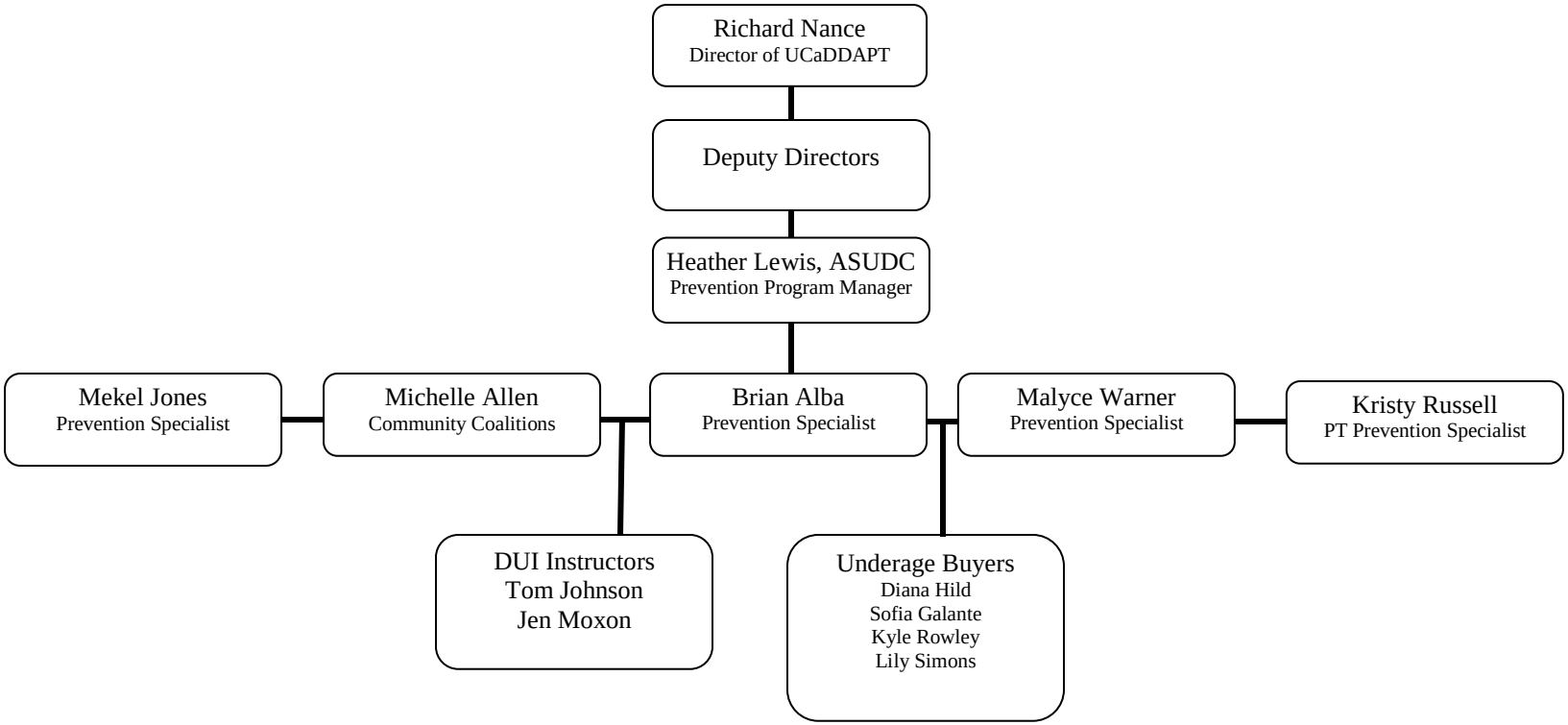
By:_____
Deputy

APPROVED AS TO FORM:
JEFFREY R. BUHMAN
County Attorney

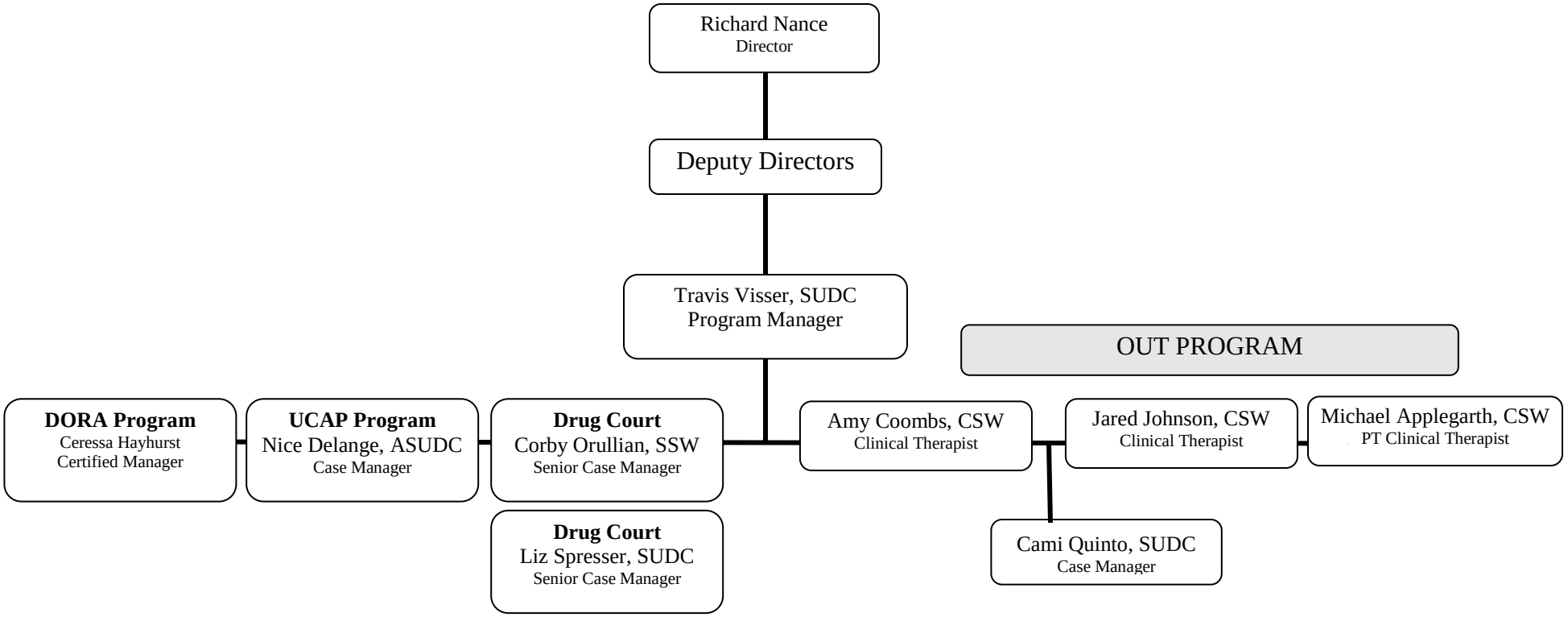
By:_____
Deputy


Utah County Commission
Local Substance Abuse Authority Board
Auditor
Director
Richard Nance
Administrative Assistant
PJ Maughan
Deputy Director/Clinical
Cindy Simon
Deputy Director of Operations
Pat Bird
Deputy Director of Finance
Robert Johnson
ATR Services
Stevoni Doyle
Leslie Gallop
Foothill Residential
Daniel Stewart
Foothill Outpatient Services
