

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 mental health conditions. Adults with SMI mental health conditions with co-occurring SUDs 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 primary care integration for this client 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)? Identify how you manage wait lists. How do you ensure priority populations get served?

All citizens of Utah County are eligible for treatment through UCaDDAPT programs. Medicaid enrollees from other counties are eligible for admission to treatment through UCaDDAPT, and we coordinate reimbursement, care and transfer with other local authority programs as appropriate. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, State women's meth funding and SAPT women's set aside. DORA funding serves DORA eligible clients only. Drug Court funding is the same. 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. **Priority populations are identified at the time of intake. Our intake staff have a SAMHSA priority population notice posted at their work stations for clients to see, and to serve as a reminder. Our contract compliance analyst and data manager review a report derived from our EHR to measure average time from intake to treatment monthly and report that performance back to the team.**

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. **The sliding fee scale was updated in March, 2019 along with renewal of our National Health Service Corps student loan repayment program re-application. Fee Scale URL: <http://addapt.utahcounty.gov/sites/default/files/ORDINANCE%202017%20Effective%2020170718.pdf> Eligibility requirements URL: [Http://addapt.utahcounty.gov/Fees/SlidingScale](http://addapt.utahcounty.gov/Fees/SlidingScale)**

How is this amount of public subsidy determined?

The sliding fee scale to determine public subsidy is based on income, family size, and the **most recently adopted** 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, referrals from other community partners, the County's website, and 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.**

YES!

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review 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 criteria that is updated consistently including monthly open case and length of stay review. We also assure that continued stayed reviews are completed in a timely manner consistent with ASAM norms. We contact each contractor monthly to request a current employee roster to ensure that each employee who does any Medicaid services has a current valid NPI number 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 so that we have instant access to charts and documentation. Additionally, a clinical staff assigned to program utilization audits treatment documentation and provides QA assistance to contractors 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.

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Utah County Department of Drug and Alcohol Preve		Form B	
FY2020 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 FY2020 Revenue				
Drug Court	\$252,039	\$159,311			\$894,936	\$65,195		\$175,477		\$20,591	\$166,483	\$1,734,032				
Drug Offender Reform Act		\$37,686			\$212,128	\$40,000		\$80,000		\$4,444		\$374,258				
JRI	\$526,901											\$526,901				
Local Treatment Services	\$704,055	\$353,003	\$522,140		\$2,603,662	\$865,587	\$408,009	\$285,483	\$25,000	\$80,665	\$575,087	\$6,422,691				
Total FY2020 Substance Use Disorder Treatment Revenue	\$1,482,995	\$550,000	\$522,140	\$0	\$3,710,726	\$970,782	\$408,009	\$540,960	\$25,000	\$105,700	\$741,570	\$9,057,882				
FY2020 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, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served		
Screening and Assessment Only	\$5,995	\$4,655	\$2,111	\$0	\$22,564	\$3,924	\$1,649	\$1,706	\$117	\$496	\$6,404	\$49,621	980	\$51		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$58,947		\$20,754	\$0	\$79,497	\$38,587	\$16,218	\$16,772	\$0	\$0	\$62,970	\$293,745	220	\$1,335		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$530,293	\$172,682	\$186,708	\$0	\$1,252,277	\$347,136	\$145,897	\$150,885	\$8,402	\$35,525	\$566,482	\$3,396,287	321	\$10,580		
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$125,711	\$32,150	\$44,261	\$0	\$269,536	\$82,291	\$34,586	\$35,769	\$0	\$0	\$134,290	\$758,594	283	\$2,681		
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$74,113	\$3,790	\$26,094	\$0	\$111,739	\$48,515	\$20,390	\$21,088	\$2,517	\$10,645	\$79,171	\$398,062	100	\$3,981		
Outpatient: Non-Methadone (ASAM I)	\$248,188	\$102,435	\$87,383	\$0	\$653,328	\$162,466	\$68,283	\$70,618	\$6,026	\$25,472	\$265,126	\$1,689,325	450	\$3,754		
Intensive Outpatient (ASAM II.5 or II.1)	\$365,124	\$232,594	\$128,555	\$0	\$1,215,877	\$239,014	\$100,455	\$103,890	\$7,938	\$33,562	\$390,043	\$2,817,052	398	\$7,078		
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$74,624	\$1,694	\$26,274	\$0	\$105,908	\$48,849	\$20,531	\$140,232	\$0	\$0	\$79,716	\$497,828	260	\$1,915		
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$1,482,995	\$550,000	\$522,140	\$0	\$3,710,726	\$970,782	\$408,009	\$540,960	\$25,000	\$105,700	\$1,584,202	\$9,900,514	3,012	\$3,287		
FY2020 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 FY2020 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$53,722	\$301,191	\$18,915	\$0	\$2,032,066	\$35,167	\$301,446	\$19,596	\$906	\$3,829	\$57,388	\$2,824,226				
All Other Women (18+)	\$42,042	\$68,750	\$14,802	\$0	\$463,840	\$27,521	\$74,882	\$15,336	\$709	\$2,997	\$44,911	\$755,790				
Men (18+)	\$1,287,202	\$148,958	\$453,204	\$0	\$1,004,988	\$842,614	\$0	\$469,540	\$21,699	\$91,744	\$1,375,047	\$5,694,996				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$100,029	\$31,101	\$35,219	\$0	\$209,832	\$65,480	\$31,681	\$36,488	\$1,686	\$7,130	\$106,856	\$625,502				
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$1,482,995	\$550,000	\$522,140	\$0	\$3,710,726	\$970,782	\$408,009	\$540,960	\$25,000	\$105,700	\$1,584,202	\$9,900,514				

SFY 20 Opioid Budget Local Authority: Utah County Department of Drug a Form B

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	235000	166483.08	0	\$401,483.08

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost			
Direct Services	\$254,076.08			1
Salary Expenses	\$126,972.08			
Peer Support Specialists (2 Full Time 1 Part Time)	86435.04		86435.04	86435
Program Assistant for Dr Bush	40537.04		40537.04	40537
Title 3				
Administrative Expenses	\$40,148.00		\$40,148.00	40148
Supplies				
Communication				
Travel				
Conference/Workshops		*Insert a note providing details		
Equipment/Furniture				
Miscellaneous		*Insert a note describing it		
Screening & Assessment	\$0.00			
Drug Testing	\$0.00			
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon)	\$51,114.00		\$51,114.00	51114
Opioid Treatment Providers (Methadone)	\$0.00			
Intensive Outpatient	\$0.00			
Residential Services	\$0.00			
Outreach/Advertising Activities	\$0.00			
Recovery Support (housing, peer support, case management and	\$35,842.00		\$35,842.00	35842
Contracted Services	\$147,407.00			
Contracted Service 1 (Dr Bush OBOT Contract)	100505		100505	100505
Contracted Service 2 (Project Reality Methadone & Suboxone)	46902		46902	46902
Contracted Service 3				
Contracted Service 4				
Contracted Service 5				
Contracted Service 6				
Total Expenditure FY2020	\$401,483.08			

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

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

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 - FY20 Amount Budgeted:	\$48,987	Form B - FY20 Projected clients Served:	980
Form B - Amount Budgeted in FY19 Area Plan	\$45,661	Form B - Projected Clients Served in FY19 Area Plan	980
Form B - Actual FY18 Expenditures Reported by Locals	\$778,519 Includes Drug Testing and MAT	Form B - Actual FY18 Clients Served as Reported by Locals	1738
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. Please list all contracted providers.			
<p>The Clinical and Information Systems program completes the initial screening intake for clients with substance abuse or addiction issues identifying no treatment, early intervention, or the level of treatment needed. Program Assistants provide front-end support and perform routine and complex clerical duties with each client. The substance abuse screening is completed by a licensed case manager or therapist. They evaluate the client's current and past substance abuse/addiction and legal history to identify risks and needs using the six ASAM criteria dimensions. All screening services are completed by the Department. We do not contract to outside providers.</p>			
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).			
<p>Medicaid Expansion and decreases in State general funds make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.</p>			
Describe any significant programmatic changes from the previous year.			
<p>This past year we discovered a delay in client services between the screening and entering the treatment program. A project management committee was created to develop a more efficient way to meet the needs of our clients while meeting the timeline requirements of our sponsors. The committee proposed to resolve the transition issues by adding an additional full time screener for engaging and retaining the client between first contact and treatment services. The position requires a licensed SUDC or SSW to complete the screening process as well as identifying immediate needs of the individual before entering into treatment program. The desired outcome will be all individuals screened for the severity of their drug problem and assigned level of care. The individual will also begin receiving targeted case management services after the screening process is complete. The services will be</p>			

based on immediate needs identified during the initial screening rather than waiting until placement becomes available in the treatment program. Therefore, not only the Department will meet the sponsors timeline requirements, the delay in clients beginning services will decrease.

Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.

The Fourth District Courts and Utah County Justice Courts mandate substance use disorder screenings and assessments be completed for adults and youth. Our Clinical & Information Systems program provides services to clients on a walk-in basis Monday through Thursday from 8:00 AM to 4:00 PM and Fridays from 8:00 AM to 2:30 PM. Clients pay a flat fee of \$68.00 for their substance abuse screening. The client fills out the Texas Christian University drug screen before meeting face-to-face with a case manager or therapist. The clinical screener goes over the answers with the client to determine the severity of the drug problem. The ASAM has six dimensions to create a holistic biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The client may receive the clinical recommendation at that time or additional collateral information is sought from other agencies based on releases of information.

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

Form B - FY20 Amount Budgeted:	\$287,515	Form B - FY20 Projected clients Served:	220
Form B - Amount Budgeted in FY19 Area Plan	\$297,803	Form B - Projected Clients Served in FY19 Area Plan	220
Form B - Actual FY18 Expenditures Reported by Locals	\$168,662	Form B - Actual FY18 Clients Served as Reported by Locals	249

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. Please list all contracted providers.

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 detox clients and one dedicated detox bed ("Grace's Bed") for emergency room referrals. Services include a general health assessment, screening for infectious disease, screening/education regarding 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. **We do not contract with outside providers for detox.**

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).

The goal is to maintain the current number of clients served. In the past year, Foothill has increased the number of services provided for detox clients. The medical director attends Foothill one day a week and has started seeing clients for basic medical and psychiatric needs and comfort medications to help with detox. Also, in cases of emergencies, staff will contact the medical director for medical consultations or appointments. In addition, Foothill has hired a case manager to help provide case management services for detox clients. **Medicaid Expansion and decreases in State general funds make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are**

not required to come to our agency for treatment, we don't know what our numbers of clients served will be. Persons seeking social detox services may choose to travel to Salt Lake for this service.

Describe any significant programmatic changes from the previous year.

The Department's Increased access to detox for individuals requiring medical clearance and a medical taper for alcohol dependent individuals. Additionally, this will remove the barrier (and expense) of needing to see a physician or go to an ER. Quality of care has improved. In 2018, our Medical Director began seeing detox and residential clients on site vs in our central office. This has increased access and services to this population. Additionally, we have assigned a case manager to detox which has resulted in increased engagement and retention as well as linking clients to community resources.

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?

We are the only social detox provider in Utah County. If clients seek services outside of the County, we have no way of knowing that. The service is paid 100% out of Federal, State, and County funds. Medicaid does not pay for social detox at this point.

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

Form B - FY20 Amount Budgeted:	\$3,340,240	Form B - FY20 Projected clients Served:	321
Form B - Amount Budgeted in FY19 Area Plan	\$2,911,323	Form B - Projected Clients Served in FY19 Area Plan	321
Form B - Actual FY18 Expenditures Reported by Locals	\$1,903,934	Form B - Actual FY18 Clients Served as Reported by Locals	336

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

The following treatment services to residents of Utah County are contracted with Odyssey House and First Step House for low, medium and high intensity residential SUD treatment. Adult and youth eligibility referrals are completed on a case-by-case basis with prior approval from 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) 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, 8 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 (including needs and barriers). Services include comprehensive behavioral health and recovery support needs assessment, treatment planning, case management, smoking cessation (including 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 45 days. Foothill reviewed and updated the program schedule to include clinical services by licensed staff to 7 days a week.

House of Hope: ASAM III.3

Capacity: 12 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).

