

KANE COUNTY REQUEST FOR PROPOSALS FOR SUBSTANCE ABUSE AND SEX OFFENDER TREATMENT SERVICES

Kane County Adult Drug Court Treatment Provider and Kane County Jail Treatment Services Provider

Introduction

Kane County is soliciting proposals from qualified individuals and companies to provide treatment services for the Kane County Adult Drug Court and the Kane County Jail Substance Abuse Treatment Program and Sex Offender Treatment Program. The individual or company shall be licensed in the State of Utah and shall carry appropriate liability insurance. The right is reserved by Kane County to reject any and all proposals.

Background

The Kane County Adult Drug Court was established in 2013 under the joint efforts of the Sixth District Court, the Kane County Attorney's Office, the Kane County Sheriff's Office, the Kane County Public Defender, and the local mental health authority. The Drug Court provides services to fifteen criminal defendant participants with an average enrollment of twelve at any given time. The program is a twelve to eighteen month program, with an additional year of after care at the discretion of any participant. The program generally complies with state and national best practices for drug courts and complies with the State requirements for certification.

The Kane County Jail was expanded in 2012 to meet the increasing need for housing county inmates and to contract with the State of Utah to house up to 180 state inmates. The Kane County Sheriff's Office instituted a substance abuse treatment program (SATP) during the first year of operation. The Sheriff's Office now intends to institute an additional program for sex offender treatment (SATP). The programs will serve a maximum of thirty three inmates each.

It is anticipated that these projects will require at least two full time qualified clinicians or their equivalent. Any services that under state and federal law do not require a specific level of certification (i.e. LCSW or higher certification) may be completed by the lowest allowable certification or training so long as adequate supervision is provided.

Project Goal

The goal of the project is to 1) provide competent and effective evidence based treatment services to the Jail and the Drug Court to reduce substance abuse and sex offender recidivism; 2) comply with all state and federal grant substantive and reporting requirements; 3) use tax payer funds in a manner that is accountable and responsible.

Scope of Work

Kane County is accepting proposals from qualified applicants to provide the following services:

- Kane County Adult Drug Court Treatment Provider
 - See Attachment 1 Kane County Drug Court Treatment Services
- Kane County Jail Treatment Provider
 - See Attachment 2 Kane County Jail Treatment Services – SOTP and SATP

Proposal Requirements

Kane County will review each of the submitted proposals and select an applicant based on the following information. The proposals should include the following items:

1. Letter of Interest. Should include the Applicant's name or company name and any currently identified individual that will provide treatment services under the proposal, a statement on the Applicant's ability to work within the Court schedule, the jail schedule and security parameters and with relevant county personnel, and the Applicant's ability to administer the treatment programs outlined herein.
2. Programs. Preference will be given to proposals that bid for all three programs (Drug Court, Jail SOTP, Jail SATP). However, proposals may be submitted and will be considered for one or more of the programs. This shall be made clear in the letter of interest.
3. Proposal cost. Only proposals that are bid in the form of an hourly rate will be accepted. The proposal must clearly set forth the level of license or qualification that will be utilized for each type of service rendered and the hourly rate for that service.
4. Background. The education, qualifications, and experience of the Applicant and other identified individuals. A resume is preferred.
5. References. The Applicant and other identified individuals must provide a list of references that includes contact information.

Submittal Instructions

Proposals will be received at the Kane County Attorney's Office 76 North Main St., Kanab, Utah 84741 until 5:00 p.m. on Wednesday, January 6th, 2016. Hard copies are acceptable but an electronic version of the proposal is preferred and can be emailed to rvandyke@kane.utah.gov. Correspondence, questions and/or clarifications of the proposal procedure should be directed to: Robert Van Dyke Kane County Attorney, 76 North Main, Kanab, UT 84741, (435) 644-5278 rvandyke@kane.utah.gov.

Selection Criteria

Kane County will utilize the following criteria in selecting the treatment provider for this project:

- Cost of the Proposal. (40% score rating)
- Applicant's prior experience and ability to provide comprehensive substance abuse treatment and/or sex offender treatment as set forth herein. (40% score rating)
- Applicant's ability to implement the Proposal within the proposed timeline and the number of the three programs that the Proposal intends to cover. (20% score rating)

Selection Process

Completed Proposals must be received by 5:00 p.m. on Wednesday, January 6th, 2016. The Kane County Attorney and the Kane County Sheriff will review the proposals and may request that qualified applicants provide an oral presentation or an in-person interview. Proposals will be graded as set forth herein and the top proposal will be notified of the award within one to two weeks, but likely within the first week. The awarded Proposal will be contacted to enter into a contract for services. If the awarded proposal does not enter into a formal contract the next best Proposal will be contacted. It is anticipated that services for the Drug Court and the Jail SATP program would begin within a maximum of thirty days of notification of award and the Jail SOTP program would begin within sixty days of notification of award.

ATTACHMENT 1

KANE COUNTY DRUG COURT TREATMENT SERVICES

OVERVIEW OF DRUG COURT TREATMENT PROGRAM

The Kane County Drug Court (KCDC) is a twelve to eighteen month adult felony drug court for high-risk, high-need offenders who are dependent or addicted to drugs or alcohol. This court-supervised program has been specifically designed and staffed to offer a comprehensive and judicially monitored program of treatment and rehabilitation services in a structured and supervised “working-world” environment. Participants and the Drug Court Team members work together toward a common goal of breaking the cycle of alcohol and/or drug abuse and associated criminal behavior. For many substance-abusing defendants, this Drug Court Program represents the last avenue open to them to survive outside a detention facility.

