

# Hot Tips



QUICK REFERENCE GUIDE

FOR

FINDING YOUR WAY AROUND  
UTAH DEPARTMENT OF HUMAN SERVICES

[www.dhs.innerweb.utah.gov](http://www.dhs.innerweb.utah.gov)

or

[www.hs.utah.gov](http://www.hs.utah.gov)

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## PURPOSE

### THIS BOOKLET IS DESIGNED TO

- Make your work less frustrating and go faster and easier by providing you a conglomeration of useful information about the services and eligibility requirements of each DHS division and office;
- Translate agency jargon into everyday language; and
- Identify key people in each division and office so you can reach the right person to get the answers you need.

### HOW TO USE THIS BOOKLET

- Keep this booklet on the corner of your desk. When you have questions about another DHS agency, or you feel there must be someone out there that can help your client, the booklet is here to be your guide.
- This booklet cannot cover every detail, exception, and policy nuance of each division and office. It does, however, cover the fundamental elements that case workers and other personnel need to know about all of the DHS agencies. It also provides information to help you coordinate, collaborate, and communicate with other agencies, your clients and their families.

# GUIDING PRINCIPLES

## SERVICES

- ✓ All clients and families are treated with dignity, courtesy, and respect.
- ✓ Needs of the clients and families guide the types and mix of services provided. \*
- ✓ Clients and families are actively engaged in planning, implementation, and evaluation of their supports and services. \*
- ✓ Services are provided within the community in which the client and family reside. \*
- ✓ Service teams are uniquely designed to meet the needs of individual clients and families. \*
- ✓ Assessments and services build upon a foundation of client and family strengths.
- ✓ Services and staff are sensitive and responsive to client and family culture, traditions, and special needs.
- ✓ Services are designed to promote and, where necessary, enforce personal responsibility.
- ✓ Services focus on the safety and well being of clients, employees, and the public.

## ADMINISTRATION

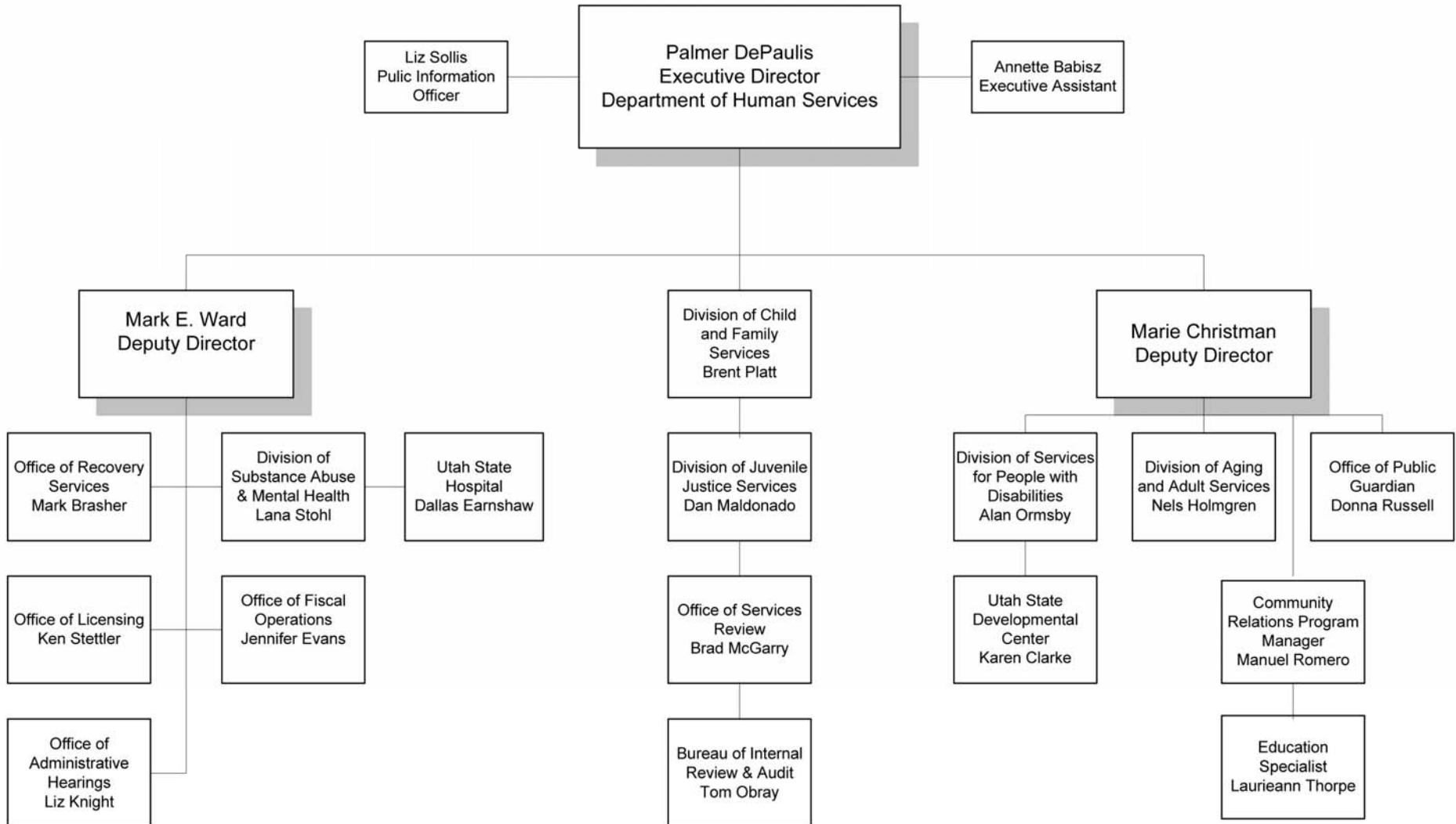
- ✓ Employees are well trained, credible, and committed.
- ✓ Clients and families are encouraged to be involved in Department activities and decision-making.
- ✓ Agencies and employees are accountable to the community and those they serve.
- ✓ The public will receive needed services regardless of organizational charts and jurisdictions.

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\* Where Federal and State statute allow.

# STATE OF UTAH DEPARTMENT OF HUMAN SERVICES

January 2011



# OFFICE OF THE EXECUTIVE DIRECTOR (EDO)

## ADMINISTRATION

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4001; Fax: (801) 538-4016

Palmer DePaulis	Executive Director	538-4001
Mark E. Ward	Deputy Director	538-4001
Marie Christman	Deputy Director	538-4001
Annette Babisz	Executive Assistant	538-3998
Elizabeth Sollis	Public Information Officer	538-3991

## ADMINISTRATIVE HEARINGS (OFFICE OF)

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-3900; Fax: (801) 538-4334

Elizabeth Knight	Director	(801) 538-3900
Jessica Irwin	Legal Secretary	(801) 538-3900

Conducts administrative hearings for all Department programs including child abuse/neglect/licensing, overpayments, etc. The office acts as a neutral fact finder by hearing evidence from the parties and determining whether the agency's action is proper based on the law.