Dual Diagnosis Treatment
Karen Carter
Justice Services Program
Travis Visser
UCAP
Nice Delange
Drug Court
Liz S. /Corby O.
OUT Program
Jared Johnson
Cami Quinto
DORA
Cerrissa Hayhurst
Utilization Management of
Contracted Treatment Services
Drug Testing
McKinzie Young
Mitzi Medina
Grants Management
Promise of Women & Families
South – Amy Pollard
Promise of Women & Families
North – Barry Sanford
Housing Services
Youth Treatment/Youth Drug
Court
Jordan Gray
Ken McGee
Phillip Beehler
Camila Gallegos
Prevention Program Manager
Heather Lewis
Community Prevention
School Prevention Contracts
Prevention Data System
Clinical Information Systems
Pat Mills
Alice Stryker
Jayne Jacobson
Debbie Curtis
Marti Seegmiller
Sariah Coca
Compliance Tracking
QA Risk Management
Clinical Records
Data Manager
Victor Moxley
Contract Compliance Analyst
Patricia Runyan
Billing & Collections
Third Party Payor Relations
Denise Cloward

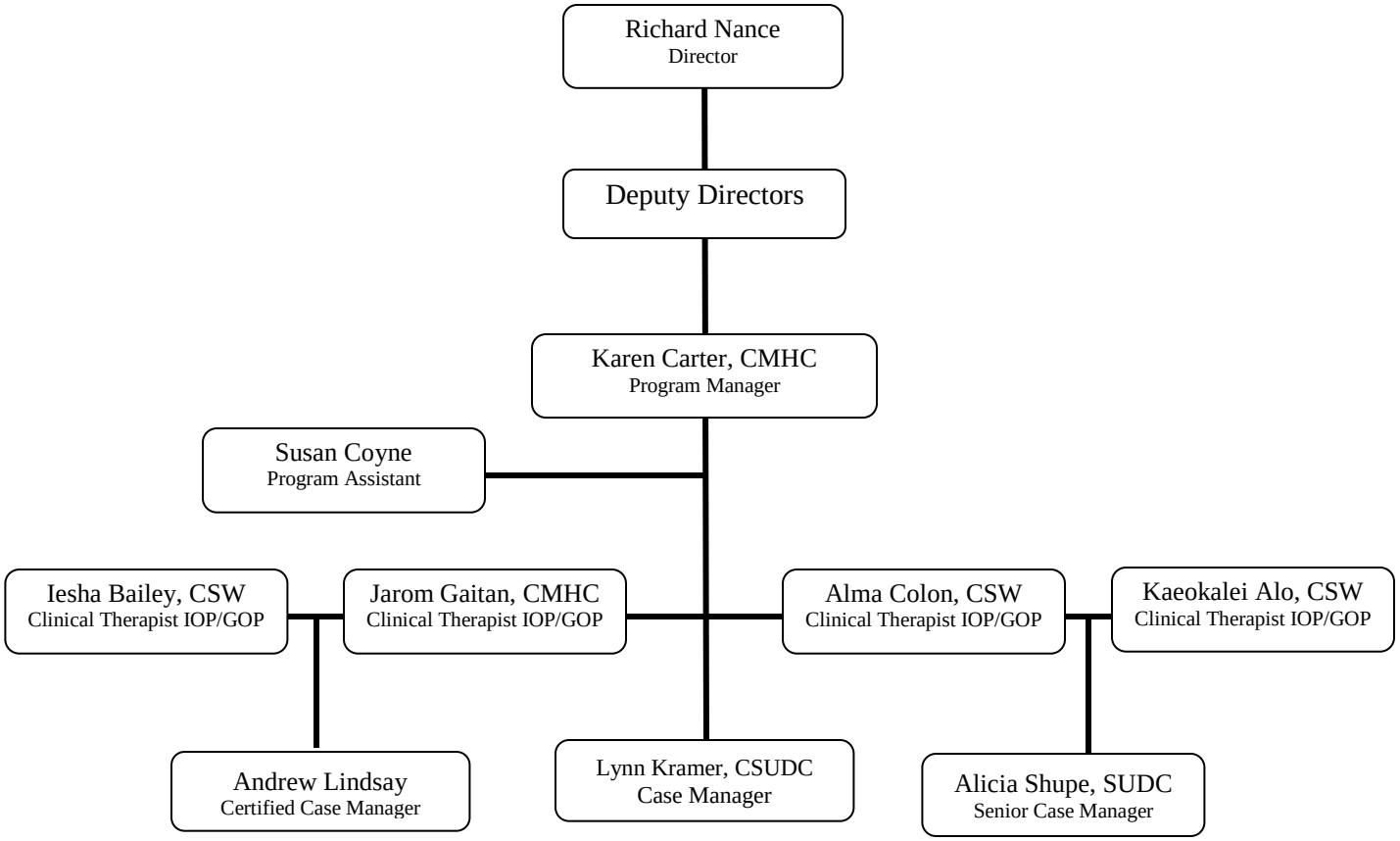
Utah County - DDAPT
Prevention & PRI Services
Organizational Chart