The Drug Court Team consists of seven individuals: the District Court Judge, a Prosecutor from the County Attorney’s Office, the Drug Court Coordinator (employee of the County Attorney), a Deputy of the County Sheriff (probation tracker), the Court Clerk (quasi-case manager), the Case Manager (also an employee of the County Attorney), and a designee from the Treatment Provider. Team members work together and share information in a multi disciplinary team to ensure the best outcomes for participants.

Because of the unique problems and opportunities involved in working with drug and alcohol-dependent defendants, intervention and rehabilitation strategies must be clearly defined, research-based, and rigorously adhered to. Drug Court Team members and participants need to recognize that:

- Substance abusers are most vulnerable to successful intervention when they are in the crisis of initial arrest and incarceration, so intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring offender accountability are of critical importance – Team communication and court supervision must be coordinated and comprehensive.
- Substance abuse seldom exists in isolation from other serious problems, which undermine rehabilitation, so intervention must include other available services and resources, such as educational assessments and job placement.
- Relapse and intermittent progress are part of the recovery process, so incentives and sanctions must be integral to the Drug Court treatment strategy.

SUMMARY OF TREATMENT PROVIDER SERVICES

The Drug Court has a capacity of 15 participants at a time who are in varying stages of treatment, with an average of ten to twelve participants at the same time. The treatment provider

participates as a full team member and ensures that each participant receives the highest level of care available in accordance with the participants treatment needs and within the guidelines of the Drug Court model and phases. The treatment provider conducts timely screenings and assessments, reports on treatment progress, provides input on treatment evaluations and plans to other team members as relevant, and sends a competent representative to all staffing meetings (once every two weeks) and court sessions (once every two weeks on alternating weeks).

The Treatment Provider maintains a full case file on each participant which includes screening and assessment results. The diagnostic and assessment process results in a written Individual Treatment Plan for each individual, which the individual and the clinician jointly develop. The treatment plan provides for a continuum of services to address the level of care determined needed for each dimension. The treatment plan provides the framework for the treatment provider, the participant, and the Drug Court Judge and Team to work together to promote the participant's achievement of the goals and milestones specified in the plan. The Individual Treatment Plan should be shared with the court and team members, and updated regularly.

The Treatment Provider also oversees all drug and alcohol education components and group meeting plans, and meets regularly with the program participants and outside providers to ensure a continuity of support. Along with other Team members, the Treatment Provider makes recommendations with regard to an individual participant's phase advancement and suggests possible sanctions and incentives as appropriate. The phase requirements are shown below, which also indicate the level of treatment service appropriate for each phase. The goal is to have a combination of individual therapy, education and skills building, and group processing therapy that is done with an evidence-based manualized approach.

Case management services, including the education components and one of the cognitive behavior therapy interventions (MRT) will be provided by the Drug Court Case Manager and Drug Court Coordinator with coordination and some supervision from the Treatment Provider. If qualified, the Case Manager may also be utilized to perform substance abuse evaluations at the intake stage of the program. All other aspects of treatment set forth herein will be provided by the Treatment Provider.

CLIENT ELIGIBILITY REQUIREMENTS

Participation in the Drug Court Program is based on the following requirements:

- Kane County resident, 18 years of age or older
- Currently charged with or on probation for a Class A Misdemeanor or Felony offense
- Identified as a high risk/high need offender by the RANT assessment tool
- Cannot be working as a confidential informant
- Cannot be a registerable sex offender
- Cannot be a violent offender under the federal guidelines

INTAKE SCREENING AND ASSESSMENT

Upon identification as a possible Drug Court candidate, an initial conditional offer is extended and a Substance Abuse Risk and Needs Triage Assessment (RANT) is administered by the Drug Court Coordinator. If identified as a “high risk/high need” offender, the candidate meets with the Probation Tracker and the Drug Court Coordinator to complete an Applicant History and review the candidate’s individual life circumstances. Drug testing begins at this time, administered by the Probation Tracker. The Treatment Provider then meets and prepares a substance abuse evaluation of the candidate using an approved assessment tool within two weeks of referral from the Coordinator. The candidate’s case is then presented at the next full Drug Court Team staffing for acceptance or denial into the Program. If accepted, the participant is added to the next Drug Court docket for induction into the Drug Court Program. Orientation of the overall program is completed by the Coordinator and Prosecutor or Tracker. Copies of the signed agreements and applicant history are filed with the Coordinator, Case Manager and Treatment Provider for entry into the relevant data management systems.

Additional therapeutic assessments (ASI, ASAM, SASSI, etc.) or a mental health assessment may be completed at this time as determined necessary by the Treatment Provider. A copy of the completed assessment forms shall be made part of the participant’s clinical record.

COMPREHENSIVE ASSESSMENT

Within the first three meetings of a participant with the Treatment Provider, the Treatment Provider will have devised an Individual Treatment Plan (ITP) with input from the Participant. In order to do so, the Provider meets with each participant and conducts a thorough clinical assessment to determine the appropriate level of care for the participant, including a consideration of the cultural perspectives of the client and the cultural relevance of the process of treatment. The criteria includes but is not limited to: psychosocial indications including physical or sexual abuse, peer or self involvement in serious crimes, marked change in physical health, HIV high-risk activities, indicators of serious psychological problems, as well as the instruments and protocols set forth in the DSAMH Substance Abuse Treatment Practice Guidelines (revised 2/26/2009).