## ADMINISTRATIVE SUPPORT (BUREAU OF)

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4250; Fax: (801) 538-4248

Keith Davis	Director	(801) 538-4250
Stacey Gleed	Office Specialist	(801) 538-4250

Provides planning and management of DHS facilities, coordination of risk management investigations and emergency management, coordinates and provides mail distribution, forms, motor pool and information services.

## FISCAL OPERATIONS (OFFICE OF)

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4107; Fax: (801) 538-9881

Jennifer Evans	Director	(801) 538-4107
Mary Carole Blackburn	Administrative Secretary	(801) 538-4107

Provides financial and contractual services and monitoring for the Department. The office consists of the Bureau of Budget, Bureau of Contract Management, Bureau of Finance, and Bureau of Internal Audit.

## Department of Human Resource Management - Field Office

### HUMAN RESOURCES (OFFICE OF)

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4222; Fax: (801) 538-4446

Rosanne Ricks	Director	(801) 538-4220
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Provides support to the Department via development, implementation and administration of agency personnel management programs including classification, compensation, recruitment, and employee assistance.

## LEGISLATIVE LIAISON

### Mailing & Mailing Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4001; Fax: (801) 538-4016

Vacant	Legislative Liaison
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Handles Legislative matters and GRAMA.

## SERVICES REVIEW (OFFICE OF)

Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4277; Fax: (801) 538-4424

Brad McGarry	Director	(801) 538-4277
Karen Krommenhoek	Office Specialist	(801) 538-4277

Conducts performance evaluations of the services DCFS provides to children and families, fatality reviews of Department cases and handle administrative rules.

## Department of Technology Services

### TECHNOLOGY (OFFICE OF)

Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4040; Fax: (801) 538-4062

Kevin Van Ausdal	Director	(801) 538-4024
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Provides support to the Department via coordination of all technology related activities.

## UTAH DEVELOPMENTAL DISABILITIES COUNCIL

Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 533-3965; Fax: (801) 533-3968

Claire Mantonya	Executive Director	(801) 533-3965
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Provides planning, monitoring, and advocating on behalf of people with developmental disabilities.

# DEPARTMENT OF HUMAN SERVICES CUSTODY

## WHAT IS DEPARTMENT CUSTODY?

An alternative custody option available to the Juvenile Court for children whose problems and needs cross the boundaries of several divisions of the Department of Human Services.

## WHO IS ELIGIBLE?

DHS custody may be appropriate if:

- The child meets the eligibility requirements of two or more DHS Divisions;
- The resources and services of more than one Division are required to meet the needs of the child; and
- It is not suitable for a single Division to have custody.



- Department custody is only for children with multiple and extremely complex problems that need an array of services that are not available from a single division.
- Lack of funding to provide the services a child needs is not a criteria for assigning custody to the Department.
- Example of a DHS custody child: child is mentally retarded, sexually reactive, and bi-polar, cannot be effectively served at home, and the current placement is not meeting their needs.
- Remember that case coordination and collaboration can and should take place between Divisions without court ordered Department custody.
- Department custody is **not** appropriate for children who are being appropriately served by a single division.
- DHS custody is not an excuse for lack of coordination or cooperation between divisions.

## HOW DOES DHS CUSTODY HAPPEN?

- When it appears likely that a child may qualify for Department custody, Juvenile Court staff or Department staff can request a staffing by contacting the DCFS-DHS Liaison in your community.

The DCFS-DHS Liaison will convene a designated core staffing team (or some communities will continue to use the LIC-Local Interagency Council) within five (5) working days to discuss the appropriateness of Department custody unless the child is in detention or shelter and needs to be placed more quickly. In this case, the team should meet the needed time frames for shelter or detention.

If the designated staffing team (or LIC) determines that Department custody is appropriate, the team will designate a DHS Division, or when possible a Division staff member will be designated case manager. The team will also develop the coordinated service plan.

- A Juvenile Court Judge may sometimes order custody to the Department without a staffing or screening. When this occurs the department staff member in the courtroom at the time or the Juvenile Court staff member present will within one (1) working day notify the local DCFS-DHS Liaison so that a service plan team meeting can be scheduled. The case manager will be designated at the first service plan meeting.



- DHS staff will **NOT** recommend Department custody to the Court without first having the required Team staffing.
- Even if the designated staffing team recommends Department Custody or a specific case manager, the Judge may order something different.

#### HOW IS THE CASE MANAGER SELECTED?

The selection of the case manager should be based on:

- Who has a relationship or has the best potential of developing a relationship with the child and the family?
- Who has responsibility for delivering the majority of services?

#### ONCE A CASE MANAGER HAS BEEN DESIGNATED, DOES THAT MEAN THAT STAFF FROM OTHER DHS DIVISIONS CAN BECOME LESS INVOLVED WITH THE CHILD?

**NO**, Department custody means that staff from all divisions will be partners in providing needed services throughout the course of treatment and duration of DHS custody.

#### WHO DO I CALL IF I HAVE QUESTIONS?

The local DCFS-DHS Liaison in your area can respond to most of your questions.

#### WHAT OTHER INFORMATION IS AVAILABLE?

Guidelines and Procedures for Department Custody are available from your local DCFS-DHS Liaison or the DHS website.

# OFFICE OF LICENSING (OL)

## WHAT DOES OL DO?

- Issues licenses that authorize a public or private agency to provide Human Services programs.
- Conducts surveys, investigations, and home studies of facilities, agencies, and foster homes.
- Investigates complaints regarding any licensed facility or licensee.
- Conducts criminal and abuse background checks for individuals applying or renewing a Human Services license.

## WHO IS REQUIRED TO HAVE A HUMAN SERVICE LICENSE?

Any person, agency, or governmental unit who provides a human services program or facility within the state of Utah must be licensed and comply with Human Service licensing rules.

## WHAT KINDS OF PROGRAMS OR SERVICES NEED TO BE LICENSED?

- Adult Day Care
- Adoption Agencies
- Child Placing
- Crisis Respite (Family Support Centers)
- Day Treatment
- Domestic Violence Shelters and Treatment Programs
- Foster Care Homes
- Intermediate Secure Care
- Mental Health Treatment Programs
- Outpatient Treatment
- Programs for People with Disabilities
- Residential Support
- Residential Treatment
- Social Detoxification
- Resource Family Home
- Substance Abuse Treatment Programs
- Therapeutic School
- Youth Treatment Programs

Refer to the Acronyms and Definitions section of this document for the specific definitions of these programs and services.



Anyone considering a license should apply prior to obtaining a physical facility or providing any services.

## WHAT AREAS DOES OL REVIEW?

Basic health and safety standards which includes:

- Fire safety
- Client files
- Staff to client ratios
- Staff Qualifications
- Staff, client and community safety
- Access to firearms
- Food safety
- Sanitation
- Infectious disease control
- Safety of the physical plant
- Transportation safety
- Emergency preparedness
- Administration of medical standards and procedure
- Consumer safety and protection

Minimum administration and financial requirements for licensees.



OL does **not** assess the effectiveness, quality or appropriateness of the treatment and intervention services provided by the licensee. OL is only authorized to determine if the facility meets basic health and safety standards and that minimum administrative procedures are in place.