It is expected current numbers will be maintained. Medicaid Expansion and decreases in State general funds make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.

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 Nicotine Replacement Therapy (NRT). 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. Foothill has expanded clinical services to seven days a week. In 2018, our lead case manager has taken the responsibility of being the UCaDDAPT liaison with Utah County Housing Authority. This has been a great benefit for Residential clients.

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$745,308	Form B - FY20 Projected clients Served:	283
Form B - Amount Budgeted in FY19 Area Plan	\$660,710	Form B - Projected Clients Served in FY19 Area Plan	283
Form B - Actual FY18 Expenditures Reported by Locals	\$447,394	Form B - Actual FY18 Clients Served as Reported by Locals	216

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

UCaDDAPT does not directly provide methadone ASAM level 1 treatment but has a long standing contractual relationship with Project Reality in Provo to provide methadone maintenance treatment. Project Reality uses both Methadone and Suboxone as OMT.

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

The Department intends to contract for 150+ patients as FY19 for methadone clients with Project Reality this year. We are in the process of modifying the existing contract with Project Reality to increase the annual total amount by \$70,000 and to provide for a rate increase. Given all of this, we still do not expect an increase in OMT patients this year.

Describe any significant programmatic changes from the previous year.

UCaDDAPT now pays Project Reality for urine drug screens. This has not been part of the contract in the past. Additionally, the cost of all services has increased and the price of Methadone went up significantly.

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

Form B - FY20 Amount Budgeted:	\$390,229	Form B - FY20 Projected clients Served:	90
Form B - Amount Budgeted in FY19 Area Plan	\$562,706	Form B - Projected Clients Served in FY19 Area Plan	100
Form B - Actual FY18 Expenditures Reported by Locals	\$778,519 Includes Screening & Drug Testing	Form B - Actual FY18 Clients Served as Reported by Locals	1738

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. Please list all contracted providers.

UCaDDAPT has provided Medication Assisted Treatment (MAT) 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 are currently developing a MOU with IHC to provide peer support services for individuals presenting at the hospital ER with an OUC/SUD. We anticipate linking them with our OBOT programs. Our contract with Rocky Mountain Addiction Medicine (Dr. Elina Chernyak) will end on May 17. Since March 15, 2019, we have contracted with Dr. Joel Bush at Kick the Habit Addiction Medicine in American Fork for up to 24 hours per week as an additional MAT provider. He will be providing services for Utah County residents who are clients of our agency living from Lindon north, and will primarily be working via the SOR grant hub and spoke model.

CONTRACTED PROVIDERS:

Kick the Habit Addiction Medicine - Dr. Joel Bush

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).

The difference between SOR and STR is negligible, so we expect no difference in the services provided. Medicaid Expansion and decreases in state general funds make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.

Describe any significant programmatic changes from the previous year.

The Department hired Dr. Joel Bush to provide MAT for patients in north Utah County. We will have him for a minimum of 24 hours per week. His main responsibilities will be to do SOR hub and spoke treatment initially involved with American Fork Hospital and the American Fork Police Department. Another significant programmatic change is that contracts with Mountainlands Community Health Center and Northeastern Counseling to provide additional treatment capacity and medication purchase through the STR discretionary grant program were unsuccessful. Attempts to contract with other rural/frontier agencies to provide MAT via telehealth were similarly unsuccessful. This current fiscal year continuing over into the next fiscal year will be focused on hub and spoke

MAT with clients being diverted from hospital emergency rooms and local police departments, starting with American Fork PD and American Fork Hospital.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$1,663,094	Form B - FY20 Projected clients Served:	450
Form B - Amount Budgeted in FY19 Area Plan	\$1,760,852	Form B - Projected Clients Served in FY19 Area Plan	450
Form B - Actual FY18 Expenditures Reported by Locals	\$1,284,303	Form B - Actual FY18 Clients Served as Reported by Locals	456

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. Please list all contracted providers.

Foothill Adult Outpatient Services- Direct service provided by UCaDDAPT:
Day/Evening GOP – 55
DORA GOP – 25

Promise of Women and Families – Direct service provided by UCaDDAPT
Promise South: 24 GOP, 16 children
Promise North: 24 GOP, 16 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 – 10 at any given time. UCaDDAPT use this program with managing program waitlists and 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, Seeking Safety, Moral Recognition Therapy (MRT), Eye Movement and Desensitization and Reprocessing Therapy (EMDR), 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 and DORA was temporarily reduced due to multiple staff vacancies. All positions have been filled in Foothill Outpatient, and have hired a Justice Program Manager to oversee the DORA program and other [criminal justice](#) programs serving the forensic population (Drug Courts, OUT+ in the jail, UCAP probation). [Medicaid Expansion and decreases in State general funds - specifically cuts to Drug Court, DORA, and JRI make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.](#)

Describe any significant programmatic changes from the previous year.

UCaDDAPT has provided all therapists with training on the use of a suicide screening tool (CSSRS) and have built this into our EHR. We have also included the Stanley Brown Safety plan in our EHR. 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. At orientation each client is given a needs assessment so the basic needs of the clients can be addressed at the beginning of their treatment. 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 been revised to reflect a focus on ROSC principals. Outpatient treatment is in the process of providing gender specific groups to help all clients feel safe while they are in treatment and to meet their specific needs. All case managers have been trained and are assisting in signing up for Medicaid Expansion. UCaDDAPT restructured services delivered in DORA and Foothill Outpatient with implementation of individualized cafeteria style programming for education groups so that clients who need skills and education to address specific deficits, are able to get it in a setting absent from other clients who do not have the same needs. Additionally, all UCaDDAPT programs will implement the use of the DLA-20. We plan to send program managers to the 'Train the Trainer' event that will be offered by DSAMH in the summer. We have hired Peer Support Specialists to provide services to clients in all programs with an emphasis on engagement and retention.

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

Form B - FY20 Amount Budgeted:	\$2,778,460	Form B - FY20 Projected clients Served:	398
Form B - Amount Budgeted in FY19 Area Plan	\$2,736,146	Form B - Projected Clients Served in FY19 Area Plan	398
Form B - Actual FY18 Expenditures Reported by Locals	\$2,597,670	Form B - Actual FY18 Clients Served as Reported by Locals	468

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. Please list all contracted providers.

All direct services provided by UCaDDAPT:
 Foothill Adult Outpatient Services
 Day/Evening -- IOP, 32
 DORA -- IOP, 15
 Promise of Women and Families
 Promise South -- 16 IOP, 12 children
 Promise North -- 16 IOP, 12 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, MRT, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Eye Movement and Desensitization and Reprocessing Therapy, 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).

Medicaid Expansion and decreases in State general funds - specifically cuts to Drug Court, DORA, and JRI make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new

Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.

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). UCaDDAPT is also focused on trauma informed care from case management, therapist and support staff. At orientation our clients are given a needs assessment so that basic needs may be addressed. They are given information about community resources. Food from the Food and Care Coalition is also on hand to aid those clients with immediate need of food. All case managers have been trained and are assisting clients in signing up for Medicaid. In FY 2018, all UCaDDAPT programs moved from 4 days a week to 5 days a week. In 2019, the Department will be implementing program productivity and qualitative standards consistent with other local authorities. UCaDDAPT has increased access to MAT. This has resulted in quicker stabilization and movement through IOP to GOP. Outpatient treatment is planning to provide gender specific groups to help all clients feel safe and to meet their specific needs.

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$489,942	Form B - FY20 Projected clients Served:	260
Form B - Amount Budgeted in FY19 Area Plan	\$461,119	Form B - Projected Clients Served in FY19 Area Plan	260
Form B - Actual FY18 Expenditures Reported by Locals	\$268,675	Form B - Actual FY18 Clients Served as Reported by Locals	465

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

The following are the services provided by UCaDDAPT staff: ATR AND PATR

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

MAT for PATR – Contract Provider
 PATR Recovery Support/Life Skills Group – UCaDDAPT Direct Staff
 Peer Support Specialists - UCaDDAPT Direct Staff
 Residential and Outpatient Treatment - UCaDDAPT Direct Staff and Contract Providers
 Naloxone Kits & Training - UCaDDAPT Direct Staff
 Recovery Oriented System of Care – Direct Staff. UCaDDAPT employs a case management model using principles of Recovery Oriented System of Care to monitor and provide ongoing recovery support to individuals who have completed clinical treatment. The goal is to provide various levels of assessed interventions to meet the needs of the client within the framework of continued support and recovery.

Services by Contracted Provider
 Medication Costs – Contract Provider
 Emergency/Transitional Drug Free Housing – Contract Provider
 ID/Birth Certificate Documentation – Contract Provider
 Food Handlers Permits – Contract 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
 Sober Living - Contract Provider
 Vocational Training - Contract Provider

ATR Services are provided to a minimum of 90 parolees and 98 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. The ATR staff currently consists of a full-time Program Supervisor, one full-time Case Manager and one part-time Peer Support Specialist. Currently there are 98 Drug Court clients (FDC, PDC and DCFS DC), and 126 PATR clients. We do intend to see more clients since the STR funding will be used to pay for some recovery support services during SFY 2020. Medicaid Expansion and decreases in State general funds - specifically cuts to Drug Court, DORA, and JRI make it impossible to project increases or decreases in funding with any confidence or accuracy. Given that new Medicaid Expansion enrollees can choose any willing provider and are not required to come to our agency for treatment, we don't know what our numbers of clients served will be.

Describe any significant programmatic changes from the previous year.

There has been an increase in participation in the weekly PATR recovery skills group. We now offer a female only group along with a male only group. This ensures that all clients feel safe in sharing the issues they are currently struggling with. We have worked hard to increase delivery of trauma informed care services.

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Sober Living - Contracted providers. We have a contract with one motel in Provo and are working to find other places we can utilize for clients in need of emergency housing. In 2018, it came to our attention many sober living houses do not accept MAT clients; as a result of this we have contacted the Department of Licensing so they can investigate the licensed programs. This is an ADA issue.

What Life skills and/or Educational Services are you able to provide for your clients?

All clients that are a part of PATR do either weekly case management or weekly life skills groups. The program supervisor and case manager are trained in RPT, Seeking Safety, MI and targeted case management to assist clients with their unique challenges they may face in recovery. ATR clients also have access to funding to help them with vocational rehab and to help pay for ongoing schooling.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

All PATR clients are offered continuing care with us. They meet monthly, then bi-monthly and as needed until they get off parole. All ATR clients are offered continuing care through other programs within the Department.

9) Peer Support Services

Form B - FY20 Amount Budgeted:	\$142,136	Form B - FY20 Projected clients Served:	100
Form B - Amount Budgeted in FY19 Area	\$40,000	Form B - Projected Clients Served in FY19 Area Plan	100

Plan			
Form B - Actual FY18 Expenditures Reported by Locals	\$N/A	Form B - Actual FY18 Clients Serviced as Reported by Locals	N/A
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.			
Peer Support Specialists will provide advocacy, linkage to community resources (employment, housing, transportation, social supports, etc). They will share their own experience to promote engagement, hope and support for individuals with treatment programs and in the community. Services will be delivered in the community, treatment program, and clients' homes by UCADDAPT and in collaboration with Intermountain Healthcare emergency department in American Fork. A MOU with Intermountain Healthcare to offer peer support specialist services for individuals presenting in the ER with an OUD/SUD related encounter has been completed. Two full-time Peer Support Specialists have been identified and are currently in the hiring process.			
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. Additionally, PSS will participate in continuing education focused on the core competencies and personal wellness. PSS supervisor will receive training in the PSS role, principles and philosophy. A clinical supervisor will be assigned to each peer support for training and mentoring and will serve as wellness recovery checks and balances for each PSS. UCADDAPT have had discussions with USARA to provide training; however, at this time, they are not able to offer this as a contracted service. UCADDAPT will have Peer Support Specialists shadow USARA as part of their training.			
Describe any significant programmatic changes from the previous year.			
In SFY 2020, UCADDAPT will be working with IHC American Fork Hospital to offer peer support services to individuals presenting at the ER with an opioid or SUD related admission. We recently hired two full-time PSS positions and have two part-time positions needing filled. We have also partnered with the American Fork Police Department to remove barriers and increase treatment engagement with American Fork residents that have received multiple interventions from first responders and law enforcement.			