Assessment of the client focuses on the severity of a participant’s substance use problem in depth, and also covers the participant’s home life, criminal history, medical status, physical/sexual abuse history, education status, in-depth psychiatric status, environmental risks and strengths, sexual behaviors, developmental status, leisure and recreation and family dynamics. The Diagnostic and Statistical Manual (current edition) is used when conducting comprehensive assessment of addiction severity. Additional diagnostic tools may be used at the discretion of the Treatment Provider. To be accepted into the KCDC as a “high risk/high need” participant, most individuals are expected to meet a level II.1 Intensive Outpatient Treatment criteria or a higher level of care but this may not be a requirement for participation.

Documentation of a participant's "high risk/high need" status shall be placed in his clinical record. If in-patient services are required, admission to the KCDC Program may still occur but the participant will complete the in-patient services in lieu of Phase I requirements set forth more fully herein.

Within one week of completing the comprehensive assessment, the Treatment Provider reports to the Team regarding the findings and the initial recommendations of the Individual Treatment Plan which have been arrived at in collaboration with the participant. The Treatment Provider also prepares a written assessment report stating the history, diagnosis, and clinical justification for the participant's admission eligibility, including at a minimum, withdrawal potential, biomedical conditions and complications, emotional and behavioral conditions and complications, readiness for change indicators, relapse and/or continued use potential, current recovery environment and potential of risk to self and others.

INDIVIDUAL TREATMENT PLAN

Based on the information provided by the screening and assessment of the participant, the Treatment Provider will develop a comprehensive, coordinated, strength-based individualized plan of treatment and rehabilitation services for each participant. Assistance will be provided to assist the client in accessing other appropriate groups and resources within the community. If a biomedical condition or complications are indicated by the assessment, the Specialist shall arrange for a physical health assessment conducted by an appropriately licensed professional. A participant using addiction treatment medications under the supervision of a medical professional shall still be eligible for participation in the KCDC program, as long as the medications prescribed are used according to the Drug Court medication assisted treatment (MAT) plan and in the prescribed manner.

The Treatment Plan will be implemented in collaboration with the Drug Court Team and participant, and will address client strengths, barriers to progress, support, current symptoms and priorities, modality of treatment to be used, frequency of treatment services, and specific goals and objectives the client has agreed to work on, with timeframes for their completion and anticipated milestones. Within a context of support and skill-building, the plan places developmentally appropriate demands on the client for responsible behavior. Identified problems will be explicitly targeted for change. A crucial aspect of this approach is its emphasis on promoting behavior change in the participant's natural environment. The Treatment Plan is to be reviewed every sixty (60) days and revisions made according to ongoing objectives being identified and achieved. Updates should reflect any new developments that may affect the initial treatment plan, narrative of the progress made to date, additional challenges that may need to be addressed and interventions that may be recommended, and updated goals, objectives, timeframes and milestones, as appropriate.

Specific interventions for the participant identified by the assessment may include the need for building coping skills or decision-making skills or correcting “criminal-thinking” errors. Cognitive-behavioral therapy may be indicated geared to the participant’s emotional, psychological and developmental stage. Treatment may need to address anger management, violence prevention, gender and victimization issues, and values. Group counseling, individual and family counseling, relapse prevention, and peer-support programs (such as NA/AA or other 12-step programs) are also used to augment the treatment groups.

Each Individual Treatment Plan specifies the outcomes in the participant’s behavior that are expected during and after the course of treatment. These outcomes are designed to be specific and measurable, so that the participant’s rate of progress can be assessed. A description of the methods and activities to achieve these goals (and their frequency) are included in the plan. Once formulated, the Treatment Plan is signed by the Treatment Provider, the Drug Court participant, and as needed, other members of the Team.

Relevant treatment information is shared on occasion with the full Drug Court Team. The participants must complete a KCDC Waiver of Confidentiality form to allow the Treatment Provider to discuss the participant’s drug history and progress in treatment, and to provide the Coordinator and Case Manager with access to required data for program evaluation purposes. In addition, the treatment provider or Drug Court Coordinator may collect TEVS data on each participant and such data (minus any individual’s identifying information) may be submitted as required for grant research purposes and program review.

DRUG COURT SCHEDULE

The treatment schedule will vary for individual participants depending on their progress through the Drug Court phases. However, all phases involve weekly meetings by the participant with members of the Drug Court Team and support professionals to ensure the participant’s continued sobriety and regular treatment attendance. Additionally, participants meet several times a week with the Treatment Provider and facilitators of other treatment groups, such as 12 step, and cognitive behavioral therapy.

The Drug Court Team meets weekly for a staff meeting. Every other week this staffing is followed by a Drug Court court session with the Judge and full Drug Court Team to review the participants’ progress through the Phases and to administer sanctions and incentives. At a participant’s initial induction (Orientation) into the Drug Court, the consequences for program compliance and non-compliance are reviewed with the participant and clearly explained, so that clear expectations are established from the beginning.