#### HOW LONG DOES THE LICENSING PROCESS TAKE?

**Treatment Programs:** The length of time to complete the licensing process depends on the type and size of the program and the degree to which the applicant has competed policies and procedures and complied with zoning, fire, and health requirements. The average length of time to complete licensure is 3 to 4 months.

**Foster Care:** The prospective foster parents must complete 32 hours of training, provide names of references, complete an application, submit a medical report prepared by a physician, receive a criminal background check, and have a home study completed prior to receiving a license. This usually takes 2 to 3 months to complete.

### **CRIMINAL AND ABUSE BACKGROUND SCREENING**

#### WHAT IS THE PURPOSE?

To protect children and vulnerable adults from individuals who have:

- Committed and been convicted of serious crimes
- Conduct that is contrary to the safety and well being of children
- Committed acts of abuse, neglect, or exploitation of a child or vulnerable adult

#### WHO IS REQUIRED TO HAVE A BACKGROUND SCREENING?

- Anyone 18 years of age or older residing in a foster home or other home based care.
- Owners, directors, members of the program's governing body, employees, providers of care, or volunteers of a licensed program or service.

#### WHAT INFORMATION IS REQUIRED?

- Photocopy of a current, valid state driver's or other state identification card bearing the applicant's photo, current name and address.
- Completed Background Screening Request Application.
- If the individual has not continuously lived in Utah for the last five consecutive years, fingerprint cards must be submitted to conduct a FBI national criminal history record check. The fingerprints can be obtained from a law enforcement agency. The applicant must pay a fee of \$39.25 for the record check. This record check is not required for all applicants. If the individual has lived only in Utah or another country for the past five years, they will need to contact OL to determine if they need to meet this requirement.
- If the individual has lived outside of the United States in the last five years, the applicant shall also submit an original or certified copy of documentation cited in R501-14-3, Criminal and Abuse Background Screening.

## HOW LONG DOES A BACKGROUND CHECK TAKE?

- Within 30 days from the time all information is received, the background check should be completed; however, 80% of approved background checks are completed within 10 working days.
- FBI national criminal history record checks can take 90 days or longer to process.



Delays in completing the background checks are usually due to:

- Incomplete or illegible information
- An arrest record without a final disposition or out-of state criminal history records, which require OL to obtain information to complete the screening process
- Review of the criminal and/or abuse record by the DHS Review Committee

## WHO IS APPROVED?

- A person with no criminal history or, if they have a criminal history, the offenses are misdemeanors not involving domestic violence, lewdness, battery, offenses against a family or person, pornography, prostitution, or any type of sexual offense, and the conviction date is older than five years;
- The management information system does not indicate the person as a perpetrator of abuse, neglect or exploitation; and
- Juvenile Court records do not show a substantiated finding under 78-3-3a-320.

## WHO IS DENIED?

- A person convicted within the last ten years of offenses involving domestic violence, lewdness, battery, assault, offenses against a family or person, pornography, prostitution, or any type of sexual offense.
- Credible evidence exists that the person poses a threat to the safety and health of children and vulnerable adults.

## WHAT SITUATIONS REQUIRE FURTHER REVIEW BY THE DHS REVIEW COMMITTEE?

- A person identified as a perpetrator of abuse, neglect or exploitation, as substantiated by a Juvenile Court.
- Misdemeanor offenses that have occurred within the last five years.
- Any felony conviction
- Failure to disclose criminal conviction history on the Background Screening Request Application.
- If at least ten years have passed for convictions involving domestic violence, lewdness, battery, assault, offenses against a family or person, pornography, prostitution, or any type of sexual offense.

## IF A RELATIVE IS WILLING TO CARE FOR A CHILD, DOES THE LICENSING PROCESS HAVE TO BE COMPLETED BEFORE THE CHILD IS PLACED WITH THE RELATIVE?

The Office of Licensing and the Division of Child and Family Services (DCFS) have the following “emergency kinship” procedure:

- DCFS staff will conduct the criminal background check and complete a kinship home study. This information is presented to the Judge at the shelter hearing.
- The Judge determines if the relative family is fit and willing to care for the child and if DCFS or the relative family will have custody of the child.
- If DCFS is granted custody, the caseworker will request OL to license the home for that specific child(ren). A 90-day initial license may be issued once basic OL requirements are met. The 90-day initial license will allow the family to complete the required training and any other licensing requirements.
- If the relative is granted custody, no license is required.

## IF A CHILD IS PLACED WITH A PERSON WHO HAS A RELATIONSHIP WITH THE CHILD BUT IS NOT A RELATIVE, WHAT IS THE LICENSING PROCESS?

The DCFS caseworker must complete and submit to OL the following:

- Request for Licensing Specific Foster Home
- OL Short Form Home Study
- Names of three (3) references
- OL's background screening application

OL will issue a 90-day initial license, refer the applicant to the Utah Foster Care Foundation for training, and conduct a Resource Family Assessment.

## HOW CAN INFORMATION ABOUT THE QUALITY OF A PROGRAM BE OBTAINED?

Human Services Licensing addresses only minimum health and safety criteria. To best determine if a program meets your expectations, it is recommended you visit the program/facility, spend time talking with staff and/or clients and ask for references. The more information obtained about a program, the easier it will be to make a decision.

## IS THERE A WAY TO FIND OUT IF A PROGRAM HAS HAD COMPLAINTS FILED AGAINST IT?

After making initial contact with a program and questioning the staff or clients, feel free to contact the licensor of the program. The licensor can provide results of the latest licensing visit, the current license status and basic information on substantiated complaints in the program file.

## HOW DO I FIND OUT IF A PROGRAM OR SERVICE IS LICENSED?

Contact the OL Administrative Office in Salt Lake at 801-538-4242, or check the current status on the website at: [www.hslic.utah.gov](http://www.hslic.utah.gov)

WHERE ARE SERVICES LOCATED?