10) Quality & Access Improvements

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?
We have wait lists for most levels of care, particularly residential and outpatient for adults newly assessed and transferring between levels of care/programs.
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 workflow/responsibilities (including the use of case managers, increased access to scheduling, productivity standards for treatment staff, etc.). For youth treatment, we will have collaborated with WMH to complete SUD SBIRT when indicated and facilitate a warm hand off to our youth treatment providers. UCADDAPT will be adding increased access to the northern part of the county for MAT with a new contract with 'Kick the Habit' addiction services (Dr. Joel Bush). The provider will allow for maintenance and capacity building for 40+ Utah County residents.
Describe your efforts to market or promote the services you provide.
UCADDAPT has improved our web page and now have a social network presence on Facebook, Twitter, and

Google. Our data manager, Clinical Informations System office, and clinical staff have been identifying and updating online service directories such as Utah211.org with our most current information. We are developing procedures for keeping directories with these partners up-to-date.

Utah County has restrictions regarding marketing and our web page. This has limited our web presence and we are working with Medicaid and Utah County Information Systems to develop strategies to expand within these limitations. This includes creating an online provider directory for our clinical staff and treatment network.

UCaDDAPT promotes services via participation in community events such as the behavioral health awareness night held at UVU, having a booth at the UVU conference on addictions, community town hall meetings and community overdose awareness/naloxone trainings. UCaDDAPT has updated their brochures to provide more information regarding the program and staff.

Our efforts to market and promote our services come primarily from interagency collaboration, such as attending meetings with JJS, Courts, DCFS, local law enforcement, school districts, AP&P, attorneys, etc. We also co-sponsor training such as the annual UVU Addictions Conference, and we attend as many academic program activities as we can (practicum fairs, guest lectures, various boards, graduations, etc.) The main marketing effort we are currently engaged in is to develop youth treatment referrals. The Department has wait lists and capacity issues at all other programs. If UCaDDAPT marketed in any significant way for adult clients, it would cause more problems for ourselves than it would benefit potential referral sources and clients.

What EBP's do you provide? Describe the process you use to ensure fidelity?

Please see lists of EBPs in 6 and 7 above and 13, 14, and 15 below. In FY 2019, clinical staff will be observed both by a clinical supervisor and peers 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. We have two designated staff to concentrate on clinical supervision for high need staff members and for quality assurance/fidelity monitoring.

Describe your plan to improve the quality of care.

In SFY 2020, 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 and become proficient in developmental, integrated and/or orientation specific supervision models. These individuals will provide supervision and train other clinical supervisors in the model.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

Client outcomes are monitored using TEDs indicators, and recidivism rates for our Drug Court, DORA and OUT program. In SFY 2020, we will be using the DLA-20s, a treatment tool and outcome measure.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

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 restructured to meet criminogenic needs of clients with a capacity of 20 males and 20 females consistent with research from the SAMHSA GAINS Center and through consulting, education, and ongoing web based training funded by BJA and provided by Advocates for Human Potential through a contract. Individualized case management plans are built around housing, medical, employment and transition of care within community programs. The Department hopes to have discussions with the Sheriff's 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 an 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 1-4 PM. 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, need, 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).

UCaDDAPT expects no change in funding or individuals served due to time constraints and space in the jail. [The majority of the funding for this program comes from County General Fund dollars.](#)

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 in 2017. 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. [We began partnering with the jail to start pregnant opiate abusing inmates on MAT this past year.](#) Jail medical staff start inmates on suboxone, then coordinate a telehealth interview with our prescriber to establish a relationship, then warm handoff to us upon release. We have had several healthy deliveries as a result.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

Currently, Utah County Jail provides MAT to pregnant women coming into jail who are actively using opiates. We also have a verbal agreement with the medical staff at the jail that those in Drug Court currently on MAT can continue on MAT if they are put in jail for a violation. The jail will also provide withdrawal service for those coming off of alcohol or benzodiazepines. Outside of these services, there are no other withdrawal or MAT services for inmates in place. We hope to collaborate with the jail to provide more MAT services this next year. Part of that effort will be to invite jail staff on a field trip to the Salt Lake County Jail where MAT has been more fully integrated into programming.

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

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

12) Integrated Care

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

The UCaDDAPT Residential Case Manager is the department representative on the Utah County Continuum of

Care. The focus of this group is to prioritize housing for high need individuals in our community. We currently have MOU's with Provo City Housing Authority and the Housing Authority of Utah County. UCADDAPT has long established collaboration/referrals with 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, the Utah County Volunteer Care Clinic, and Vocational Rehabilitation to assist clients with referrals for more major health assessments and short-term prescription help. We continue to provide Mountainlands Community Health Center expanded SUD screening and treatment to their clients served at the Food and Care Coalition in Provo with treatment provided by our clinical staff. In SFY 2020, UCADDAPT will have an MOU with IHC hospitals to provide peer support services for individuals presenting in ERs as a result of an opioid or other substance related issue.

One of the great benefits of Medicaid Expansion is that, for possibly the first time in their adult lives, most of our clients will have access to medical care. We will have to train case managers to educate clients on appropriate use of the healthcare system (avoid ER use when not strictly necessary). This will give us new options to work toward integrated care.

As Medicaid Expansion progresses to its ultimate end in January (if all goes well), we will coordinate with all ACOs on integrated care. Multiple meetings are happening weekly with Medicaid and the ACOs to plan for this and we are actively engaged in this process.

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 a 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. 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 2019, 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., HIV, TB, 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. [As part of the assessment, several screening tools are used to identify and treat suicidal ideation, PTSD, mood disorders, and other behavioral health disorders. At assessment and throughout treatment education/screenings is offered regarding HIV, TB, Hep-C, Diabetes, and other chronic conditions.](#) The treatment plan evolves according to client needs 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. In 2018 several of our clinical team were trained in screening, identifying and treating perinatal mood disorder. [UCADDAPT MAT providers also screen and refer clients to address healthcare issues.](#)

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD Target= reduce tobacco and nicotine use by 5%.

All UCaDDAPT programs are tobacco and nicotine free campuses. Clients' tobacco and nicotine use is evaluated at assessment and addressed in recovery planning. UCaDDAPT has implemented 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 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. [UCaDDAPT have regularly scheduled administrative, clinical, and utilization oversight meetings with all treatment programs, both in-house and contracted; smoking cessation programming will be an agenda item at these meetings.](#)

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$3,523,337	Form B - FY20 Projected clients Served:	490
Form B - Amount Budgeted in FY19 Area Plan	\$3,415,057	Form B - Projected Clients Served in FY19 Area Plan	494
Form B - Actual FY18 Expenditures Reported by Locals	\$4,712,740	Form B - Actual FY18 Clients Served as Reported by Locals	458

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 daycare 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, [Eye Movement Desensitization and Reprocessing \(EMDR\)](#), 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 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, daycare staff have been trained to recognize developmental concerns and work with 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 6 months to 6 years. Both programs provide transportation to and from treatment for clients and their children in county vehicles until they are established and stable in treatment in Intensive Outpatient (IOP) level of care. 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.

In March 2018, South County Promise of Women and Families moved to Payson, UT and share 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 funds were used to build a playground adjacent to the new building. *New this year, the Promise Programs now conduct treatment through Cafeteria programming, which means all services offered are tailored specific to the clients' individualistic needs based on their SUD evaluations, screenings, and case management needs assessment. Based on these assessments, the client is referred to specific types of services in their recommended level of care (e.g., group therapy, individual therapy, family group) and specific psycho-educational groups (e.g., Trauma, Relapse Prevention, DBT, Relationships/Attachment, Recovery Capital, etc.). The Promise programs have become DWS child care certified in 2018. Due to the limitations of being able to provide child care in working with DWS child care funding. We have decided to provide child care with other funding sources and will not recertify with DWS childcare in 2019.*

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	\$615,602	.	80
Form B - Amount Budgeted in FY19 Area Plan	\$596,682		77
Form B - Actual FY18 Expenditures Reported by Locals	\$241,575		85

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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 (including evaluation 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. UCaDDAPT contracts with Odyssey House for youth residential treatment when needed. GYTC is staffed with 3 licensed mental health therapists. GYTC has partnered with WMH/Vantage Point to screen potential youth and refer directly to the GYTC, bypassing the typical screening process. The Intention is to facilitate a warm handoff between programs. Unfortunately, this had had limited success. UCaDDAPT is contracted with The Seven*

Challenges Program to provide EBP for SUD Treatment. Seven Challenges is a comprehensive and developmentally appropriate treatment model 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 an after-hours support phone. This has assisted with engagement and retention of clients. In addition, we have consultation/support calls quarterly with Seven Challenges and our annual fidelity monitoring visit on October 15, 2018.

Urinalysis is being collected at the County lab and is now fully randomized. GYTC provides family therapy to its clients and has Spanish speaking staff members to assist with language barriers with parents. GYTC will be participating with the University of Utah and DSAMH to do program evaluation. This will allow GYTC to improve engagement and retention of clients. GYTC is a poor physical space for youth treatment. In SFY 2020, we are hoping to find a location that allows for improved access to youth and their parents. [UCaDDAPT is providing SUD Treatment for the two JJS facilities in the County - Slate Canyon Youth Detention and DSI in Springville.](#) The local JJS management team is very pleased with the team approach to treatment and services provided.

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 coordinated discussions and collaborated with all school districts, DCFS, WMH, DSAMH, and JJS in an effort to increase referrals. We are working to identify factors that have limited youth referrals to treatment. Youth served the last couple of years is 46 and 85 with a projection of 68 this year. [Because of multiple factors, but primarily consequences of SB239, UCaDDAPT believes youth referrals have decreased rather than increased \(See Form C Prevention Narrative\).](#) We have begun a concentrated effort to identify causes and potential solutions and hope to expand this beyond our office to a statewide initiative in 2019.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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, SPD, WMH and Juvenile Court and meets weekly to review individual youth/families that cross many systems. Additionally we are part of the SOC, CWIC Team and attend the DSAMH Children's Coordinators meetings.

[UCaDDAPT has made continual efforts to access youth that would qualify for SUD treatment. After thorough evaluation of this problem with our partners, several system deficiencies have been identified that are likely the cause of our lack of youth referrals, engagement, and retention.](#)

[In order to qualify for SUD treatment, youth need to have a SUD diagnosis. It is well established in the research that youth develop SUD at an accelerated rate than adults \(youth: 3-15 months from experimentation to development of SUD vs 8-10 years in adults\). Waiting until a youth qualifies for a SUD is not only a disservice to the individual, but also often beyond the ability of an outpatient provider. Additionally, there is a well-established link between early initiation of substance use \(particularly cannabis\) and early psychosis. Youth are coming into the system too far down the clinical path. Youth tend to filter through the juvenile justice system and the mental health system. There is not adequate screening and integrated treatment efforts to identify these youth.](#)

[HB239 has resulted in decreased ability for youth justice system and schools to address youth SUD issues. UCaDDAPT youth drug court numbers have been low for the last two years, while young adults age 18-26 years old comprise one fourth of our adult criminal drug court clients. These youth fell through the cracks in the youth system and now likely have a much more advanced state of their SUD.](#)

[We are interested in collaborating with DSAMH and other Local Authorities to address these system issues. We appreciate and look forward to working with the Utah Quality Youth Treatment team but believe that these system issues need to be addressed if we are to truly fill the gaps in the youth SUD treatment system.](#)

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$1,050,978	Form B - FY19 Amount Budgeted: Felony	\$1,050,978
Form B - FY20 Amount Budgeted: Family Dep.	\$618,196	Form B - FY19 Amount Budgeted: Family Dep.	\$618,196
Form B - FY20 Amount Budgeted: Juvenile	\$64,858	Form B - FY19 Amount Budgeted: Juvenile	\$64,858
Form B - FY20 Recovery Support Budgeted	\$57,995	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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

With the significant appropriation reductions to drug courts, it is impossible to make an accurate assumption on the number of clients we will serve. As it stands now we don't plan to make any changes to the number of slots we have across all Drug Court programs. Last year we served 172 clients across all drug courts. We anticipate that all Drug Court clients will qualify for Medicaid (Traditional, TAM, Expansion) which may allow us to increase this number. See below for a break down of numbers for each court.