PROGRAM PHASES

The Kane County Drug Court uses four (4) phases with a fifth reduced probationary phase which participants must complete in order to graduate from the program. Advancement

from each phase for each participant is the determination of the Drug Court Judge based on recommendations of the Drug Court Team members. Participants may have to go back and re-complete an earlier phase if they significantly relapse in their program and are ordered to do so by the Judge.

Advancement through drug court treatment is determined by each individual's Individual Treatment Plan. This plan determines the makeup and exact number of individual treatment and group sessions which a participant must attend. However, advancement through the program phases is also predicated on an individual's successful completion of all program requirements, including progress with his educational and vocational goals.

The overall design components of the Drug Court phases are defined below. Participants may be required to attend additional hours according to the specifics of their Individual Treatment Plan, which can be reviewed for modification with the Treatment Provider at regular intervals. The minimum requirements of each phase, and the minimum requirements for Phase Advancement, can be generally summarized as follows: (the treatment provider only provides those items specifically related to treatment, which may be adjusted based on the evidence based, manualized approach of the treatment provider. **Items with an * are treatment-related but are provided by other team members, coordinated with the treatment provider**)

- Phase I (14 weeks minimum): Curfew of 10:00 pm

Orientation – First week

Development of Individual Treatment Plan (ITP) during first two weeks

Intensive Out-Patient Treatment, minimum of 9 hours:

2 hours of Relapse/Stress Reduction Group

2 hours of Interpersonal Skills Group

*2 hours of MRT

2 Hours of DBT Skills Group or process group

At least one hour of Individual/Family Counseling

*Autobiography and Change Journal – Step 1

At least 3 hours Twelve Step Peer Support Program per week

At least 1 Pro-social activity per week

Random urinalysis at least 3 times per week

Visit with Tracker (at least 3 times per week) – may include random home visits

No out-of-county travel

20 productive hours each week

Develop employment goals

To Advance to next Phase II, a participant must have: 30 consecutive days of clean time; no unexcused absences for 30 consecutive days; completion of all ITP goals and assignments; have selected a 12 step sponsor; and have substantial contribution towards payment of fines, fees and restitution.

- Phase II (14 weeks minimum): Curfew of 11:00 pm

7 hours of Therapy and Groups:

2 hours of Interpersonal Skills Group

*2 hours of MRT – Must pass Step 6 to advance to phase III

2 Hours of DBT Skills Group or process group

At least one hour of Individual/Family Counseling

*Change Journal – Step 2 & 3

At least 2 hours of 12 step

1 Pro-social activity per week

Random UA's at least 3 times per week

Visit with Tracker (2 times per week) – may include random home visits

Develop long term financial and employment goals

Develop personal financial budget

30 productive hours each week

To advance to Phase III, a participant must have: 60 consecutive days of clean time; no unexcused absences for 60 consecutive days; completion of all ITP goals and assignments; significant contribution towards payment of fines, fees, and restitution.

- Phase III (14 weeks minimum): Curfew of 12:00 midnight

At least 5 hours of Therapy and Groups:

*2 hours of MRT – Must pass Step 10 to advance

2 Hours of DBT Skills Group or process group

At least one hour of Individual/Family Counseling

*Change Journal (Steps 4 & 5)

At least 2 hours of 12 step

At least 2 pro-social activities per week

Random UA's 3 times per week

Visit with Tracker at least 1 time per week – may include random home visit

30 productive hours each week

Develop continuing care plan

To advance to Phase IV a participant must also have: 90 consecutive days of clean time; no unexcused absences for 90 consecutive days; completion of ITP goals and assignments; significant contribution towards payment of fines, fees and restitution.

- Phase IV (Continuing Care): (10 weeks minimum) Curfew of 12:00 midnight

At least 2 hours of Groups:

- *2 hours of MRT to finish as participant (or serve as MENTOR) OR
- 2 Hours of DBT Skills Group or process group

Individual/Family Counseling as needed

*Change Journal (Steps 6 -12)

*Relapse Recovery workbook and Recovery Maintenance workbook

At least 2 hours of 12 step

At least 3 pro-social activities per week

Random UA's 3 times per week

Visit with Tracker at least once every other week – may include random home visits

30 productive hours each week

*Contingency Plans

If criminal thinking or resistant to treatment (i.e. repeats MRT Honesty Step 1 three times or more) – Must complete Thinking for Good (Modules 1-10)

If more than 3 relapses – Must complete Staying Quit (Modules 1-8)

- Graduation/Probationary Phase

In order to graduate from the Drug Court Program a participant must have 120 consecutive days of clean time; complete all treatment plan goals and assignments; be current on fees and court imposed sanctions, unless undue hardship is demonstrated; develop, commit to and sign a relapse prevention plan; be employed or otherwise fulfill

30 hour per week of productivity goals; and have completed all components of the educational component of the program, including cognitive/behavioral groups.