Region	Office		
Salt Lake	David Dinger 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4402 FAX (801) 538-4553	Rebecca Monsen 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-3980 FAX (801) 538-4553	Kolyn Tacy 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-3950 FAX (801) 538-4553
	Tamra Parko 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4088 FAX (801) 538-4553	Janice Weinman 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-9837 FAX (801) 538-4553	Vorn Lor 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-8222 FAX (801) 538-4553
	Ron Wilkey 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4376 FAX (801) 538-4553	Bonnie Hanson 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4085 FAX (801) 538-4553	Jeff Harris 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4236 FAX (801) 538-4553
	Robert Nieman 195 North 1950 West Salt Lake City, Utah 84116 (801) 538-4237 FAX (801) 538-4553		
Eastern	Stephanie Robb 350 West 800 South Roosevelt, Utah 84066 (435) 722-7453 FAX (435) 722-6574	Jim Jennings 475 W. Price River Drive #1 Price, Utah 84501-2857 (435) 636-2363 FAX (435) 636-0224	
Western	Kelly Anderson 377 E. Riverside Drive #B St. George, Utah 84790 (435) 674-3944 FAX (435) 674-3978	Jeanne Finefeuiaki 150 East Center Street, Rm 3000 Provo, Utah 84606 (801) 374-7286 FAX (801) 344-1232	Serena Hubert 150 East Center Street, Rm 3000 Provo, Utah 84606 (801) 374-7777 FAX (801) 344-1232
	Lisa Carter 1409 South Main PO Box 50 Nephi, Utah 84648 (435) 623-7534 FAX (435) 623-4174	Greg Hirst 377 E. Riverside Drive #B St. George, Utah 84790 (435) 674-3945 FAX (435) 674-3978	Jennifer Quigley 150 East Center Street, Rm 3000 Provo, Utah 84606 (801) 374-7673 FAX (801) 344-1232
	Cindy Lund 1409 South Main PO Box 50 Nephi, Utah 84648 (435) 623-7528 FAX (435) 623-4174	John Ortiz 150 E Center Street, Rm 3000 Provo, Utah 84606 (801) 374-7672 FAX (801) 344-1232	Nichol Tidwell 150 E. Center Street, Rm 3000 Provo, Utah 84606 (801) 374-7215 FAX (801) 344-1232
Northern	Sharon Christensen 115 W. Golf Course Road Suite B Logan, Utah 84321 (435) 787-3415 FAX (435) 787-3444	Amanda Johnson Ogden Regional Center 2540 Washington Blvd, 6 <sup>th</sup> Flr. Ogden, Utah 84401 (801) 626-3395 FAX (801) 626-3406	Shawna Cales Ogden Regional Center 2540 Washington Blvd. 6 <sup>th</sup> Flr. Ogden, Utah 84401 (801) 626-3596 FAX (801) 626-3406
	Teresa Jones Ogden Regional Center 2540 Washington Blvd. 6 <sup>th</sup> Flr. Ogden, Utah 84401 (801) 626-3382 FAX (801) 626-3406	Julie Matysik Ogden Regional Center 2540 Washington Blvd. 6 <sup>th</sup> Flr. Ogden, Utah 844041 (801) 626-3350 FAX (801) 626-3406	Ellen Carle Ogden Regional Center 2540 Washington Blvd. 6 <sup>th</sup> Flr. Ogden, Utah 84401 (801) 626-3403 FAX (801) 626-3406

## ADMINISTRATION

### Mailing & Street Address

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4242; Fax: (801) 538-4553

Ken Stettler  
Vilma Mosier

Director  
Office Manager

(801) 538-4242  
(801) 538-4041

## ACRONYMS & DEFINITIONS

<b>Adoption Agency:</b>	An organization that permanently places a child into a home for adoption.
<b>Adult Day Care:</b>	A variety of health, social, recreational, and related support services in a protective setting for functionally impaired adults.
<b>Background Screening:</b>	A process to determine if an individual has been charged or convicted of certain crimes and/or has a supported/substantiated child/adult abuse record.
<b>Child Placing:</b>	An agency that provides custody or care for children, under 18 years of age, for the purpose of adoption or foster care.
<b>Crisis Respite:</b>	A service designed to offer immediate, temporary care (up to 72 hours) to protect children and help families cope with crisis.
<b>Day Treatment:</b>	Specialized treatment for less than 24 hours a day, for persons who have emotional, psychological, developmental, physical, or behavioral dysfunctions, impairments, or chemical dependencies.
<b>Domestic Violence Shelters &amp; Treatment</b>	Provide a safe haven for victims of domestic violence and offer resources to help resolve crisis-related problems.
<b>GRAMA:</b>	<b>Government Records Access Management Act.</b> The statute that allows the public to obtain copies of government records.
<b>Foster Care:</b>	Placement of a child in a temporary home when he/she has been removed from their parents for abuse, neglect and/or dependency. Staff work with the family to resolve concerns that led to the initial removal of the child.
<b>Foster Care Home:</b>	A home that is licensed to provide care to children in the custody and guardianship of the State of Utah.
<b>Home Study:</b>	The process of assessing a family for the purpose of adoption, foster care, and kinship care.
<b>Intermediate Secure Care:</b>	A 24-hour lock-down residential facility for youth with severe behavioral problems.

<b>Mental Health Treatment Programs:</b>	Provide residential treatment/support, day treatment, and outpatient treatment services to people experiencing mental health problems.
<b>Outpatient Treatment:</b>	Provides individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning.
<b>Programs for People with Disabilities:</b>	Includes homes for disabled persons and day treatment sites where disabled persons work.
<b>Residential Support:</b>	A 24-hour short-term emergency living arrangement for individuals or families in need of protective service.
<b>Residential Treatment:</b>	A 24-hour group living environment for four or more individuals while providing or arranging for the provision of specialized treatment.
<b>Resource Family Home:</b>	A home that is licensed to provide care to children in the custody and guardianship of the State of Utah.
<b>Social Detoxification:</b>	Short-term residential services provided outside of a health care facility for persons who are intoxicated.
<b>Substance Abuse Treatment Programs:</b>	Provide treatment and rehabilitation services to persons experiencing problems with alcohol or drugs.
<b>Youth Treatment Programs:</b>	Provide a variety of services to minors including: temporary child placement, day treatment, outpatient treatment, residential support and treatment, immediate secure treatment and outdoor youth programs.

# OFFICE OF PUBLIC GUARDIAN (OPG)

## WHAT DOES OPG DO?

Provides public guardianship and conservatorship services to “incapacitated” adults who have no responsible, willing and able family or friends to serve as their guardians.

## WHAT IS GUARDIANSHIP?

Guardianship is an arrangement through which a person (the “guardian”) is legally authorized to make certain decisions for another adult (the “ward”).

## WHEN IS PUBLIC GUARDIANSHIP NECESSARY?

- When a person is incapable of making minimally adequate decisions about medical and other kinds of care and treatment, everyday life and/or their financial affairs, and as a result the person’s health or safety are in jeopardy; and,
- Family or friends are unable to assist in making decisions for the incapacitated adult.

### **A person may become “INCAPACITATED” as the result of:**

- A severe developmental disability, such as profound mental retardation
- An acute or persistent and serious mental illness, such as schizophrenia
- Alzheimer’s disease, other dementias and related problems that can occur with aging
- A serious illness or accident
- Alcoholism or substance abuse



- Many persons who experience these problems are capable of making their own decisions and do not need a guardian. A person is incapacitated only when he or she is demonstrably incapable of understanding the consequences of his or her decisions and as a result is in jeopardy of harm.
- Public guardianship is only available for adults.
- The Probate Court must make the legal decision for guardianship or conservatorship.

## WHO IS ELIGIBLE FOR OPG’S SERVICES?

Due to OPG’s resources and staff, services are usually prioritized to incapacitated adults:

- In life-threatening situations and guardianship is likely to alleviate the situation.
- Experiencing abuse, neglect, self-neglect, exploitation or who are at significant risk of experiencing such problems.



If in doubt about a person’s eligibility and the availability of guardianship services, contact OPG and make a referral.