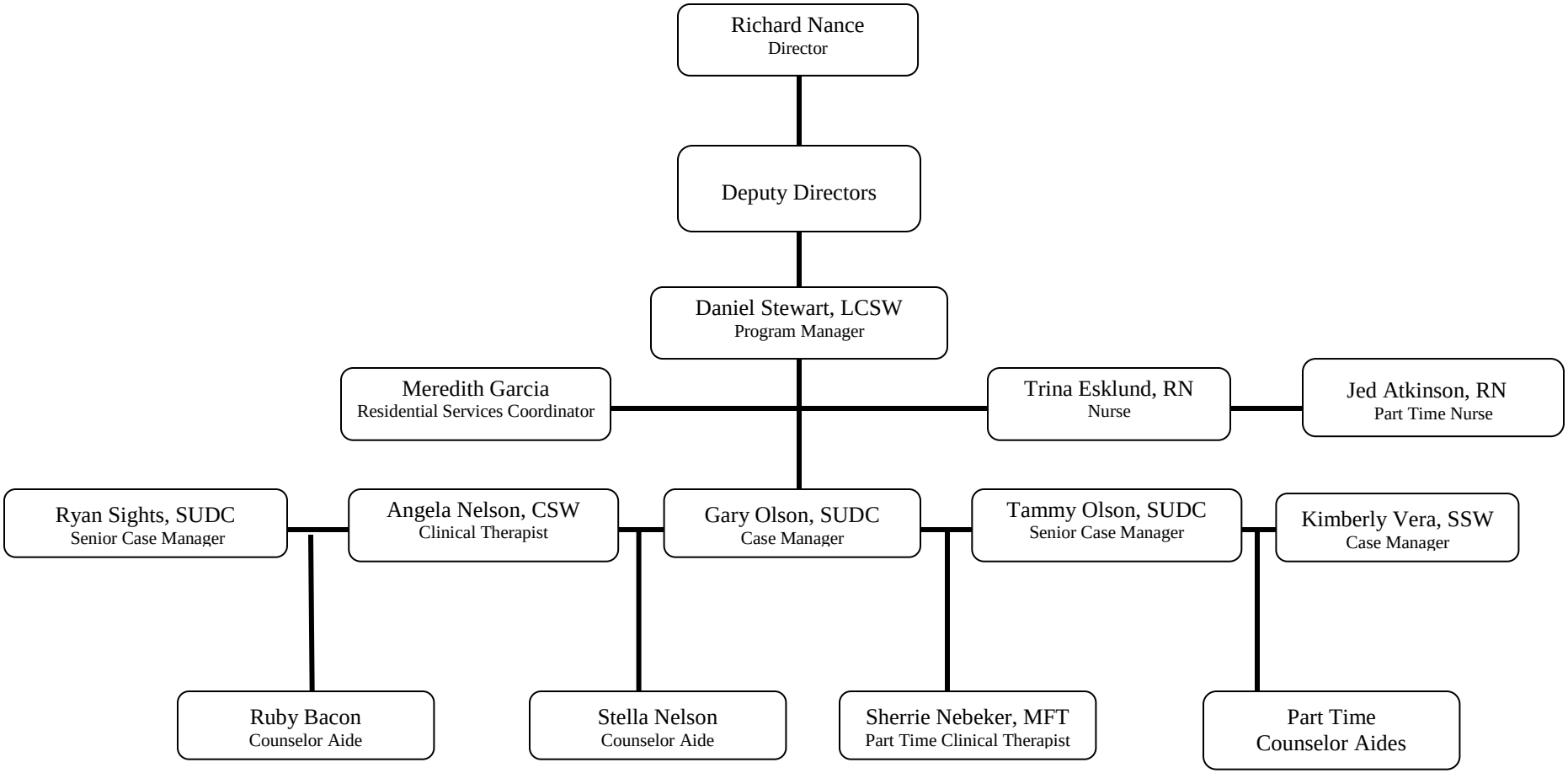
Utah County DDAPT
Justice Services –
Drug Court/ATR/UCAP/DORA