The participant is then placed on a six month probationary period where 12-step peer support groups must still be attended, drug testing may take place on a random basis, and the participant is expected to participate in aftercare and alumni groups as shown below

ALUMNI GROUP AND AFTERCARE

The Treatment Provider will offer aftercare to all graduates as needed for up to one year after graduation. Participants are encouraged to include formal aftercare sessions with the therapist in their Continuing Care Plan, and to consider volunteering to provide mentoring to participants still in the program. An alumni support group is being developed and graduates are encouraged to participate

TEAM TRAINING

Team members are required to complete at least eight (8) hours of Drug Court specific training each calendar year, as well as National Drug Court Institute (NDCI) Training or National Association of Drug Court Professionals (NADCPC) training during their first year of participation on the Drug Court Team. Yearly educational training for drug court members should also include addiction and substance abuse treatment training, team-building training, and cross-training of other team member duties. The cost of these trainings for the Treatment Provider will be provided by the Drug Court

PROFESSIONAL STANDARDS

Drug Court Team members are expected to adhere to the principles set forth in the “Best Practice” Program Design Features endorsed by the National Association of Drug Court Professionals (NADCP), the State of Utah Drug Court Certification Checklist (see further below), and other state and national laws governing the professional standards of the individual team members respective duties. For Treatment Providers, they include:

“BEST PRACTICE” program design Features endorsed by NADCP include Numbers Six and Seven:

VI. Treatment and Other Services: Principles –

1. Maintain program resources that address specific drug court participant needs identified over time
2. Accommodate the range of treatment and other rehabilitation services needed
3. Perform ongoing review beyond initial referral to confirm that all networked providers are appropriately delivering ongoing assessment and services
4. Apply RISK-NEED-RESPONSIVITY (RNR) principles to prevent greater recidivism

5. Offer cognitive behavioral therapies through trained facilitators to address “criminal thinking’ patterns. Studies have shown recidivism reduction for high risk offenders were reduced from 40% to 25% based on this factor alone.

Components of ‘criminal thinking’ include:

- Negative views of the law and authority
 - Distorted perceptions of victimization and disadvantage
 - External locus of control
 - Lack of empathy and sensitivity to others
 - Neutralization techniques
 - Blaming the victim
 - Minimization of harm.
6. Gauge trauma among male and female offenders and identify appropriate service resources
 7. Confirm that any necessary medication (and sober housing) is being utilized
 8. Assure that evidence-based curricula are manualized and being delivered in a standard and effective manner via written lesson plans
 9. Assure that services are evidence-based*, specific to diagnosis and validated for population served
 10. Refer and re-evaluate participants as necessary for entry into associated programs, such as Workforce Services, 12 Step programs (AA, NA), Job Corps, Vocational Rehab, SWATC continuing education, life skills and parenting classes, etc.

* “evidence-based” means integrating the best available research findings, practitioner expertise, and other resources with the needs, values and preferences of those affected

VII. Relapse Prevention, Aftercare and Community Integration: Principles -

1. Treatment Provider, Case Manager, and Tracker– Identify triggers to prevent relapse during and after program and provide support and timely remedial measures
2. Begin planning at the first program phase
3. Implement culturally sensitive planning
4. Support relapse prevention, community integration, and aftercare services, which may include Relapse Prevention Therapy, “Staying Quit”, or other cognitive behavioral therapy focusing on individual relapse process and coping strategies

Please also see the attached Utah State Certification Checklist for Adult Treatment Courts. The Treatment provider must comply with all “required” elements.

MEMORANDUM OF UNDERSTANDING

In addition to a specific contract for employment or for services addressing the above requirements, the Treatment Provider will be required to sign an MOU that includes the following terms:

In an effort to support an effective and comprehensive program to meet the needs of participants, we, the **Kane County Drug Court Team Members**, agree and commit to the following:

- a. To adhere to all federal and state confidentiality laws, including HIPAA when applicable, and other appropriate laws;
- b. Contribute, as requested, to the development of any participant's Individual Treatment Plan (ITP), including implementation and revisions of the plan;
- c. Attend staffing and case review hearings as requested and whenever possible to determine treatment progress and make joint decisions concerning compliance, incentives and sanctions;
- d. Attend applicable conferences and training seminars if funding is available;
- e. Work collaboratively and proactively with other members of the Drug Court Team and with collateral agencies to attempt to ensure the best possible client outcomes; and
- f. Adhere to the ten key components of a successful drug court and regularly review the seven "Best Practice" Program Design Features of the Kane County Drug Court Policies and Procedures Manual.

The Drug Court Treatment Provider specifically agrees to:

- a. Promptly complete substance abuse evaluations and ITP's with candidates and communicate as necessary with other Drug Court Team members to help ensure that clients receive wrap-around services appropriate to their circumstances in an efficient system of care; update and report on changes to ITP's as necessary;
- b. Ensure that all treatment services comply with applicable federal and state rules, regulations and laws, and shall be provided by properly licensed facilities;
- c. Ensure that an array of treatment and continuing care services for drug court clients are available according to their Individual Treatment Plans (ITP), including residential care to meet higher levels of need and step-down services to support continued recovery in Aftercare;
- d. Coordinate with Tracker as needed regarding immediate responses to emergency or evolving situations involving Drug Court clients;
- e. Assist the Case Manager(s) in making referrals of clients to collateral agencies for medical or financial assistance needs; and

f. If temporarily unavailable, arrange for an assistant or alternate treatment provider to deliver treatment services to ensure uninterrupted treatment coverage according to each Drug Court client's ITP.

ADDITIONAL COUNSELING OFFERINGS

A current grant provided by Workforce Services has enabled the Drug Court to provide four additional counseling interventions at no cost to Drug Court clients.