## WHO MAY MAKE A REFERRAL TO OPG AND WHAT IS THE PROCESS?

- Anyone may make a referral by contacting the OPG staff.
- OPG staff conducts an initial and informal review with the referent to determine if guardianship assessment appears necessary. The referent may be asked to obtain or provide additional information or explore possible alternatives; or, if guardianship appears unnecessary or inappropriate, referred to another source of assistance.
- OPG petitions the court to become a person's guardian after conducting a face-to-face functional assessment of the person's capacity, and formally determining that:
  - there is no alternative or less restrictive manner to assist the person
  - the person meets OPG's eligibility criteria and priorities
  - there is good reason to believe the person is incapacitated
- The Court will determine the type of guardianship and responsibilities to award OPG.
- If a person is incapable of making important financial or estate planning decisions, the Court may appoint a "conservator" to make these decisions and grant a limited or full conservatorship.
- Depending on the nature and extent of a person's inability to make decisions, the Court may appoint OPG as guardian or conservator or both.



- Due to the drastic nature of guardianship, the large unmet need for public guardianships and OPG's limited staff and resources, OPG assertively searches for alternatives to guardianship.
- OPG will usually decline to seek guardianship if an incapacitated person has a responsible family member who can serve as the person's guardian, even if the family member is reluctant to become a guardian. Family members can be referred for information and resources to become a guardian.
- OPG may decline a referral in the event the imposition of guardianship is not likely to change the outcome of a situation.
- If there is a question about whether a guardianship exists, ask to see the Court Order establishing the guardianship or the "letters of guardianship".
- Parents of adults with disabilities and adults experiencing dementia often mistakenly believe they are guardians or conservators simply because of their relationship to the disabled or demented adult, or because they are the responsible party for carrying out an "advance directive" for the disabled or demented adult.

## WHAT ARE THE RESPONSIBILITIES OF OPG WHEN APPOINTED AS A GUARDIAN?

- Under a **limited guardianship**, OPG may make some but not all of the decisions that it would if appointed full guardian of an individual.
- Under a **full guardianship**, OPG is generally responsible for:
  - determining where the ward lives
  - making sure that the ward's basic needs (including food, clothing and comfort) are met
  - making decision about the ward's health care and treatment
  - keeping track and taking care of the ward's property and personal possessions
  - making some financial decisions
  - protecting and advocating for the ward's welfare, interests and rights

- Under a **full conservatorship**, OPG is generally responsible for:
  - managing the ward's income and financial resources to provide for care, support and comfort, and to pay bills and debts
  - keeping track and taking care of the ward's property and personal possessions
  - investing or selling the ward's assets and property, when necessary
- OPG must report to the court annually about its guardianship activities, the condition of the ward and the status and condition of the ward's estate.

#### HOW DOES OPG MAKE DECISIONS FOR ITS GUARDIANSHIP WARDS?

- OPG has a responsibility to determine what the ward would want if the ward were capable of making decisions, and then try to carry out the ward's preferences or wishes.
- OPG always has a legal duty to make decisions that protect the rights, interests and well being of its wards. OPG does not substitute its own opinions about what is best for wards unless it cannot determine what the ward would want, or the ward's choice cannot be honored under the law or poses unacceptable risks for the person.

#### WHAT SERVICES DOES OPG PROVIDE?

OPG provides the following services directly, through its staff:

- Information, referral and education about guardianship
- Assessment for guardianship and conservatorship
- Petitioning for guardianship and conservatorship
- Exploring and providing alternatives to guardianship
- Limited and full guardianships and conservatorships, including:
  - monitoring well- being and case management and monthly visit;
  - surrogate decision making regarding basic needs, medical, mental health
  - habilitative, rehabilitative and other care and treatment, and use of financial resources
  - rights protection and advocacy

In addition, OPG provides limited guardianship services to people with developmental disabilities (who are incapable of making certain decisions) on a contractual basis with Guardianship Associates of Utah, Inc.



- OPG is **not** a service provider (except of guardianship services).
- OPG's principal function is to serve as a surrogate decision-maker for its guardianship wards and to protect and advocate for their interests, preferences, welfare and rights. In cases involving wards that live in distant or remote areas, OPG may utilize volunteers in carrying out some client monitoring functions.

## WHAT ABOUT EMERGENCY REFERRALS?

OPG can and does petition for guardianships on an emergency basis.



Due to the time and effort required to petition for guardianship, the referents of emergency cases should be prepared to work creatively with OPG staff in identifying and implementing alternative solutions to guardianship or, in the event an emergency guardianship is required, obtaining the needed information and making necessary arrangements.

## WHEN ELSE SHOULD OPG BE CONTACTED OR CONSULTED?

OPG must be contacted whenever decisions need to be made concerning its wards and OPG is authorized to make the decision in question. In addition, OPG should be immediately notified of any unusual event or change in the medical or mental condition or status of a ward. In the interim, care and treatment should be provided as outlined in the wards duly authorized “medical treatment plan” or other advance directive.



- OPG’s Intake person is available during normal state business hours. After hours and weekends OPG staff can be reached through their answering services (801) 595-5225.
- In the event of a medical emergency, and the absence of an advance health care directive, emergency medical care should be provided to the ward just as it would for any other adult in such circumstances.

## ADMINISTRATION

### Mailing & Street Address:

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-8255; Fax: (801) 538-8243

Donna Russell	Director	(801) 538-4564
Shannon Alvey	Program Manager	(801) 538-4119
Intake	Staff	(801) 538-8255

## ACRONYMS & DEFINITIONS

<b>Advance Directive:</b>	A document that directs a doctor as to the type of medical care a person wants to receive if they become unable to make medical decisions.
<b>Capacity:</b>	A person’s ability to make decisions for themselves.
<b>Conservator:</b>	A legal representative who takes care of a person’s finances if they are not able to do so independently.
<b>Full Guardianship:</b>	A guardian appointed to make virtually all decisions for an incapacitated person.

<b>Guardian:</b>	A legal representative appointed by the court to make medical, housing and other types of decisions on behalf of a person who is unable to make these decisions.
<b>Incapacitated Person:</b>	A person who, as a result of a mental illness, developmental disability, physical illness or disability, alcoholism, substance abuse or other cause, lacks sufficient understanding or capacity to make or communicate responsible decisions concerning him or herself.
<b>Informed Consent:</b>	A person's ability to understand and agree to the risks and benefits of medical procedures.
<b>Letters of Guardianship:</b>	The formal document issued by the court that grants guardianship and outlines the authority of rights of the guardian.
<b>Limited Guardianship:</b>	A guardian appointed to make only those decisions specified in a court order granting the guardianship.
<b>Notice of Guardianship Petition and Hearing:</b>	A legal document that notifies all interested parties that someone is asking the court to be a legal representative of another person.
<b>Public Guardian:</b>	A person or agency that serves as a guardian for an individual who cannot make decisions for themselves and who have no family members, friends or other responsible persons to serve as their guardian. The public guardian is court ordered.
<b>Special Power of Attorney:</b>	A document a person fills out that details who will make decisions for them if they are unable to do so themselves.
<b>Substituted Judgment:</b>	The way the appointed legal representative makes a decision, on behalf of the person they represent, as they understand that person would have made the same decisions when they were able.
<b>Ward:</b>	A person subject to a limited or full guardianship (A term that is often used to refer to a person who is subject to both a guardianship and conservatorship).