Fourth District Juvenile Drug Court eligibility:

1. Between the ages of 13–17.
2. 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.
3. Have completed a substance abuse assessment with Utah County (or an assessment provider approved by Utah County).
4. Qualify for Intensive Outpatient (IOP) Treatment, ASAM Level 2.1.
5. Have a parent or significant other adult sponsor who is willing to cooperate with and otherwise support the program.
6. Qualify as Moderate/High risk on Juvenile Probation 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:

1. A petition alleging abuse, neglect, or dependency has been adjudicated, with reunification services and/or a service plan ordered.
2. The parent is willing to acknowledge that substance abuse has affected his/her parenting ability.
3. The main parenting deficit is drug abuse.
4. The parent does not present with a severe mental illness that may impair the ability to benefit from the Drug Court program.
5. 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.
6. 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.
7. 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.
8. No other circumstances present that may render the case inappropriate from the program as determined by 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. We served 61 clients in fiscal year 2018 and plan to serve close to that same number in SFY 2020. These numbers could change significantly depending on how Medicaid Expansion impacts us. The length of stay in Family Drug Court continues to exceed that of Felony/Probation Drug Court - close to 18 months.

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 of a 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 \$1,000 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, accepting 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. We served 98 clients in fiscal year 2018 and plan to serve close to that same number in 2019. These numbers could change significantly depending on how Medicaid Expansion impacts us.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Utah County operates some of the oldest and best established drug court programs in the state including felony, family, and youth courts. Services to clients for treatment are provided through UCaDDAPT as well as contract providers, and can be treated at all ASAM levels of care. Case management for felony is provided by UCaDDAPT, for family through a combination of UCaDDAPT and DCFS Western Region, and for youth, by Juvenile Court probation officers. Drug testing is done through UCaDDAPT's in-house drug testing lab. We anticipate conducting 25,000 drug tests this year – most of which are for Drug Court and DORA clients. [Testing is randomized and available on some Sundays and Holidays now. We are monitoring closely for adverse outcomes from the increased testing schedule because of transportation challenges faced by clients on these days.](#)

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.

We have trained all case managers on how to assist clients in enrolling in Medicaid. We have made this priority number 1. It is well known that getting clients enrolled in Medicaid is the most important thing we can do before we provide anything else. We have a system in place that all case managers are meeting with clients individually to enroll all who qualify into Medicaid. As new clients start, we have placed extra computers throughout each program and identified those staff that will assist clients in enrolling in Medicaid as they come in for treatment services.

Describe 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 [Kick the Habit Addiction Medicine for the services of Dr. Joel Bush](#) 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. Bush works for us 24 hours per week (significant increase from 10 hours per week in previous years).

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided services directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

As of March 1, 2019, UCaDDAPT now provide drug testing for all clients 7 days a week including holidays on a random basis as required by Drug Court certification requirements. All drug testing is completed by department staff and tested in our lab. Positive confirmations can be sent to an additional testing lab based on requests from the client or staff.

List all 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. 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).

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 the percent of clients without a bank account, obstacles to work if the employer requires EFT of wages, obstacles to other essential services such as housing, transportation, etc., use of alternative banking services such as prepaid debit cards, payday lenders, check cashing stores, etc.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved service list).

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

The following are the services provided by UCaDDAPT staff: ATR AND PATR

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

MAT for PATR – Contracted Provider & Provider
 PATR Recovery Support/Life Skills Group – UCADDAPT Direct Staff
 Peer Support Specialists - UCADDAPT Direct Staff
 Residential and Outpatient Treatment - UCADDAPT Direct Staff & Contract Providers
 Nalaxone Kits & Training - UCADDAPT Direct Staff
 Recovery Oriented System of Care – Direct Staff: UCADDAPT employs a case management model using principles of Recovery Oriented System of Care to monitor and provide ongoing recovery support to individuals who have completed clinical treatment. The goal is to provide various levels of assessed interventions to meet the needs of the client within the framework of continued support and recovery.

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
 Sober Living -Contract Provider
 Vocational Training - Contract Provider

ATR Services are provided to a minimum of 90 parolees and 98 drug court clients.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$536,645	Form B - FY19 Amount Budgeted:	\$1,283,787
Describe the criminogenic screening and assessment tools you use.			
Currently we use the RANT to determine criminogenic risk factors for all justice involved clients in our services. We hope to purchase the LSI this year to replace the RANT.			
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. Currently we have trained the new case manager and plan to train more as we have finally become fully staffed. We intend to significantly increase the amount of MAT to DORA clients through Federal STR 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 Recognition 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. UCaDDAPT again suggests 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.

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$374,258		
Form B - Amount Budgeted in FY19 Area Plan	\$565,537		
Form B - Actual FY18 Expenditures Reported by Locals	\$351,933		

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

[Irv Hale](#), Regional Director - AP+P
[Richard Nance](#), LCSW, Director, UCaDDAPT
[Allen Rueckert](#) - AP+P
[Cindy Simon](#), LCSW, UCaDDAPT
[Eric Jacobson](#) – AP+P
[Travis Visser](#), SUDC, UCaDDAPT
[Robert Johnson](#), UCaDDAPT

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. [The Round Table has become the de facto DORA oversight committee for Utah County, and a DORA report is made at the bi-monthly Round Table meetings.](#) Round Table membership includes District Court Judges, Justice Court Judges, County Attorney, Public Defender, Adult Parole and Probation, County Sheriff, County Commission, Wasatch Mental Health, and Utah County Drug and Alcohol.

How many individuals currently in DORA treatment services do you anticipate will **continue in treatment beyond June 30, 2019?** **What are your plans given that DORA will not be funded in 2020?**

At the time of this writing, there are **36** Probationers and Parolees enrolled in the Utah County DORA program. This number is up from this time last year **and near our maximum capacity of 40**. It is anticipated that the carry over on **July 1, 2019** will be **36** or more. UCaDDAPT **and AP&P** DORA staff have stabilized. The average number of DORA clients served in a year should be approximately 100. We **anticipated** DORA outcomes to worsen based on discussions with our AP&P partners related to restrictions on behavioral interventions from the new sentencing matrix, **and the result of that has been poor attendance at DORA treatment.** **We are concerned that AP&P may**

withdraw from DORA based on assumptions. We will discuss the future of DORA in Utah County at the April 12 Criminal Justice Roundtable meeting. UCADDAPT is committed to maintaining our DORA program, but only one-third of current DORA clients are eligible for Medicaid under the expansion. We expect a smaller DORA program capacity for SFY 2020.

FY20 Substance Abuse Prevention Area Plan & Budget												Local Authority: Utah County Department of Drug and Alcohol Preve		Form C	
		State Funds		County Funds											
FY2020 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, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue		
FY2020 Substance Abuse Prevention Revenue							\$545,827		\$190,628		\$1,500	\$56,000	\$793,955		
		State Funds		County Funds											
FY2020 Substance Abuse Prevention Expenditures Budget		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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct							\$191,039		\$66,719					\$257,758	\$231,982
Universal Indirect							\$245,622		85,805		\$1,500	\$56,000		\$388,927	\$350,034
Selective Services							\$54,584		\$19,052					\$73,636	\$73,636
Indicated Services							\$54,582		\$19,052					\$73,634	\$73,634
FY2020 Substance Abuse Prevention Expenditures Budget		\$0	\$0	\$0	\$0	\$0	\$545,827	\$0	\$190,628	\$0	\$1,500	\$56,000	0	\$793,955	\$729,286
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures		\$163,748	\$136,457	0	54582	\$109,166	\$81,874	\$545,827							
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures							
Total by Expense Category	241696	108150	30,000		254600	63956	95553	\$793,955							

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 prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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. [The SPF process is circular and ongoing, which fosters continual growth and renewal.](#)

ASSESSMENT: This report outlines the strategic plan for UCaDDAPT for [2019-2020](#). Utah Valley Drug Prevention Coalition (DPC), Eagle Mountain/Saratoga Springs Communities That Care Coalition (CTC), Provo CTC and Payson CTC assisted in the implementation of this plan. Contributors to this report include Heather Lewis, Brian Alba, [Mekel Jones](#), Michelle Swapp and Malyce Warner from UCaDDAPT. To **assess** needs, 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 don't have them. Through community readiness surveys we discovered some areas don't believe their area needs more prevention services than what is already in place. Higher risk areas- South Utah County, American Fork, and Pleasant Grove will be the focus of efforts over the next few years. Risk factors to be targeted include low commitment to school, laws and norms favorable to drug use and low neighborhood attachment. Opportunities for prosocial involvement in both school and community domains is an identified protective factor.

CAPACITY BUILDING: UCaDDAPT staff have been rigorous in education and training efforts. We are continually working to increase **capacity** within each of the coalitions for maximum reach and effectiveness. The team writes for most grant funding opportunities that become available. We strive for improvement in outcomes, programs, marketing, and most importantly, in the lives of the young people in our community.

PLANNING: 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. Updating our action plan is a point of focus as technical assistance has been requested through our Regional Director, Tiffany VanSickle.

Implementation efforts include policy advocacy, information and education dissemination and changing consequences regarding underage drinking. Programs utilized include Strengthening families, Prevention Dimensions, Why Try, First Offender PRI, and supporting the school districts with Botvin implementation. Programming is being offered through our contracted providers within the three school districts to target our youth population as well as in the community to target the families raising them.

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

Evaluation of our work includes discussion and brainstorming of new ideas, especially after one of the team members returns from a conference or training opportunity. Since the landscape and needs of our County are never static, it is imperative to evaluate current efforts, outcomes of those efforts, and respond to the changes as often as possible. The prevention team strives to follow scientifically proven ways to reduce risk factors which lead to problematic behavior and to increase opportunities for youth to build skills and live in a healthy, supportive environment.

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in determining priority factors and problem behavior?

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 LSAs plan to do re assessment for this fiscal year.

As part of the SPF process, UCADDAPT completes bi-annual assessments, gathering 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 emergency department data from hospitals. We are looking forward to reviewing data from the most recent SHARP survey which will be released late Fall of this year. An updated needs and resource assessment process has begun and will utilize all the data gathered this year to best identify future planning.

UCADDAPT coordinates efforts with four community coalitions in Utah County: The Eagle Mountain/Saratoga Springs Communities That Care (CTC), Provo CTC, Payson CTC, and Utah Valley Drug Prevention Coalition (DPC). The coalitions offer the opportunity to focus on a more micro-level, since the members who serve on them live in that particular portion of the County. Funding for these coalitions include SAPT Block Grant dollars, Beer Tax funds, the Partnership for Success (PFS grant), and SPF Rx grant funds. DPC was awarded a five-year continuation of the Drug Free Communities (DFC) grant, and UCADDAPT serves as fiscal agent over some of these grants. Our department contracts with Bach-Harrison for SHARP survey data and use pre and post test surveys on programs to measure outcomes. Qualtrics and Brilliance Analytics are other systems used in program evaluation. Overall youth use rates and focused risk and protective factors determine and guide the planning outcomes of our department.

Payson CTC has been running for several years and is well supported by local leaders and citizens. Low commitment to school, low neighborhood attachment and depressive symptoms are their identified risk factors. Increased pro-social involvement with peers and reward for prosocial involvement with the community are the protective factors of focus. This year the Overdose Prevention Grant is ending, which means the full time status of the Payson CTC coordinator is reduced back to part time. This may result in the position being vacated and replaced by a new coordinator but at this point there is nothing concrete to determine that this change may occur.

Provo CTC has a half time coordinator who also works for Provo School District. An action plan was created for 2018-2020 with low neighborhood attachment, family conflict and low commitment to school being identified as the top three highest indicators. Extra funding from DSAMH is being discontinued and administrators are concerned about duplicating efforts. Consequently, they are considering dissolution of the coalition. UCADDAPT program manager will reach out to encourage continued collaboration to sustain prevention efforts.

Eagle Mountain/Saratoga Springs CTC coordinator began anew from the beginning phase of CTC because the support from people in her area had dwindled down to almost none. The Coordinator will be partnering with UCADDAPT to complete an updated needs assessment to shape future years. Current action planning focuses on depressive symptoms, family conflict and low neighborhood attachment.