These offerings include: 1. "Couples Therapy for Alcohol and Drug Abuse", a two-hour weekly couples session for 12 weeks with a trained therapist;

2. "Making Relationships Work", a 12-week two hour weekly session focused on lessening family conflict with a facilitator;

3. "Emotional Awareness for Parents I and II", two six-week programs offered consecutively helping parents improve their parenting role; and

4. "Family Wellness: Survival Skills for Healthy Families", a six week parent and child program which helps families reinforce healthy ways of interacting.

These interventions are offered in continuous cycles and can usually be worked into a client's program as necessary; usually during Phases III and IV where less intensive individual work is required.

In future years or during other grant cycles, the Drug Court will pursue other grant opportunities to enhance treatment services above the basic requirements outlined in this summary.

Utah Drug Court Certification Checklist

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived.*

*Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.

1. Eligibility and exclusion criteria are defined objectively. **R** BPS I A
2. Eligibility and exclusion criteria are specified in writing. **R** BPS I A
3. Eligibility and exclusion criteria are communicated to potential referral sources. **P** BPS I A

4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
5. The program admits only participants who are high risk high need as measured by the RANT. **R BPS* I B**
6. Candidates for the Drug Court are assessed for eligibility using validated risk assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. **R BPS I C**
7. Candidates for the Drug Court are assessed for eligibility using validated clinical assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
8. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
9. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
10. Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
11. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
12. The program has a written policy addressing medically assisted treatment. **R**
13. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B, BPS X E**
14. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
15. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F**
16. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
17. The judge presides over the court for no less than two consecutive years. **P BPS III B**
18. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
19. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
20. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
21. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS* III E**
22. The Judge spends an average of at least three minutes with each participant. **R BPS* III F**

23. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
24. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
25. The judge is the ultimate arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty. **R BPS III H, BPS VIII D**
26. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H~ BPS VIII D**
27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**
28. Policies and procedures concerning the administration of incentives, sanctions~ and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
29. The policies and procedures provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination. **R BPS IV A**
30. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
31. For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude over successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only a few infractions. **R BPS IV A**
32. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
33. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
34. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug abstinent for a specified period of time. **P BPS IV I**
35. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
36. Drug testing is performed at least twice per week **R BPS VII A***
37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
38. Testing regimens are not scheduled in seven--day or weekly blocks. The chances of being tested should be at least two in seven every day. **P BPS VII B**
39. Drug test results are available within 48 hours. **P BPS VII H**

40. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R BPS VII B**
41. Randomly selected specimens are tested periodically for a broader range of substances to detect any new drugs of abuse that might be emerging in the Drug Court population. **P BPS VII D***
42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. **R BPS VII E*, F***
43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. **R BPS VII G**
44. If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as gas chromatography mass spectrometry (GC-MS). **P BPS VII G**
45. Metabolite levels falling below industry- or manufacturer-recommended cutoff scores are not interpreted as evidence of new substance use or changes in substance use patterns, unless such conclusions are reached by an expert trained in toxicology, pharmacology or a related field. **R BPS VII G***
46. Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
47. The program requires at least 90 days clean to graduate. **R**
48. The minimum length of the program is twelve months. **R**
49. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
50. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
51. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
52. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
53. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. **R BPS IV K**
54. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS VA**
55. Standardized patient placement criteria govern the level of care that is provided. **P BPS VA**
56. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS VA**
57. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS VB**
58. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. **P BPS V D**

59. Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. **P BPS V E**
60. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
61. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
62. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **P BPS V F, BPS VI G**
63. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
64. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
65. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
66. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
67. Participants regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**
68. The peer support groups follow a structured model or curriculum such as the 12--step or Smart Recovery models. **R BPS V I**
69. There is a secular alternative to 12-step peer support groups. **R**
70. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS VI**
71. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**
72. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
73. For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated. **B BPS V J**
74. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**
76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B BPS VI E**

77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R BPS VI E**
78. Participants are assessed using a validated instrument for trauma history, trauma related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
80. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R BPS VI I***
83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P BPS VI I**
84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B BPS VI I**
85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P BPS VI L**
87. Clients are placed in the program within 50 days of arrest. **R**
88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
91. Team members are assigned to Drug Court for no less than two years. **P**
92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social

- services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
 98. Treatment fees are based on a sliding fee schedule. **R**
 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***
 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X D**
 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS XD**
 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
 110. The program conducts an exit interview for self-improvement. **P**

ATTACHMENT 2

KANE COUNTY JAIL TREATMENT SERVICES

OVERVIEW OF KANE COUNTY JAIL TREATMENT PROGRAMS

Two programs will be implemented at the Kane County Jail. A Substance Abuse Treatment Program (SATP) and a Sex Offender Treatment Program (SOTP). The SATP program is currently being operated and is based mostly on the FOCUS program. The SOTP program will require program planning and implementation. As stated in the RFP, proposals will be accepted and reviewed that only anticipate providing services for one of these programs but a strong preference will be given to proposals that submit for these two programs along with the Drug Court program.

FOCUS is a 12 to 18 month substance abuse treatment program developed for the Kane County Jail and serves state inmates that have been assessed and “mapped” for substance abuse treatment by the state of Utah. The Kane County Jail is unique in that all state inmates housed at this facility are convicted sex offenders and also “mapped” for sex offender treatment. It is our belief that this environment can facilitate openness, honesty, healing and growth by breaking down the stigma about sex offenders and creating a “safe” environment for the participants to be accountable and to honestly look at all of their beliefs, behaviors and addictions and how they interact and influence each other.