# DIVISION OF AGING AND ADULT SERVICES (DAAS)

## WHAT DOES DAAS DO?

Administers, contracts, and monitors services to aging and disabled adults, and investigates abuse, neglect and exploitation of vulnerable adults. This is done primarily through two major program areas:

- **Adult Protective Services**
- **Aging Services**
  - Older American Act Services
  - Nutrition Programs for the Elderly
  - Health Insurance Information
  - Long-term Care Ombudsman
  - Home & Community Based Medicaid Waiver Program for the Elderly
  - (Also known as the Waiver Program)
  - Senior Community Service Employment Program
  - The Alternatives Program
  - Utah Family Caregiver Support Program
  - Senior Centers

## **ADULT PROTECTIVE SERVICES (APS)**

- Adult Protective Services (APS) within the Division of Aging and Adult Services investigates allegations of abuse, neglect, or exploitation of vulnerable adults.
- APS, where appropriate, provides short-term, limited protective services with the permission of the affected vulnerable adult or the guardian of the vulnerable adult.

## WHO IS ELIGIBLE FOR ADULT PROTECTIVE SERVICES?

Any vulnerable adult.

## WHO IS A "VULNERABLE ADULT"?

- An elder adult, defined as anyone 65 years of age or older.
- An adult 18 years of age or older who has a mental or physical impairment which substantially effects that person's ability to:
  - provide personal protection;
  - provide necessities such as food, shelter, clothing, or mental or other health care;
  - obtain services necessary for health, safety, or welfare;
  - carry out activities of daily living;
  - manage the adult's resources; or
  - comprehend the nature and consequences of remaining in a situation of abuse, neglect or exploitation

## WHO IS REQUIRED TO REPORT ABUSE, NEGLECT AND EXPLOITATION OF A VULNERABLE ADULT?

Any person who has reason to believe that a vulnerable adult has been the subject of abuse, neglect, or exploitation is required to immediately notify Adult Protective Services Intake or the nearest law enforcement agency.



Any person who willfully fails to report suspected abuse, neglect, or exploitation of a vulnerable adult is guilty of a Class B misdemeanor.

## IF I AM AWARE OF AN ADULT PROTECTIVE SERVICE ISSUE AND I REPORT IT, CAN I BE HELD LIABLE IN ANY WAY?

The law states, “Anyone who in good faith makes a report or otherwise notifies a law enforcement agency, the division, or Adult Protective Services, of suspected abuse, neglect, or exploitation is immune from civil and criminal liability in connection with the report or other notification.” UCA § 62A-3-305 (3) and 76-5-111.1 (2).

## HOW DO I DECIDE IF SOMEONE IS BEING ABUSED, NEGLECTED OR EXPLOITED?

The reporting requirement states, “...any person...who has **reason to believe...**” It is not necessary to confirm abuse, neglect, or exploitation in order to report it; Adult Protective Services is responsible for confirming allegations.

## WHAT HAPPENS AFTER A REFERRAL IS MADE?

When Adult Protective Services receives an allegation of abuse, neglect or exploitation:

- A determination is made as to whether the information received constitutes a referral and if that referral constitutes an emergency.
- If it is an emergency, Adult Protective Services is required to initiate the investigation within one working day.
- If it is not an emergency, the investigation is initiated within three working days. This determination is made at intake prior to case assignment. The case is then assigned to an investigator.
- It is the responsibility of the investigator to initiate the investigation. The investigator gathers information regarding the allegations.
- The worker then makes a determination based on all information if there is a need for protection.
- If the answer is “no,” the case is closed.
- If the answer is “yes,” the client is assisted in obtaining services or benefits as appropriate.
- Protective services may be provided for a vulnerable adult, either with the consent of the vulnerable adult or the vulnerable adult’s guardian or conservator, or by court order.
- The referent will be notified once the investigation is underway.



All services, to include the investigation, are voluntary and cannot be forced upon a competent adult.

## WHAT CAN APS DO?

- Operate an intake system for receiving and screening reports of abuse, neglect or exploitation.
- Investigate reports of abuse, neglect or exploitation.
- Perform needs assessments.
- Coordinate with and refer to community resources for services.
- Provide short-term limited services when family or community resources are not available to provide protection.

## WHAT CAN'T APS DO?

- Take custody of an adult.
- Place, under APS authority, an adult in a nursing home or other facility.
- Provide any service, including the investigation, without the voluntary consent of the alleged victim or their guardian or conservator unless court ordered to do so.

## WHAT IF AN INDIVIDUAL REFUSES SERVICES?

- Adults have the right to make personal choices and decisions. This self-determination gives them the right to make decisions that might not appear to be in their best interests.
- If services are provided by Adult Protective Services, the adult must knowingly and voluntarily accept them without any coercion.
- If the adult subsequently withdraws consent for those services, they will be discontinued.
- Involuntary protective services may only be provided when the court has determined that the adult lacks the capacity to consent.



- APS provides a Central Intake, which handles all calls and referrals of alleged abuse, neglect, or exploitation of vulnerable adults.
- **To report abuse and neglect contact:**
  - Salt Lake County: (801) 538-3567
  - Statewide: 1(800) 371-7897
  - FAX: (801) 715-3428
  - Web: [www.hsdaas.utah.gov/ap\\_referral.htm](http://www.hsdaas.utah.gov/ap_referral.htm)

## AGING SERVICES

An array of services and activities designed to permit seniors to:

- Remain independent
- Provide opportunities for socialization with others of their own age
- Age in safety and dignity

### WHO IS ELIGIBLE?

- Generally, all individuals 60 years and older.
- Exceptions will be noted in individual program descriptions.



Most programs give preference to seniors with the greatest economic and social needs with particular attention to low-income minorities and seniors in rural areas.

### WHO PROVIDES AGING SERVICES PROGRAMS?

- DAAS contracts with local governments throughout the state who operate Area Agencies on Aging (AAA).
- AAAs plan, develop, and deliver services in their geographic areas.
- Contract funds are distributed on a formula basis.

### **OLDER AMERICAN ACT SERVICES**

The Older American Act outlines services for all people 60 and older are eligible. These services include:

- Case management – assessment and referral by a worker who can link the client with appropriate community services
- In-home services
- Transportation
- Limited legal services
- Information and assistance/referral
- Personal and home health care
- Telephone reassurance and friendly visits



- Due to funding and provider limitations, not all services are available in all areas of the state.
- There are applicant lists for some services.

### **NUTRITION PROGRAMS FOR THE ELDERLY**

Provides nutritional information and meals.

- Provides seniors with meals that are one-third of the recommended dietary allowances.
- Provides meals at congregate sites so seniors can socialize.
- Meals are delivered to homebound seniors (Meals on Wheels).
- Nutrition screening and assessment is done to determine what nutrition education and counseling is necessary.

### **SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)**

Provides information on the federally funded Medicare Program to help seniors understand:

- The benefits available to them
- How to access benefits to which they are entitled
- The complex billing procedure
- How to appeal a denied claim

Anyone who has questions about Medicare, Medicaid, Medicare Supplemental Insurance or long-term care can call **1 (800) 541-7735** for assistance.