American Fork City Mayor, Police Chief and City Council members voted to approve implementation of Communities That Care in their city! The contract was signed by Utah County Commissioners in March and coordinator interviews were held in April, 2019. A coordinator was selected and will be sent for CTC facilitator training offered through DSAMH at the end of the month. After being trained to facilitate, this person will be responsible to complete an assessment for American Fork.

During Capitol Hill Day this year, the prevention team met with Representative John Hawkins from Pleasant Grove and he mentioned participating in a community group with goals similar to the items we were advocating for. He connected our department with the group, and there is interest in collaboration. The opportunity for financial support along with the structure CTC provides for coalition development were quite appealing. A meeting with the group has been scheduled for April 18, 2019. Along with CTC information, SHARP data will be provided to show the need for prevention services in their area.

A community readiness survey was completed for Salem and at this time they believe the prevention efforts already underway are enough to address the issues their city faces. For example, they police officers teach NOVA in the schools and there is a suicide prevention group within the secondary schools. We will continue to build this relationship by offering support and resources as needed.

Utah Valley Drug Prevention Coalition (DPC) targets risk factors countywide, including perceived risk of use, and parental attitudes favorable to antisocial behavior, and the substances being addressed are alcohol, marijuana and prescription drugs. DPC has now been an active coalition for over ten years and the work coming from this coalition is tremendous. The coalition has completed a rebranding process, as most people have known this coalition as SMART. The coalition advocates for policies that support prevention efforts most effectively. A couple of items we worked on this legislative session were educating legislators about the dangers of alcohol to youth. HB 132 allowed manufacturers to increase the alcohol content in beer sold in retail outlets. We advocated for safe use and disposal of medications and supported resolution H.C.R. 1 regarding drop boxes. The Policy Task Force includes State Representative Brad Daw, a champion who advocates for prevention policies when on the hill. He provides insight and perspective from the legislative point of view which increases our overall effectiveness.

UCaDDAPT also contracts with Alpine, Nebo and Provo School Districts to deliver evidence based programs to students. More information about these programs will be provided in the planning portion of this report.

The school districts have seen a significant increase in truancy since the passing of HB239. The juvenile courts are much less involved in the school setting and have left consequences of many unhealthy or negative behaviors to be dealt with by the school staff with no real incentive for students to actively participate. The threat of 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 which also has seen less enrollment and completion. Consequently, PRI has not been offered as frequently since students are no longer forced to participate. Then with the loss of support for Prevention Dimensions, the classrooms are feeling a pretty substantial impact. UCaDDAPT plans to work with the districts to evaluate potential programs to replace what is no longer being well attended or supported. 2019 SHARP data, juvenile court records and district truancy reports will be used to determine effective interventions. Botvin is a curriculum which has been implemented across the state and is offered to all 8th and 10th grade classes, and although we do not directly contract with the district for this service, we will support the curriculum and the districts in using Botvin Life Skills. Discussions have been underway to provide funding to offer Botvin at lower levels so increase the availability to more students.

The youth who are in the "indicated" population are most in need of services, but are the least likely to seek them out. They are no longer ordered by a court to complete interventions that could create a change in their behavior, and many parents already struggle with juggling work, home and school activities and if a child isn't mandated, these interventions may be at the bottom of the list of importance. In our department, we see this problem in the low number of participants in our contracted services for the indicated population. The number of students who attend is often so small the class is cancelled because serving less than five is not considered best practice. The courtroom sees this problem with the number of drug and alcohol arrests taking place, yet no follow up intervention is provided. Often the youth don't meet diagnostic guidelines for treatment, or the screening tools are ineffective in determining the level of need. In order to really target and capture this population, an overhaul of the entire system needs to occur from the courts to schools to homes.

With the legalization of medical cannabis, our office has been collaborating with the State Department of Health to identify potential opportunities to prevent youth access. Both alcohol and opioids were legalized yet have led to countless overdoses, accidental poisonings and death, along with road safety issues, criminal activity and an undue burden on taxpayers for medical costs associated with misuse. We believe there will be similar unintended consequences with the legalization of cannabis for medicinal use. This is an issue our department seeks to address through partnership and collaboration with other departments.

UCaDDAPT has been the recipient of several grants to focus on opioid awareness and overdose prevention by offering prescriber training, media campaigns, drug take back events, increasing awareness of proper disposal techniques, and naloxone training and kits to anyone in need. This year we have been able to increase the opportunity to educate people about this issue by including older adults, which is a population not previously targeted. Our department also had the opportunity to supervise a BYU student intern whose class created social media messages intended to target particular audiences about the dangers of opioid misuse. The objective of her internship was to disseminate these articles and images over the duration of the semester. Upon completion she discovered the impact and reach social media can have compared to educational methods usually used. The reach of boosted posts, which required a very small fee, reached more than twice the amount of people compared to handing out

materials and even unboosted social media posts.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

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

UCaDDAPT has been rigorous over the last year to increase a prevention presence in Utah County. The DPC was awarded a five-year continuation grant for DFC and has been focusing efforts on completing the action plan while continuing membership recruitment. All of the sectors are represented and efforts are underway to increase youth involvement. UCaDDAPT staff members are observing other youth groups or youth courts. The plan is to increase youth involvement and attend the youth summit in July with kids who have committed themselves to DPC participation. Our department has also been awarded Partnership For Success funding for the next five years and prevention efforts include a goal to incorporate five new CTC coalitions in Utah County. We plan to apply for two recently released grants to continue our work on opioid awareness as well.

UCaDDAPT has extended invitations to coalition leaders and members to attend the Utah Prevention Coalition Association conference in June in an effort to increase understanding of coalitions and to offer education and skill building to these community partners. Other potential training opportunities include CADCA and the National Prevention Network conferences, Fall Conference held in Utah, and this year our department will send a staff member and BYU partner to the Society for Prevention Research conference to obtain information on data collection and the latest prevention information. The department is also engaging in the newest webinar trainings offered by the PTTC which have been focusing on adolescent issues.

To effectively increase awareness of risk and protective factors in our community, visibility and reach are essential. UCaDDAPT prevention is already changing these in some really great ways. The first and largest accomplishment is the planning and implementation of five new Communities that Care coalitions in Utah County. With more people, we can do more work, so we are reaching out to people in new places and creating relationships. Another way to increase capacity in our area has been through paid media coverage. Advertising space was paid to three newspaper agencies in the county to promote prevention efforts and provide information. Social media boosts were purchased to reach a larger audience than our normal avenues. We had 200 new page visits after the addition of one ad! Our department plans to increase social media presence as well by continuing to distribute prevention related advertisements and articles.

Our department plans to not only increase to five new coalitions but also sustain the new coordinators. As mentioned, American Fork City hired a coordinator for the newest Utah County CTC coalition. The coordinator will be attending the CTC Facilitator Training at the end of April. This person will also be sent for SAPST training at the soonest opportunity. Along with this new coordinator, new community members coming on board will also be supported and trained to identify and change the problems we are seeing in our communities and increase positive opportunities for youth to excel.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

- 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 the resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?

Refer to attached Logic Models

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

****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 have included Love and Logic, WhyTry, Truancy and other student assistance programs, Prevention Dimensions and First Offender PRI. Prevention Dimensions is no longer supported by DSAMH so another program will need to be chosen with the next contract year. PRI is not well attended due to changes in law as discussed previously and Botvin Life Skills is implemented in the school districts and there is a great possibility that UCADDAPT will work with the school districts to increase accessibility to Botvin by training more teachers to provide the earlier years curriculum.

There are three CTC coalitions in Utah County - Eagle Mountain/Saratoga Springs, Payson, and Provo. Payson provides the Strengthening Families program which is an evidence-based twelve week curriculum targeting families. It is offered twice per year. [Bonding and monitoring are increased inside the home and in turn, kids are able to make better choices, leading to less depression, aggression and detachment. Family management skills improve and use rates decrease as well.](#)

[Provo's efforts to address risk factors include a Provo Mayor Youth Council and PBIS implemented in every classroom in the district. An "after-school program" is being piloted in the Franklin area for kids who are unsupervised during the afternoon hours. These programs are implemented by school staff, who also serve on the coalition. Other environmental strategies include](#) Parents Empowered educational materials, policy advocacy, and EASY compliance checks for underage drinking.

DPC plays a huge 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.

Efforts of the department include policy advocacy, EASY training for clerks and compliance checks, CTC Coaching, Parents Empowered information dissemination, naloxone training and kits for opioid overdose reversal. We also provide educational materials for the community to assist in increasing protective factors and decreasing harms. Another exciting accomplishment we are working toward is partnership with PTAs. We have developed science-based information to accompany the tools already being used during Red Ribbon week so that the efforts of all can be more effective in creating substantial change.

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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 resources are wasted. To ensure we are meeting the highest possible standards, UCaDDAPT participates in peer reviews, contract compliance monitoring, invoice and documentation audits, and attends related training when available. We continue to monitor SHARP data and other resources to ensure appropriately-focused efforts are meeting the needs of the changing community. To accompany current contract compliance measures, a new auditing tool will be created to complete thorough audits on-site.

Every program we offer in Utah County either in-house or through contracted services, is shown to be evidence based according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines. These programs target risk factors specific to the areas in which they are provided. Over time, the data trends of some programs show rates that are at least remaining constant, but also do show trends moving in a positive direction. These trends are captured in the short and long term outcomes of the logic models and are determined by SHARP survey results.

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

			U	S	I		
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 bi-weekly (24 class sessions/year); each session lasting for 75 minutes – 4:00 pm – 5:15 pm. Training classes to be located at Utah County Dept of Drug & Alcohol Prevention & Treatment in Provo, UT. 151 S. University Avenue, Ste 2500, Provo, UT, 84606 Coordinate quarterly compliance checks with law enforcement officers for all Utah County grocery and convenience stores.	Maintain 2017 alcohol compliance rate rates of 90% or higher in Utah County among off-premise retailers.	Maintain 2017 underage Consumption of alcohol rates below 5% (30-day use).	
Measures & Sources	4 th District Court records for possession citations and DUI arrests for alcohol. Student Health and Risk Prevention Survey (SHARP) survey.	Student Health and Risk Prevention Survey (SHARP) survey.	Program records including training dates and participation records.	Utah County program records. Utah County compliance check records.	Utah County compliance check records through 2021	Student Health and Risk Prevention Survey (SHARP) 2025	

LOGIC MODEL #4

Program Name: Communities That Care (CTC)			Cost: \$75,000		Evidence Based: Yes			
Agency: Utah County Department of Drug and Alcohol Prevention and Treatment			Tier Level: 1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Increase CTC coalitions in Utah County	Low commitment to school, perceived availability of drugs, Laws and norms favorable to drug use	Utah County cities with increased capacity to implement a prevention coalition.			Community Readiness surveys of cities in Utah County. Determine 5 priority cities based on readiness to implement prevention coalition. Determine champion in each priority city. Work with champion and city management to implement new CTC coalition.	2017 rate of risk with laws and norms favorable to drug use for all grades maintained at 15.2% through 2021	Laws and norms will remain level through 2025.
Measures & Sources	Number of current CTC contracts with Utah County Government.	Student Health and Risk Prevention Survey (SHARP).	Community Readiness Surveys.			Community Readiness Reports Meeting Minutes Utah County Contracts.	2021 SHARP Survey	5 new CTC coalitions in Utah County by 2025 measured by contracts and interlocal agreements with cities

LOGIC MODEL #5 (This program required less funding due to few referrals and lack of participation and may phase out)

Program Name			Cost of Program		Evidence Based: Yes or No		
First Offender Prime For Life			\$15,000		Yes		
Agency			Tier Level:				
Alpine, Nebo and Provo School Districts			4				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic	Reduce ATOD use	Low commitment to school Problem substance 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.	Rate for low commitment to school will remain level for 10th graders at 43.8% Use rates for alcohol, tobacco and other drugs will remain level	Across all grades, past 30 day alcohol use will remain level at 4.1%, marijuana use will remain level at 4.3% and rx drug use will remain level at 0.6% in Alpine, Nebo and Provo school districts
Measures & Sources	2017 SHARP	2017 SHARP			Program records provided by the facilitator	2017 SHARP results Pre/Post test surveys School referrals	2025 SHARP results

LOGIC MODEL #6 (May be discontinued by Payson)