The ultimate goal of the FOCUS program is for our graduates to be at a place where they have a desire to change because they recognize that it is in their own self-interest to do so, they have a belief in their ability to make change and they have the knowledge, skills and abilities necessary for making the change in order to be a productive member of their community.

The Kane County Jail is currently seeking a qualified provider to maintain what has been established in our Substance Abuse Treatment Program (SATP) program as well as develop and implement a Sex Offender Treatment Program (SOTP). This may be implemented in conjunction with the FOCUS program, in that participants may be receiving Sex Offender Therapy while receiving Substance Abuse Therapy. The philosophy and treatment approach of this program will be inline with our current FOCUS program.

Summary of Treatment Specialist Services

The provider shall implement, administrate, operate and provide a therapeutic community style substance abuse program (SATP) and sex offender treatment program (SOTP) for identified inmates at the Kane County Jail. The tentative average daily program population served will be approximately 66 adult male inmates. The provider will keep full and accurate records on inmate clients and their progress, and said records will be made available to the Sheriff or designee upon request.

The provider shall establish and follow policies and procedures in accordance with the relevant provisions of State and local laws, and in concert with the rules and regulations of the Kane County Jail. The provider will review and revise all policies and procedures with the KCSO Jail Commander in order to conform the provision of services to the rules and requirements of the

Sheriffs Office. The provider and any employees or subcontractors will participate in any client-required security training as required by the Sheriffs Office.

The provider shall offer substance abuse counselors and sex offender therapists licensed by the State of Utah to provide all services that are part of this contract. The provider shall be responsible to ensure that all counseling personnel involved are qualified through training, experience, and appropriate certification for the tasks assigned when doing the work specified

The provider shall ensure that all the provider's employees and contract workers secure and maintain professional liability insurance and any other necessary insurance required under this contract. The provider shall provide the Sheriff with copies of all applicable insurance policies prior to commencement of work under this contract.

The provider shall conform to all applicable state and federal regulations as well as state licensing requirements and accreditation in order to provide the substance abuse services and/or sex offender therapy required in this contract. The provider will secure and pay for all federal, state and local licenses, permits and fees required for the operation of a substance abuse/sex offender therapy program.

The provider shall keep and maintain a paper file on each program participant. These files will include at a minimum; an initial assessment, ongoing evaluations, treatment plan, risk assessments, sanction reports, a discharge summary and an exit interview. These files will be kept on premises, in a secure location, at the Kane County Jail.

The Sheriff shall provide to the provider adequate storage for programming supplies, adequate ingress and egress to program areas, adequate heat, lights, and other utilities, and local intercom and access to a business telephone at no charge for local service, business-related calls. Sheriff will provide general maintenance of the program area, inclusive of lighting, air conditioning, water, sewer and ventilation, but exclusive of day-to-day cleaning of the program area. The provider shall be responsible for all program workbooks, materials and supplies.

Qualified third party assessments/evaluations of the program(s) may take place at the discretion of the Sheriff. The provider will be required to participate in and facilitate these assessments/evaluations.

Once the UDC O-track program comes on line, the provider will be required to apply for access permissions and use the O-track documentation system as required by UDC.

The provider must, on an annual basis, do a performance evaluation on each of his staff that participates in the program(s). Documentation of these evaluations must be provided to the Sheriff.

The provider will facilitate a short training, based on evidence-based practices, for the Treatment Team.

The provider will facilitate a short training, based on evidence-based practices, for the Treatment Team in their weekly meetings. A handout for the participants is required.

Services specifically pertaining to the SATP program

The provider will conduct two (2) group therapy sessions each week. These sessions will be at least one (1) hour in duration. If the Provider is not available to attend a weekly meeting, a qualified representative will be provided to take his place.

The provider will conduct three weekly “small group” therapeutic sessions with groups of no larger than twelve (12) participants. These sessions will be at least one (1) hour in duration. All participants are expected to be included in one of the weekly sessions.

The provider is bound to facilitate group sessions at least 48 weeks per year.

The provider will facilitate, at a minimum, monthly individual therapeutic sessions for program participants in Phase 2. These sessions will be documented and maintained in the participant’s file. Motivational interviews may take place with any participant on an as needed basis.

The Provider will attend the weekly Program Treatment Administration and Team meetings. The Administration meeting will be approximately thirty (30) minutes and the Team meeting will be up to ninety (90) minutes. If the Provider is unable to attend the weekly Focus Program Treatment Administration and Team meetings, he will provide at least seven (7) days’ notice to the Treatment Team Administration and will have a qualified representative attend in his place. In the event of an absence due to an emergency, the Provider will notify the Treatment Team Administration as soon as possible and will make every effort to have a qualified representative attend in his place. If the Provider does miss a weekly Treatment Team meeting, he will attain a copy of the missed meeting’s minutes at least forty-eight (48) hours prior to the next Treatment Team meeting, as to be prepared for discussion. The copy of the minutes can be acquired from the Programming Director.

Qualified third party assessments/evaluations of the program(s) may take place at the discretion of the Sheriff. The Provider will be required to participate in and facilitate these assessments/evaluations.

Services specifically pertaining to the SOTP program

Individual session lasting at least 50 minutes, conducted by an approved provider or affiliate provider at least weekly.