Trained personnel and volunteers are also available at the local AAA. Phone numbers for the local AAAs are available at **1 (800) 541-7735**.



- Some counselors or volunteers are available to meet with seniors in their home – help is also available at the local Senior Centers. Limited information is available on the DAAS website, [www.hsdaas@utah.gov](mailto:www.hsdaas@utah.gov).
- The toll-free 1-800 numbers have been adjusted to allow calls to be answered in the area closest to where the senior lives.

## LONG-TERM CARE OMBUDSMAN

Strives to improve the quality of life of nursing home and assisted living residents by resolving complaints and providing information about the resident's rights and long-term care services.

These services include:

- Resident advocacy
- Mediation
- Investigation
- Education

### WHAT CONCERNS DOES THE OMBUDSMAN GENERALLY ADDRESS IN REGARDS TO THE RESIDENTS' QUALITY OF LIFE IN A LONG-TERM FACILITY?

- Problems with the activities of daily living (also known as ADLs), such as eating, bathing, brushing teeth, dressing, etc).
- Investigate issue of abuse, neglect or exploitation.
- Advocates and mediates for residents' rights.



- Contact the Ombudsman before making arrangements to live in a facility or place a client.
- Contact the Ombudsman whenever the facility is not resolving concerns about quality of life or quality of care.
- The Ombudsman service is for seniors over 60 who reside in a nursing home or assisted living facility. To resolve an issue for a person younger than 60, please call The Disability Law Center or Utah Legal Services.

### HOW TO CONTACT THE OMBUDSMAN?

- A poster in each long-term care facility has the phone number of the local Ombudsman.
- Call the State office at 801-538-3910 or 1-877-424-4640 to find a local number.
- Call your local county Aging office.
- Phone numbers are listed on the website: [www.hsdaas.utah.gov/ombudsman/index.html](http://www.hsdaas.utah.gov/ombudsman/index.html)

## HOME & COMMUNITY BASED MEDICAID WAIVER PROGRAM FOR THE ELDERLY

Assists seniors to live in their own home, rather than in a nursing home, by providing supportive and in-home services such as:

- **Supplemental Meals:** Meals on Wheels.
- **Chore Services:** Home services required by frail seniors that may include lawn care, minor repairs, snow removal, woodcutting, etc.
- **Homemaking Assistance:** Services that provide assistance in maintaining the client's home environment and home management.
- **Personal and Home Health Care:** Assistance with activities of daily living in a home setting.
- **Adult Day Care:** Group care during the daytime hours where adults can socialize, receive lunch, and engage in activities in a supervised setting.
- **Case Management:** Assessment, reassessment, determination of eligibility, development of a care plan, ongoing documentation, arranging client specific services, client monitoring and follow-up. Case management may include linking the client with appropriate community services.

## WHO IS ELIGIBLE?

Adults who meet the following requirements:

- Age 65 or older
- An assessment by a registered nurse determines if nursing home level of care standards are met
- Income and asset standards established by Health Care Financing



This is not an entitlement program and a limited amount of funds are available, therefore, some eligible seniors may be placed on an applicant list.

## WHO PROVIDES THESE SERVICES?

A Case Manager from the Area Agency on Aging (AAA) who has been approved by Medicaid as a waiver provider coordinates all services.



While waiver services are available in all areas of the state, the array of services may vary depending upon the availability of a certified provider.

## **SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

Provides training opportunities and limited subsidized part-time employment. The goal is to provide skills needed for unsubsidized employment.

## WHO IS ELIGIBLE?

Low-income adults, age 55 and older.

## HOW IS A REFERRAL MADE TO THE PROGRAM AND WHERE DO I CALL FOR SERVICES?

- Intake/referral is conducted by a representative of either the U.S. Forest Service or Green Thumb located in each office of the Department of Workforce Services.
- In Salt Lake County, a representative of the Senior Employment Program will do the intake at the Department of Workforce Services.
- In addition, services are available at the following AAAs:
  - Salt Lake County Aging Services: (801) 468-2454
  - Davis Aging Services: (435) 451-3770
  - Weber-Morgan Aging Services: (435) 625-3770
  - San Juan Area Agency on Aging: (435) 587-3225

## WHAT SERVICES ARE OFFERED?

- Limited subsidized part-time employment in public and not for profit organizations to enable the senior to gain skills needed for employment opportunities.
- A complete physical examination.
- Career counseling.
- Basic skills and interests assessment.



- Some programs offer work related training programs including basic computer skills, interviewing techniques, resume drafting, and English as a second language.
- All subsidized employment is part-time and is intended to be for a short time frame during which the senior can learn skills needed to secure full time employment. All positions pay minimum or slightly higher and most do not have any benefits.

## THE ALTERNATIVES PROGRAM

Provides home-based and supportive services to enable seniors to remain independent in their own homes. The program is an alternative to placement in a long-term care facility.

## WHO IS ELIGIBLE?

- Those adults who meet asset and income standards and are at medium to high risk of requiring care in a nursing home.
- A trained representative of an AAA using the DAAS approved assessment must perform assessments.



Most of these clients will be 60 and above but sometimes a disabled adult 18 or over can qualify.

## HOW ARE SERVICES OBTAINED?

By contacting the local AAA. Each AAA has an intake and assessment team.



- This is not an entitlement program and funds are limited; therefore, an eligible person may be placed on an applicant list.
- All clients are required to participate in paying for services.
  - Fees are based upon the client's and spouses adjusted income.
  - In special circumstances, the AAA Director may waive the fee payment.
  - If the client's income and/or assets preclude them from being eligible for the Alternatives Program, the client may obtain services by paying the actual costs.

## WHAT TYPES OF SERVICES ARE AVAILABLE IN THE ALTERNATIVES PROGRAM?

- Case management
- Home delivered meals
- Chore services
- Personal Care Aides
- Adults Day Care
- Homemaking assistance
- Transportation
- Emergency Response Systems

## WHO PROVIDES THE SERVICES?

Case management services are provided by the local AAA who contracts with local community providers. Every effort is made to involve the client's family in the care provided to the client.



While services are available in all areas of the state, the actual array of services will vary from area to area.

## **UTAH FAMILY CAREGIVER SUPPORT PROGRAM (UCSP)**

Provides information, assistance, support, caregiver training, counseling, respite, and supplemental services to:

- Caregivers of adults 60 years or older suffering from chronic, long-term illness or conditions
- Caregivers 60 years of age or older who are caring for persons with an intellectual disability and related developmental disabilities
- Grandparents 55 years of age or older, and other relative caregivers of minor children, where the level of care giving responsibilities creates stress and other sources of informal relief are not sufficient

## WHO IS ELIGIBLE?

- Adults who meet the criteria found in the DAAS approved assessment tool.
- Services are also provided to family caregivers, and older individuals who are relative caregivers.
- Priority is given to:
  - older individuals who are in greatest social and economic need (with particular attention to low-income older individuals)
  - those residing in a rural or geographically isolated area
  - older individuals providing care and support to persons with an intellectual disability and related developmental disabilities.
  - Grandparents age 55 years of age or older raising grandchildren (age 18 – 59 years of age or older) with disabilities.
  - Adult family members (age 18 years of age or older) or other adult informal caregivers providing care to individuals of any age with Alzheimer's disease and related disorders.
- There may be a waiting list for individuals to receive respite care or supplemental services.