Program Name		Cost of Program	Evidence Based: Yes or No
Strengthening Families		\$15,000	Yes
Agency		Tier Level:	

	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)	<p>Two cycles of 14 sessions held weekly. Each cycle includes one introduction session, twelve instruction sessions, and one graduation session</p> <p>Each session is 2.5 hours (35 hours per cycle).</p> <p>Sessions will be held at Payson Jr High School</p> <p>Payson area families will be referred by principals and counselors of Nebo School District and local DCFS Child and Family Services</p>	<p>Reduce family conflict from 28.8% in 2015 to 26.8% in 2019.</p> <p>Reduce low commitment to school from 42.3% in 2015 to 30.3% in 2019.</p>	<p>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.</p>
Measures & Sources	2017 SHARP survey	2017 SHARP survey	Program attendance records	Strengthening Families output measures	2019 SHARP Survey	2027 SHARP Survey

LOGIC MODEL #7

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 remain level at 7.5% from 2015 to 2019 -increased to 8.2% in 2019	Past 30 day drinking rates across all grades will remain level from 2017 to 2027 at 4.1%
Measures & Sources	2017 SHARP	2017 SHARP	Program collateral item records		Program collateral item records	2019 SHARP	2027 SHARP

LOGIC MODEL #8

Program Name			Cost of Program		Evidence Based: Yes or No		
Truancy Program			\$60,000		Yes		
Agency			Tier Level:				
Alpine, Nebo and Provo School Districts			3				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic	Reduce ATOD use	<p>Low commitment to school</p> <p>Favorable attitudes toward antisocial behavior</p> <p>favorable attitudes toward drug use</p>	Indicated youth in the secondary grades (7-12) in the school districts		<p>Students will be given policy and procedures. After 5 unexcused absences, citation sent home with student/parent contract.</p> <p>Students with ten or more absences-second citation with a referral letter to attend truancy school or meet w/ principal.</p> <p>Non-attendance to truancy school - District Juvenile Court referral where services could be supervision, tutors/mentors, after-school programs, testing for placement, counseling services, social workers referring to local agencies</p>	<p>Low commitment to school will decrease from 34.3% in 2015 to 33% in 2019.</p> <p>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. (Do not yet have the 2019 SHARP results)</p>	<p>Alcohol use rates remain at 8% for all grades. Marijuana use rates will remain at 7.5% and other drug use rates will remain at 5% in all grades.</p>
Measures & Sources	2015 SHARP	2015 SHARP				2019 Attendance records and 2019 District SHARP Survey results	2025 SHARP results



UTAH COUNTY DEPARTMENT OF DRUG AND ALCOHOL PREVENTION AND TREATMENT

Health & Justice Building, 151 South University Ave., Suite 3200, Provo, UT 84601 P: 801/851-7127 F: 801/851-7198

POLICES AND PROCEDURES

Program:	UCaDDAPT		
Policy:	Sliding Fee Scale		
Policy Number:	1.10	Version:	1.8
Effective Date:	08/21/2018	Date of Origin:	12/10/2002
Purpose:	Revise and update the sliding fee scale for the agency to provide for an equitable fee structure for clients based on their income and family size. Provide for some meaningful contribution to the cost of providing treatment for each client who receives services.		
Affected Programs:	CIS, in-house treatment programs, subcontracted treatment programs		
Responsible Staff:	CIS and financial staff		
Equipment & Supplies Required:	Current federal poverty guidelines, financial status application form, various documents verifying client income, social security number for clients applying for subsidized treatment, fee waiver application form, verification of community service form, sliding fee scale.		

POLICY:

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

PROCEDURE:

1. The Department of Drug and Alcohol Prevention and Treatment shall develop a sliding fee scale that shall be approved by the Utah County Drug and Alcohol Prevention and Treatment Authority Board and adopted by the Utah County Commission. The fee scale shall be updated annually, or as changes in costs of providing services, federal poverty guidelines, or other circumstances require.
2. The sliding fee scale shall be based on a combination of prevailing federal poverty guidelines and family size. The sliding fee scale shall not be regressive.
3. The fee scale shall be anchored to the current federal poverty threshold for one person. The maximum charge per month shall be full charges for services actually rendered to the client receiving treatment services. Assessed fees cannot exceed the actual costs of services rendered. The minimum fee will be 20% of full charges for services actually rendered. All clients (or parents of juvenile clients) receiving services will be required to make a meaningful contribution toward the costs of their care.
4. UCADDAPT will not discriminate in the provision of services to an individual
 - (i) because the individual is unable to pay (financial assistance is available through application to the Utah County Commission);
 - (ii) because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP); or
 - (iii) based upon the individual's race, color, sex, national origin, disability, religion, or sexual orientation.
5. Fees charged according to this policy represent the client's (or parents') full financial obligation, regardless of level, intensity, and duration of service provided. Monthly, Program Assistants shall verify all demographic data and financial eligibility. The sliding fee scale application shall be updated for all clients receiving treatment when a change in circumstance affecting eligibility occurs, such as employment, unemployment, marriage, divorce, permanent change in child custody, or birth of a child.
6. Charges for services provided according to state statute (such as DUI education classes) are not subject to the sliding fee scale and must be paid in full. Court trust funds may pay for some DUI related costs of evaluation, classes, or treatment. No show charges are not subject to sliding fee scale reductions.
7. Assessment charges are not subject to the sliding fee scale and must be paid in full, except as provided for by grant, contract, ordinance, statute or administrative rule.
8. All clients or the parents of minor clients may apply for financial assistance to the Utah County Commission. Department staff will provide clients or their parents information about how to appeal their fees to the Commission. Community service may be allowed for youth clients in lieu of monetary payment for treatment services provided.
9. The currently approved sliding fee scale is made a part of the current version of this policy by reference.

DISCOUNT FEE SCHEDULE

Utah County Department of Drug and Alcohol Prevention and Treatment
Effective March 15, 2019

Percent of FPL	Percent Discount of Fees	Percent of Fees Charged to Client	Federal Poverty Level											
			Monthly Charge Estimate					Household Size						
			\$1,041 1	Residential	IOP	GOP	Drug Testing	\$1,409 2	\$1,778 3	\$2,146 4	\$2,514 5	\$2,883 6	\$3,251 7	\$3,619 8+
50.00%	80.00%	20.00%	\$520.4	\$930.00	\$200.00	\$116.00	\$33.60	\$704.6	\$888.8	\$1,072.9	\$1,257.1	\$1,441.3	\$1,625.4	\$1,809.6
75.00%	75.00%	25.00%	\$780.6	\$1,162.50	\$250.00	\$145.00	\$42.00	\$1,056.9	\$1,333.1	\$1,609.4	\$1,885.6	\$2,161.9	\$2,438.1	\$2,714.4
100.00%	70.00%	30.00%	\$1,040.8	\$1,395.00	\$300.00	\$174.00	\$50.40	\$1,409.2	\$1,777.5	\$2,145.8	\$2,514.2	\$2,882.5	\$3,250.8	\$3,619.2
125.00%	65.00%	35.00%	\$1,301.0	\$1,627.50	\$350.00	\$203.00	\$58.80	\$1,761.5	\$2,221.9	\$2,682.3	\$3,142.7	\$3,603.1	\$4,063.5	\$4,524.0
150.00%	60.00%	40.00%	\$1,561.3	\$1,860.00	\$400.00	\$232.00	\$67.20	\$2,113.8	\$2,666.3	\$3,218.8	\$3,771.3	\$4,323.8	\$4,876.3	\$5,428.8
175.00%	55.00%	45.00%	\$1,821.5	\$2,092.50	\$450.00	\$261.00	\$75.60	\$2,466.0	\$3,110.6	\$3,755.2	\$4,399.8	\$5,044.4	\$5,689.0	\$6,333.5
200.00%	50.00%	50.00%	\$2,081.7	\$2,325.00	\$500.00	\$290.00	\$84.00	\$2,818.3	\$3,555.0	\$4,291.7	\$5,028.3	\$5,765.0	\$6,501.7	\$7,238.3
225.00%	45.00%	55.00%	\$2,341.9	\$2,557.50	\$550.00	\$319.00	\$92.40	\$3,170.6	\$3,999.4	\$4,828.1	\$5,656.9	\$6,485.6	\$7,314.4	\$8,143.1
250.00%	40.00%	60.00%	\$2,602.1	\$2,790.00	\$600.00	\$348.00	\$100.80	\$3,522.9	\$4,443.8	\$5,364.6	\$6,285.4	\$7,206.3	\$8,127.1	\$9,047.9
275.00%	35.00%	65.00%	\$2,862.3	\$3,022.50	\$650.00	\$377.00	\$109.20	\$3,875.2	\$4,888.1	\$5,901.0	\$6,914.0	\$7,926.9	\$8,939.8	\$9,952.7
300.00%	30.00%	70.00%	\$3,122.5	\$3,255.00	\$700.00	\$406.00	\$117.60	\$4,227.5	\$5,332.5	\$6,437.5	\$7,542.5	\$8,647.5	\$9,752.5	\$10,857.5
325.00%	25.00%	75.00%	\$3,382.7	\$3,487.50	\$750.00	\$435.00	\$126.00	\$4,579.8	\$5,776.9	\$6,974.0	\$8,171.0	\$9,368.1	\$10,565.2	\$11,762.3
350.00%	20.00%	80.00%	\$3,642.9	\$3,720.00	\$800.00	\$464.00	\$134.40	\$4,932.1	\$6,221.3	\$7,510.4	\$8,799.6	\$10,088.8	\$11,377.9	\$12,667.1
375.00%	15.00%	85.00%	\$3,903.1	\$3,952.50	\$850.00	\$493.00	\$142.80	\$5,284.4	\$6,665.6	\$8,046.9	\$9,428.1	\$10,809.4	\$12,190.6	\$13,571.9
400.00%	10.00%	90.00%	\$4,163.3	\$4,185.00	\$900.00	\$522.00	\$151.20	\$5,636.7	\$7,110.0	\$8,583.3	\$10,056.7	\$11,530.0	\$13,003.3	\$14,476.7
425.00%	5.00%	95.00%	\$4,423.5	\$4,417.50	\$950.00	\$551.00	\$159.60	\$5,989.0	\$7,554.4	\$9,119.8	\$10,685.2	\$12,250.6	\$13,816.0	\$15,381.5
450.00%	0.00%	100.00%	\$4,683.8	\$4,650.00	\$1,000.00	\$580.00	\$168.00	\$6,341.3	\$7,998.8	\$9,656.3	\$11,313.8	\$12,971.3	\$14,628.8	\$16,286.3
475.00%	0.00%	100.00%	\$4,944.0	\$4,650.00	\$1,000.00	\$580.00	\$168.00	\$6,693.5	\$8,443.1	\$10,192.7	\$11,942.3	\$13,691.9	\$15,441.5	\$17,191.0
500.00%	0.00%	100.00%	\$5,204.2	\$4,650.00	\$1,000.00	\$580.00	\$168.00	\$7,045.8	\$8,887.5	\$10,729.2	\$12,570.8	\$14,412.5	\$16,254.2	\$18,095.8
Total				\$4,650.00	\$1,000.00	\$580	\$168.00							

Assumptions:

Column E: Residential charges are based on 30 days at \$155/day

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

Column G: GOP charges are based on an estimate of \$580/month

Column H: Drug testing charges are based on 8 tests/month at \$21/test

At 250% of FPL for a household of 1, a treatment episode of 1 mo Resid, 3 mos IOP, 3 mos GOP and 6 mos drug testing, discounted bill would be \$6,238.80, or 21.2% of annual income