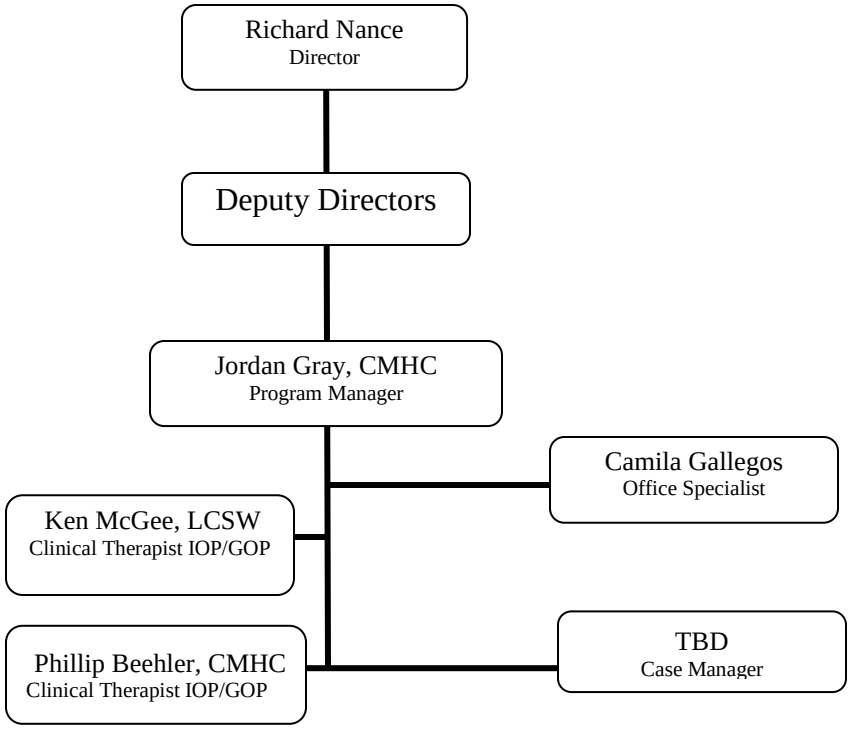
Utah County DDAPT
Outpatient Services
Organizational Chart