Sex offender group session lasting at least 80 minutes, conducted by an approved, provider or affiliate provider, at least weekly

A minimum of one progress report per participant to the supervising IPP agent per quarter.

Oversight of psycho-educational classes (a minimum of: victim empathy, relapse, prevention, assault cycle, cognitive restructuring, parenting, relationship skills, sex education), minimum 10 hours per subject. Previously completed classes may be accepted to meet this criterion. In addition, the treatment program may require an offender to repeat some or all of these classes if clinically indicated.

Notification of discharge from treatment must at least be made verbally to AP&P prior to notifying the offender of their status. Written notification by the provider to the supervision agent within 72 hours of unsuccessful termination must be made.

This report will address reasons for unsuccessful completion, progress to date of the offender, prognosis, risk to the community, and indicate whether or not the offender reached maximum benefit of offered treatment.

Other requirements pertaining to polygraph and plethysmograph testing will be added to this section as the criterion is defined.

A disclosure polygraph or truth verification test during the introductory phase (within the first 180 days of initiating treatment) to ensure full disclosure has taken place.

Additional truth verification testing may be completed periodically during treatment to ensure the offender is not violating any court orders, treatment rules and regulations or violating any of the terms and conditions of his probation and/or parole.

In addition, the treatment program may require an offender to repeat some or all of these classes if clinically indicated.

A compliance polygraph examination/truth verification test will be completed by all offenders prior to the completion of treatment to determine compliance with both treatment program rules and compliance with court orders and to insure there have been no violations of probation rules and regulations.

*The language in the individual sections specifically tailored to "SATP" or "SOTP" is by no means an all-inclusive definition of the description of services that is to be provided. It is merely intended as minimum expectations and will be modified by the Sheriff, Jail Commander and/or Programming Director as needed, but not without advanced discussion.

Minimum Educational Requirements:

SATP - The vendor must be a Licensed Clinical Social Worker with substance abuse therapy experience, preferably within a therapeutic community.

SOTP - Current Utah licensure in a mental health profession (i.e. psychiatry, psychology, licensed professional counselor, social work or marriage and family therapy);

Within the three-year period immediately preceding application or re-application for approval as a provider, the individual must have at least 1,500 hours of direct clinical experience in sex offender treatment (direct clinical experience means face-to-face contact with patients/clients, direct supervision, training, case coordination and research). Of the 1,500 hours, at least 375 hours must include sex offender evaluation experience (sex behavior risk assessments, psychosexual evaluations, interpretation of PPG results and covert sexual interest measures, intake, clinical interviewing, etc.);

Within the three-year period immediately preceding application, the individual must have received at least 40 hours of formal training through documented conferences, symposia, seminars or course work directly related to the evaluation and treatment of sex offenders. Said training may include behavioral/cognitive therapy methods, reconditioning and relapse prevention, use of plethysmograph examinations, use of polygraph examinations, group therapy, sexual dysfunction, victimology, couples and family therapy, risk assessment, sexual addiction, sexual deviancy and ethics and professional standards. Of these hours, 30 hours must be sex offender specific. Up to 10 hours may be obtained through independent, self-study of research or other professional literature;

Licensed professionals and professionals in graduate training and/or post-graduate residency who do not meet the experience and training requirements may apply for "affiliate approval." Licensed professionals not meeting the training or experience requirements are required to arrange for ongoing supervision with an approved provider meeting the above criteria. Trainees may provide service if their work is part of a degree program and/or leading to licensure and their clinical work is supervised by a licensed professional meeting the above requirements (supervision means one hour of supervision for every 40 hours of direct client contact with a minimum of one hour supervision per month). To re-certify as an affiliate, the provider must comply with the 40-hour training requirement.

Approved providers must have as a basic philosophy that full disclosure of the offense(s) is a basic requirement for successful completion of therapy.

Providers must adhere to the reporting requirements as required by the Utah State Department of Corrections and the laws of the State of Utah. See Mental Health Professional Practices Acts 58-60-114 which identifies reporting under Titles 62A, Chapter 3, Part 3; 62A, Chapter 4A, Part 4; 78B, Chapter 3, Part 5; and Section 26-6-6.

Approved providers and affiliate providers must re-apply to the Department of Corrections, Division of Adult Probation and Parole, every three years to renew their approved status. Re-application shall consist of documentation demonstrating ongoing professional training, current licensure with the State of Utah, hours of therapy and evaluations per year provided and any changes in the modality of treatment. Failure to reapply before their approved date expires will result in the provider/affiliate being removed from the provider list.

Approved providers may supervise a maximum of six (6) affiliate providers.

Providers who change from one program to another must update their application in order to continue providing services.

Criminal convictions or licensure actions must be disclosed fully and may result in denial of application approval. No person convicted of a felony may be an approved provider or affiliate provider nor can they employ approved or affiliate providers to provide services to offenders under the jurisdiction of AP&P. (See ATSA's Ethical Standards & Principles for the Management of Sexual Abusers, Ethical Standards item #6).

Failure to disclose criminal convictions or licensure actions will result in removal from approved status.

With reasonable notification, therapists must be able to appear in Court or Board of Pardons hearings as needed, without additional compensation.

Therapists will provide reports as needed by the Court, Board of Pardons and/or the supervising AP&P agent.

If an applicant does not directly provide all services, the application should detail how these services will be provided (i.e., contracting with another approved provider/affiliate, referral to another agency, etc.).