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

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

Auditor

**Director
Richard Nance**

**Administrative Associate
Diane Steward**

**Deputy Director
of Clinical Services
Cindy Simon**

**Deputy Director of Operations
Pat Bird**

**Deputy Director of Finance
Robert Johnson**

**ATR Services
Stevoni Doyle**

**Foothill Residential
Daniel Stewart**

**Foothill Outpatient Services
Dual Diagnosis Treatment
Karen Carter**

**Justice Services Program
Travis Visser**

**UCAP
Nice Delange**

**Drug Court
Liz Spresser/Corby Orullian**

**OUT Program
Jared Johnson
Zachary Larkin
Lana Noot
Cami Quinto**

**DORA
Cerissa Hayhurst**

**Utilization Management of
Contracted Treatment Services**

**UA Lab
Wendy Bahr**

**Promise of Women & Families
South – Amy Pollard**

**Promise of Women & Families
North – TBD**

Housing Services

**Youth Treatment
Youth Drug Court
Jordan Gray**

**Prevention Program Manager
Heather Lewis**

Community Prevention

School Prevention Contracts

Prevention Data System

**Clinical Information Systems
Barry Sanford**

Compliance Tracking

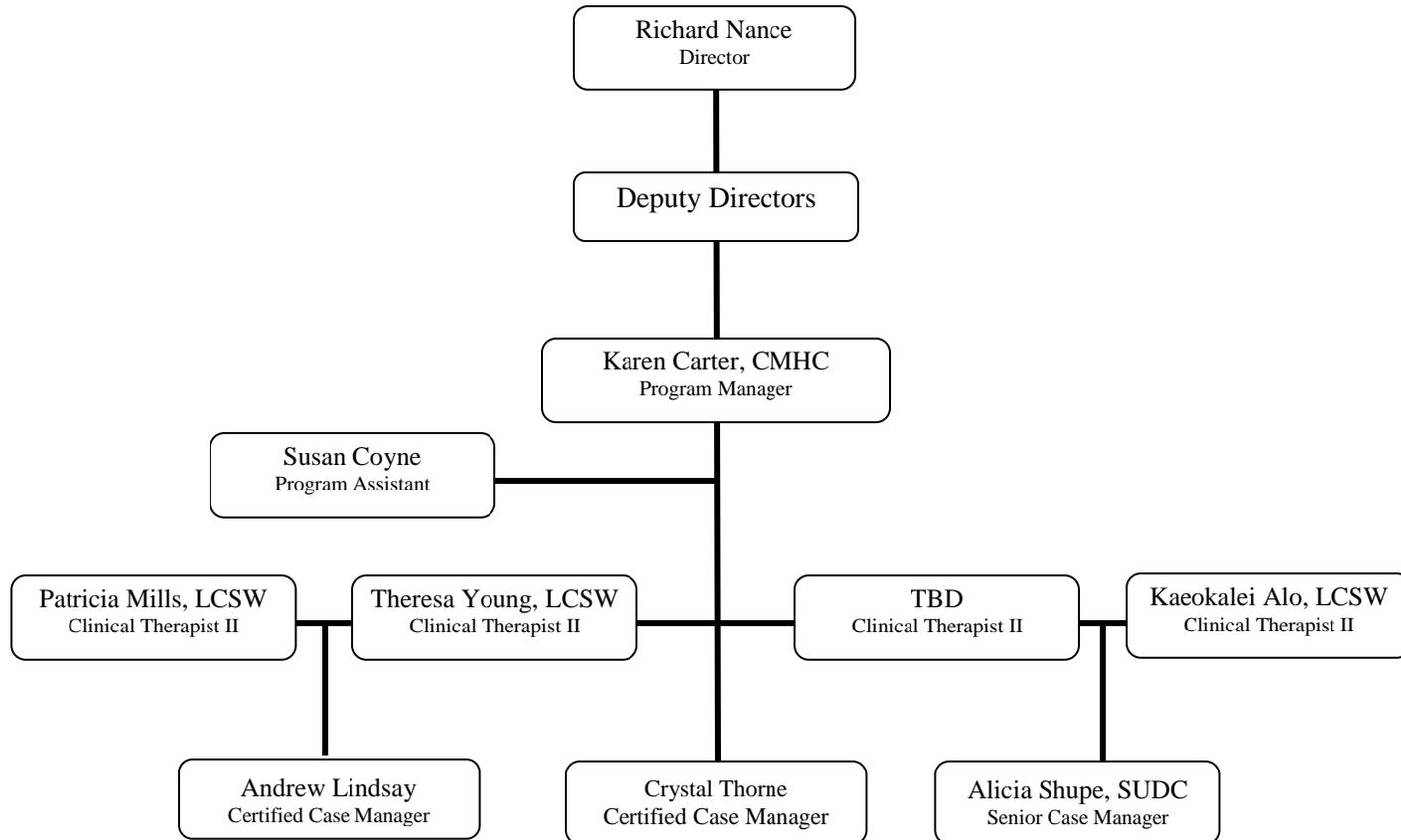
QA Risk Management

Clinical Records

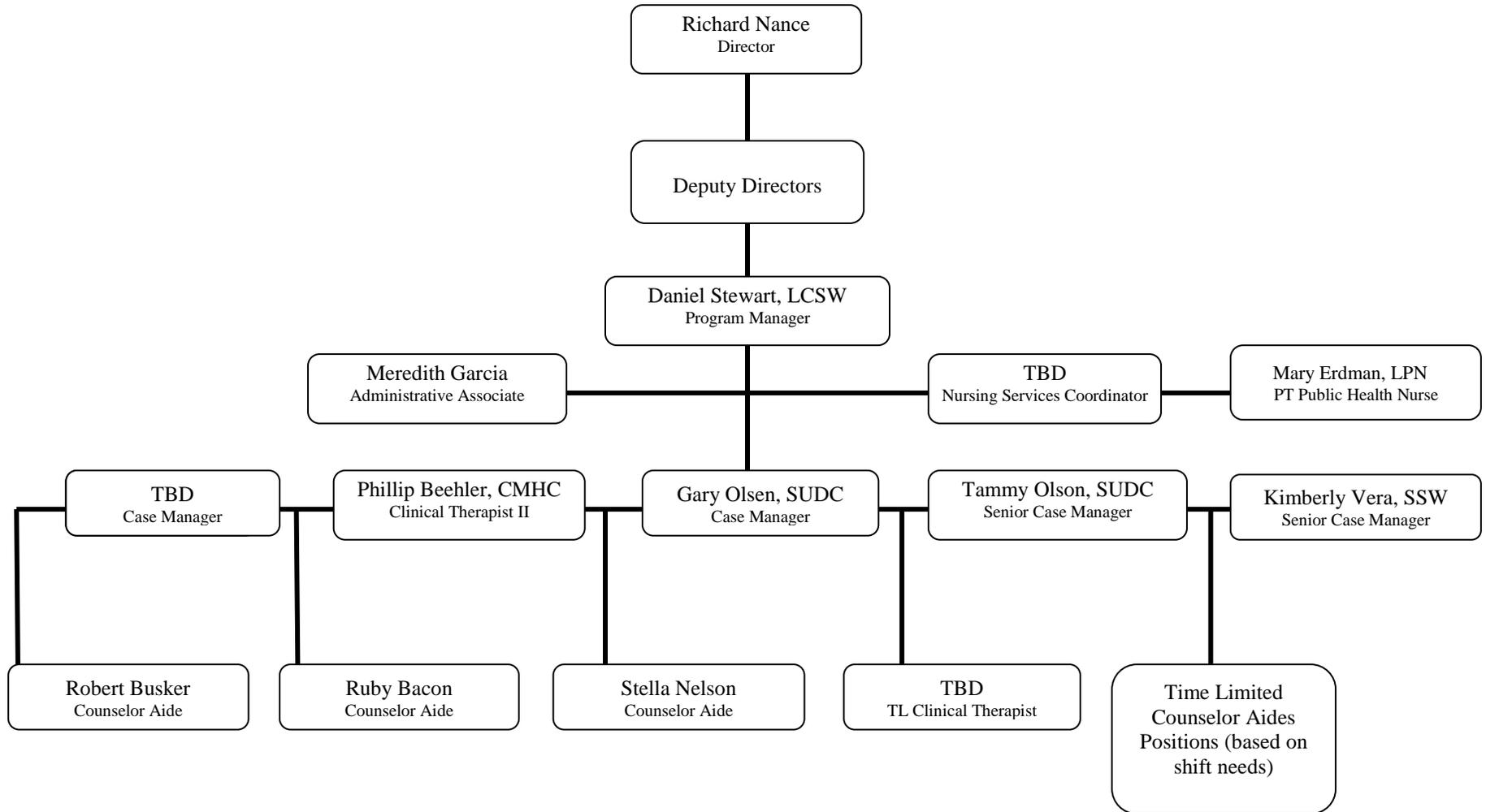
**Data Manager
Victor Moxley**

**Contract Compliance Analyst
Patricia Runyan**

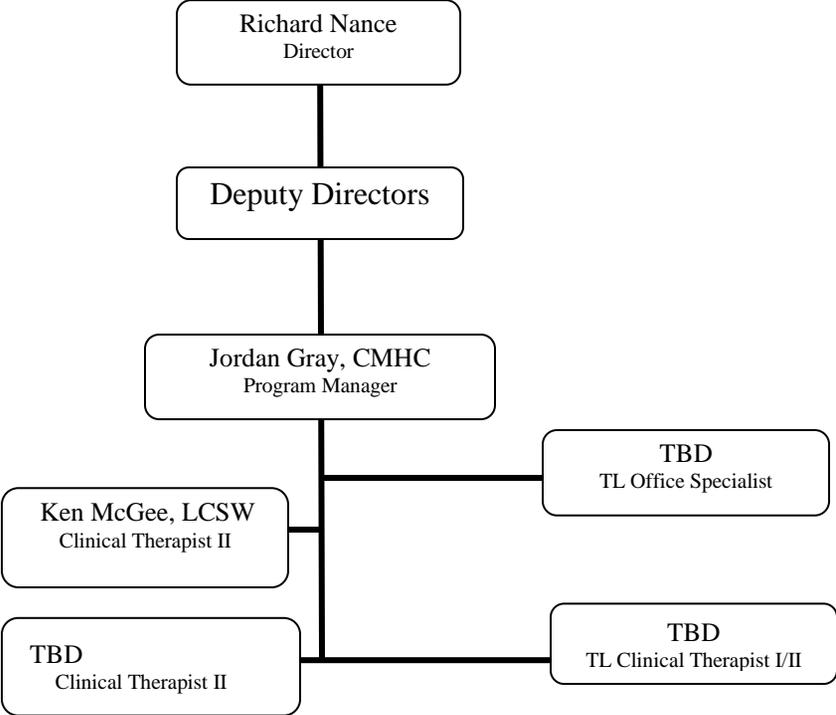
Utah County DDAPT Outpatient Services Organizational Chart



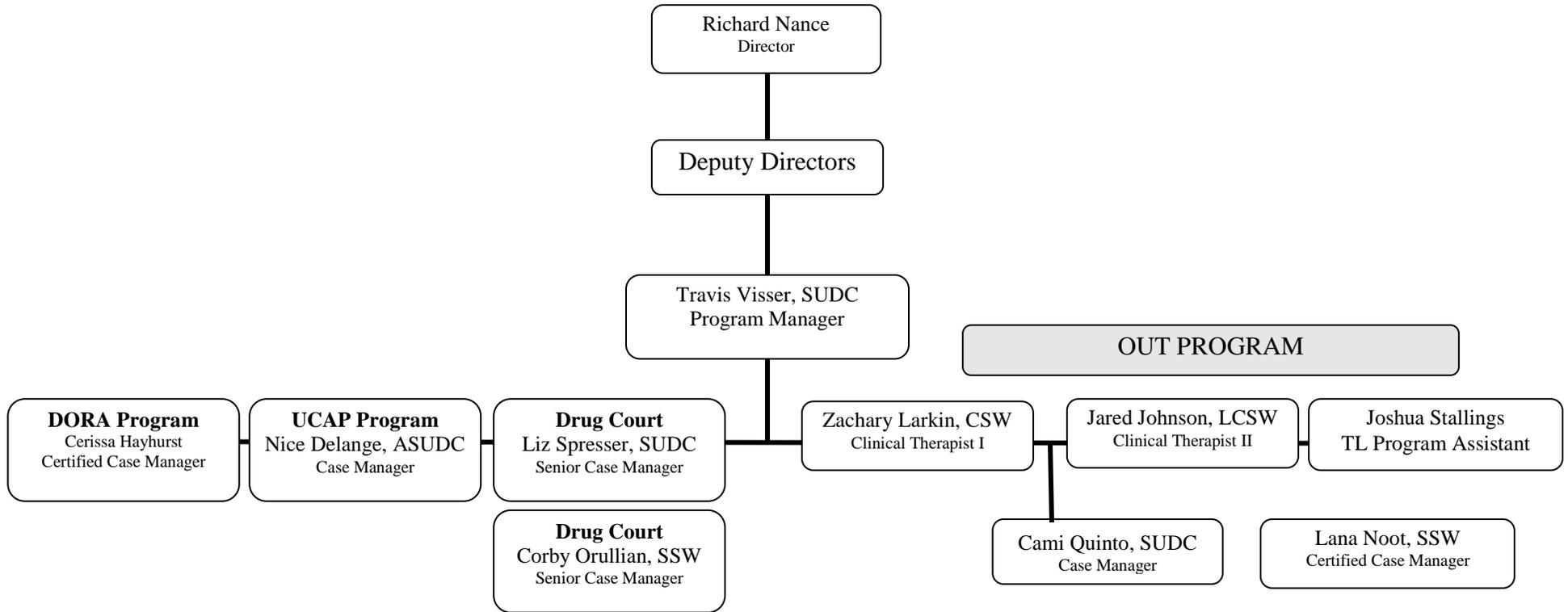
Utah County DDAPT
Foothill Residential Treatment Center
Organizational Chart