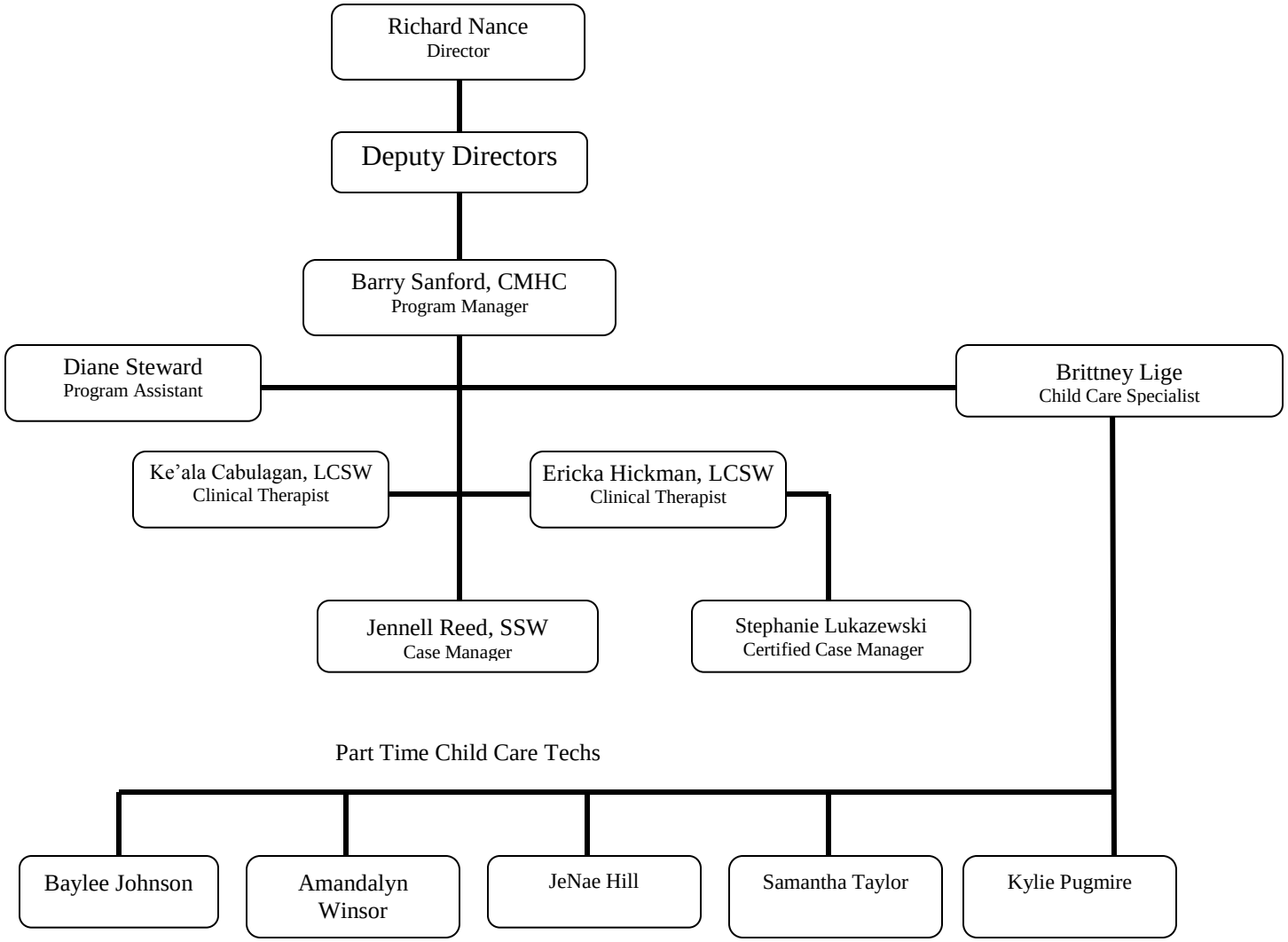
Utah County DDAPT
Foothill Residential Treatment Center
Organizational Chart



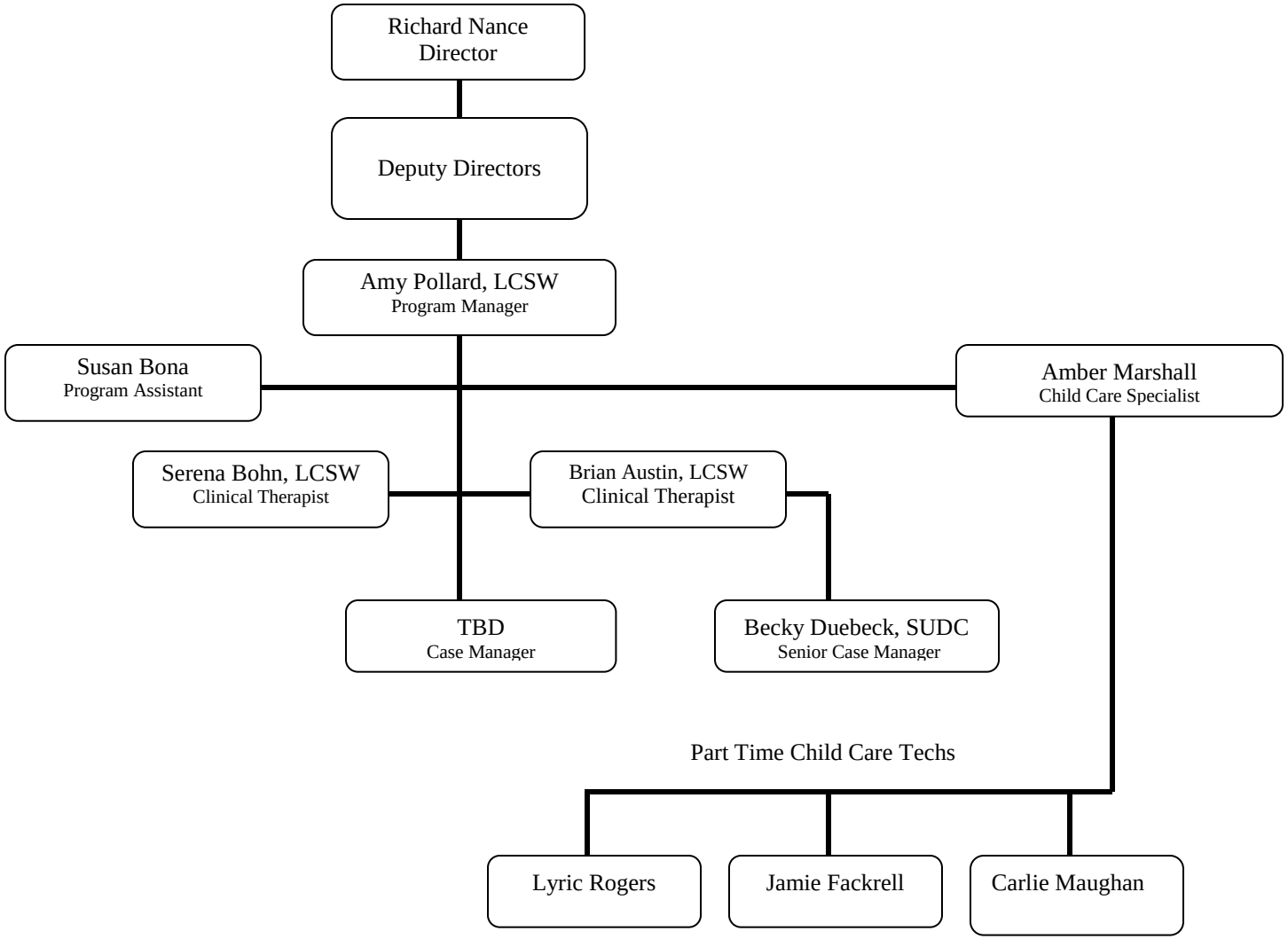
Utah County DDAPT
Grandview Youth Treatment Program
Organizational Chart



Utah County DDAPT
The Promise of Women & Families - North
Organizational Chart



Utah County DDAPT
The Promise of Women & Families - South
Organizational Chart



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2019 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160080 _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: UTAH COUNTY LSAA

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

PLEASE PRINT:

Name: Nathan Ivie

Title: Utah County Commission Chairman

Date: August 13, 2018