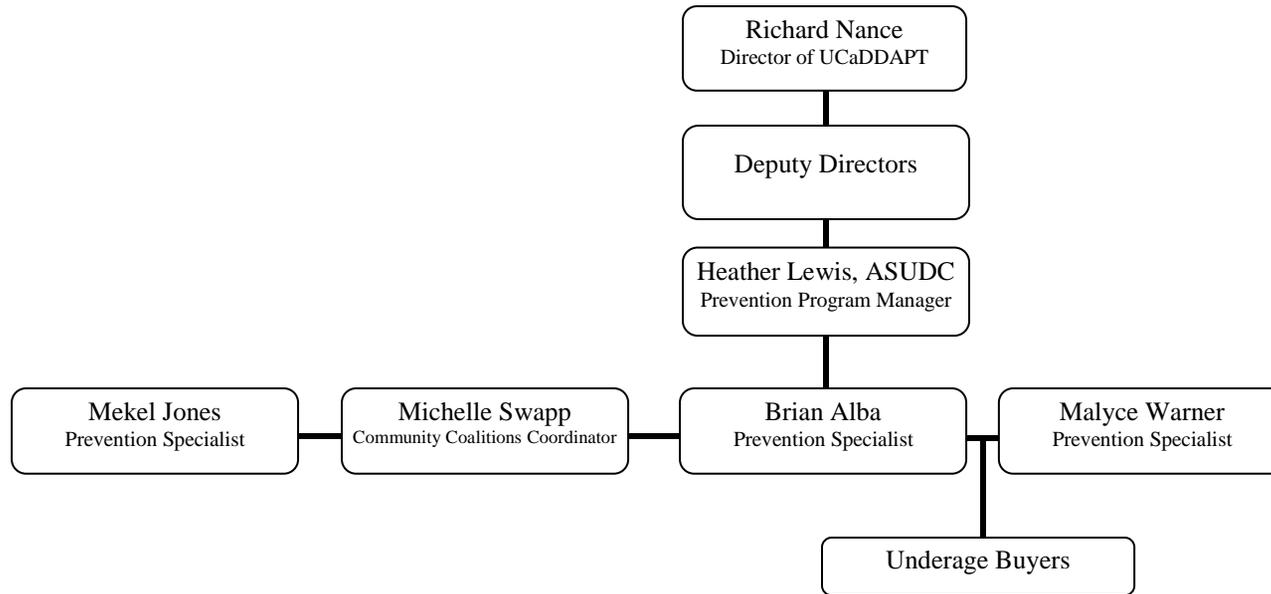
**Utah County DDAPT
Grandview Youth Treatment Program
Organizational Chart**



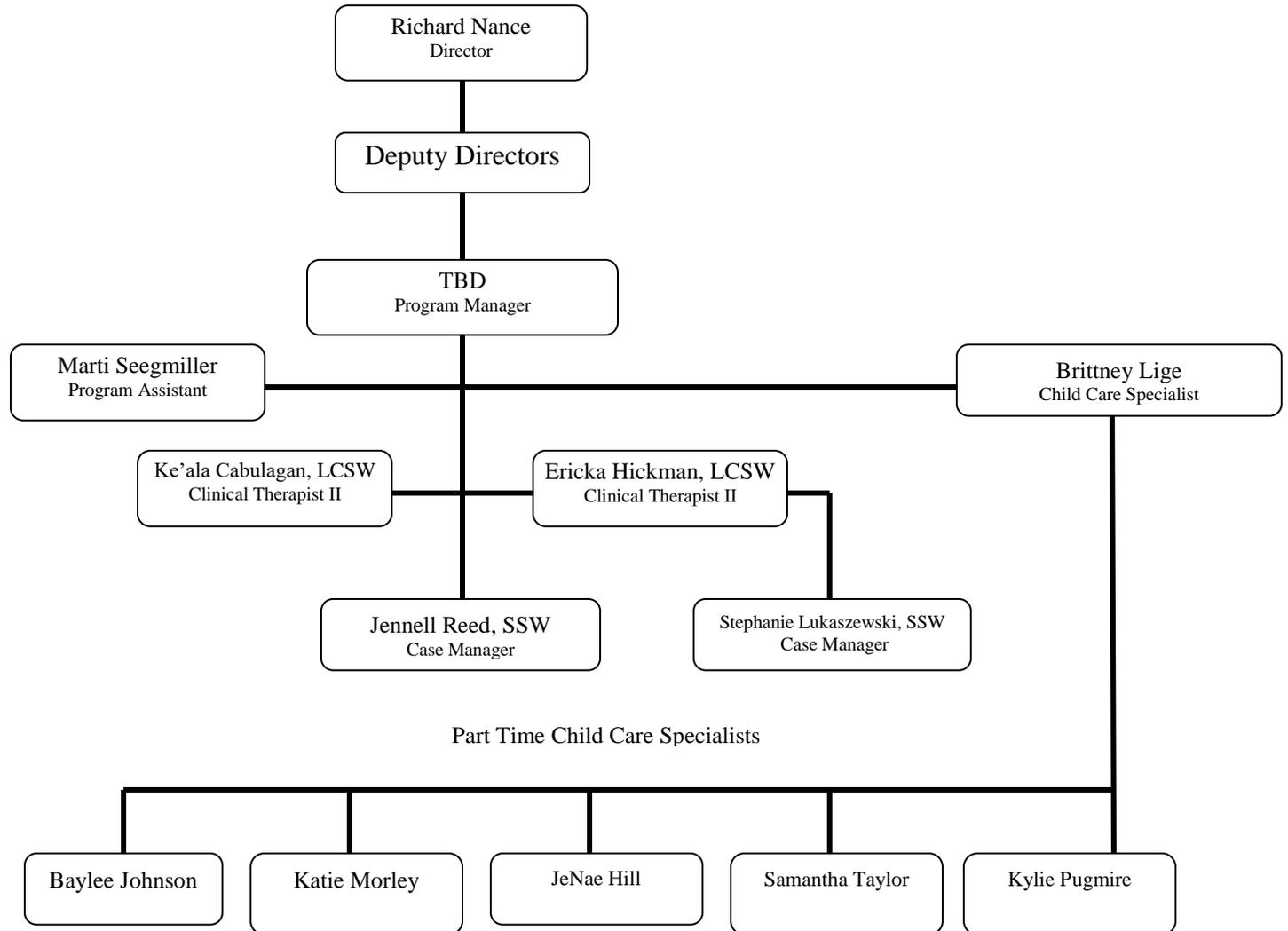
Utah County DDAPT Justice Services – Drug Court/UCAP/DORA



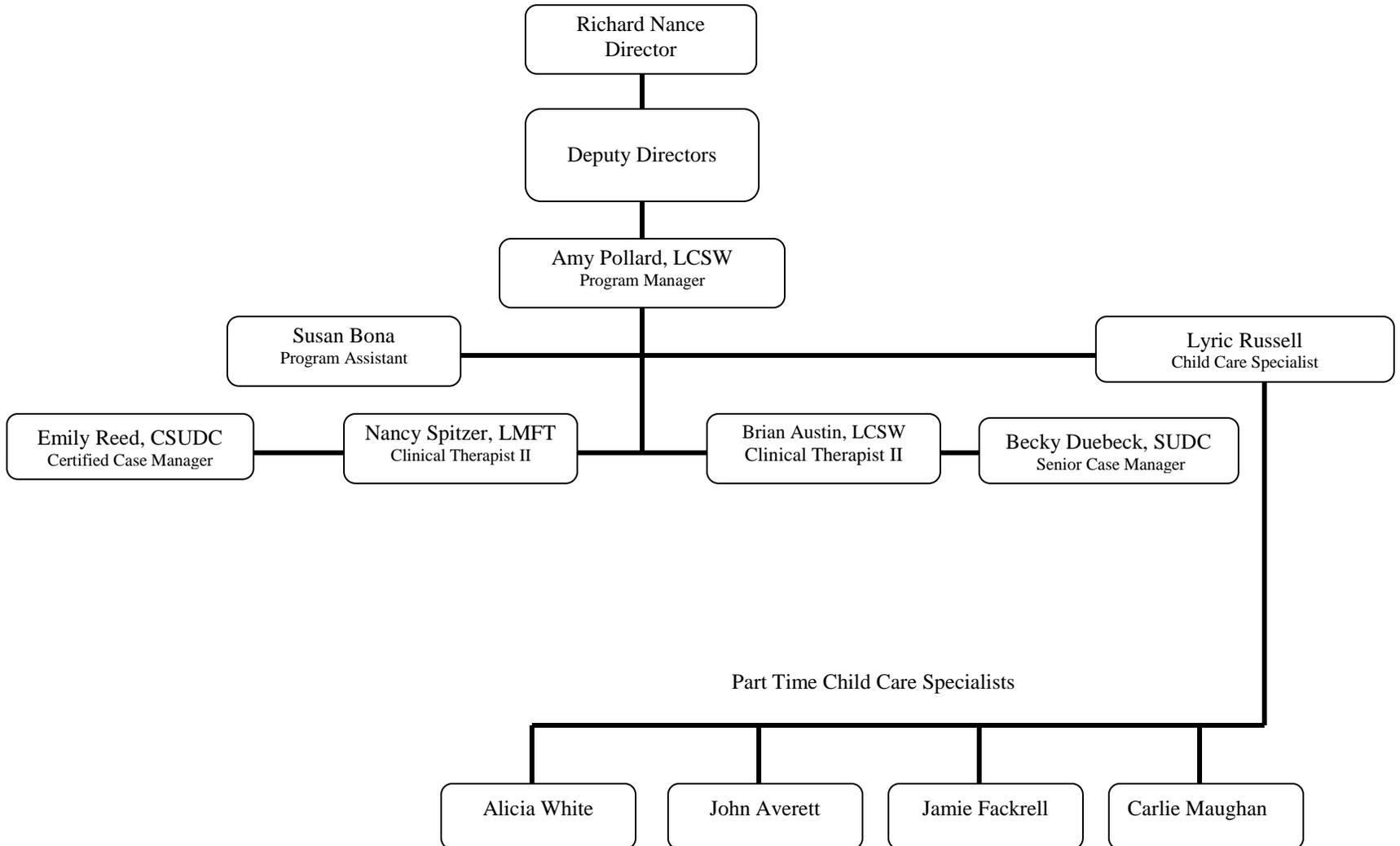
**Utah County - DDAPT
Prevention & PRI Services
Organizational Chart**



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 2020 in accordance with Utah Code Title 17 Chapter 43.

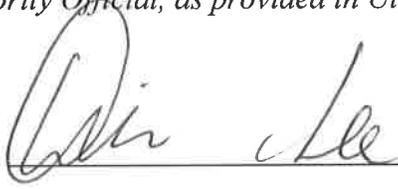
The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

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) # _1600800_, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Utah County Local Substance Abuse Authority

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

PLEASE PRINT:

Name: **William Lee**  _____

Title: **Chair, Utah County Commission**
Chair, Utah County Local Substance Abuse Authority Board _____

Date: **April 24, 2019** _____