## WHAT SERVICES ARE OFFERED?

Services available to assist caregivers fall into 5 categories:

- Information to caregivers about available services

- Individual, one-on-one assistance to caregivers in gaining access to the services in the form of information and assistance or case management
- Individual counseling, organization of support groups, and caregiver training to caregivers in making decisions and solving problems relating to care giving roles
- Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities
- Supplemental services, on a limited basis, to complement the care provided by caregivers

#### ARE THERE COSTS INVOLVED?

- There are no fees for these services – clients may be encouraged to participate in voluntary contributions for respite services and supplemental services.
- Services will not be denied if individuals do not participate in voluntary contributions.

#### HOW ARE SERVICES OBTAINED?

Services are obtained by contacting the local AAA.



- Utah Caregiver Support Program provides services for caregivers of individuals who may otherwise be placed in nursing home.
- The intent is to make the caregiving experience less stressful for the caregiver, so they may provide in-home and community based services for the person needing care.

### **SENIOR CENTERS**

Provide a gathering place for older citizens to help prevent isolation and loneliness and keep seniors physically active and mentally alert.

#### WHO IS ELIGIBLE?

- All senior citizens 60 years of age and older
- Spouse and disabled children of a person age 60 or older



Some basic demographic information will be requested from all participants.

#### WHO PROVIDES THE SERVICES?

- DAAS contracts with the AAAs to deliver services.
- Many Senior Centers are owned by local communities, who then contract with the AAA to provide services.

#### WHAT SERVICES ARE PROVIDED?

Most Senior Centers offer the following activities if funding permits:

- Physical activities like sports and fitness
- Field trips and other travel
- Interest groups
- Meals meeting the one-third Recommended Dietary Allowances and nutrition programs

- Adult education such as computer/educational classes
- Recreation activities
- Arts activities
- Health and wellness related services
- Information and assistance
- Transportation services to senior centers and medical appointments.
- Volunteer opportunities
- Employee assistance

In many communities, Senior Centers are engaged in:

- Volunteering with children and youth
- Tutoring and mentoring
- Storytelling and other educational activities
- Sharing life's experiences with youth

### WHERE ARE SERVICES LOCATED?

- There are 108 Senior Centers throughout the state. Local AAAs help provide or refer seniors to the appropriate place for services.
- Contact the local AAA for addresses, phone numbers and hours of operation.

DESIGNATED AREA AGENCIES ON AGING		
<p><b>Bear River Area Agency on Aging</b>  <u>Box Elder, Cache, Rich</u>            Michelle Benson, Aging Services Dir.            170 North Main            Logan, Utah 84321            Phone: (435) 752-7242 or 1-877-772-7242            Fax: (435) 752-6962            E-mail: <a href="mailto:michelleb@brag.dst.ut.us">michelleb@brag.dst.ut.us</a>            Website : <a href="http://www.brag.utah.gov">www.brag.utah.gov</a></p>	<p><b>Davis County Bureau of Health Promotions and Senior Services</b>  <u>Davis</u>            Sally Kershnik, Director            22 South State            (P.O. Box 618 – Farmington, Zip 84025)            Clearfield, UT 84015            Phone: (801) 525-5000            Fax: (801) 451-3434            E-mail : <a href="mailto:skershnik@co.davis.ut.us">skershnik@co.davis.ut.us</a>            Website : <a href="http://www.co.davis.ut.us/agingservices">www.co.davis.ut.us/agingservices</a></p>	<p><b>Five-County Area Agency on Aging</b>  <u>Beaver, Garfield, Iron, Kane, Washington</u>            Carrie Schonlaw, Director            1070 West 1600 South            (PO Box 1550, ZIP 84770)            St. George, Utah 84771            Phones: (435) 673-3548 (St. George)            Phones: (435) 586-2975 (Cedar City)            Phones: (435) 676-2281 (Panguitch)            Fax: (435) 673-3540            E-mail: <a href="mailto:cschonlaw@fivecounty.utah.gov">cschonlaw@fivecounty.utah.gov</a></p>
<p><b>Mountainland Department of Aging &amp; Family Services</b>  <u>Summit, Utah, Wasatch</u>            Scott McBeth, Director            586 East 800 North            Orem, Utah 84097-4146            Phone: (801) 229-3800            Fax: (801) 229-3671            E-Mail: <a href="mailto:smcbeth@mountainland.org">smcbeth@mountainland.org</a>            Website: <a href="http://www.mountainland.org">www.mountainland.org</a></p>	<p><b>Salt Lake County Aging Services</b>  <u>Salt Lake</u>            Sarah Brenna, Director            2001 South State, #S 1500            Salt Lake City, Utah 84190-2300            Outreach: (801) 468-2480            Phone: (801) 468-2454            Fax: (801) 468-2852            E-mail: <a href="mailto:sbrenna@slco.org">sbrenna@slco.org</a>            Website: <a href="http://www.slcoagingservices.org">www.slcoagingservices.org</a></p>	<p><b>San Juan County Area Agency on Aging</b>  <u>San Juan</u>            Tammy Gallegos, Director            117 South Main (P.O. Box 9)            Monticello, Utah 84535-0009            Phone: (435) 587-3225            Fax: (435) 587-2447            E-mail: <a href="mailto:tgalegos@sanjuancounty.org">tgalegos@sanjuancounty.org</a></p>
<p><b>Six County Area Agency on Aging</b>  <u>Juab, Millard, Piute, Sanpete, Sevier, Wayne</u>            Scott Christensen, Director            250 North Main, Room 5            P.O. Box 820            Richfield, Utah 84701            Phone: (435) 893-0700            Fax: (435) 896-6951            E-Mail: <a href="mailto:schristensen5@sixcounty.com">schristensen5@sixcounty.com</a></p>	<p><b>Southeastern Utah AAA</b>  <u>Carbon, Emery, Grand</u>            Maughan Guymon, Director            Technical Assistance Center            375 South Carbon Avenue            (P.O. Drawer 1106)            Price, Utah 84501            Phone: (435) 637-4268 or 5444            Fax: (435) 637-5448            E-mail: <a href="mailto:mguymon@seualg.dst.ut.us">mguymon@seualg.dst.ut.us</a></p>	<p><b>Tooele Div. of Aging &amp; Adult Services</b>  <u>Tooele</u>            Josh Maher, Director            59 East Vine Street            Tooele, Utah 84074            Phone: (435) 882-2870 ext 124            Fax: (435) 882-6971            E-mail: <a href="mailto:jmaher@co.tooele.ut.us">jmaher@co.tooele.ut.us</a></p>
<p><b>Uintah Basin Area Agency on Aging</b>  <u>Daggett, Duchesne</u>            Louise Warburton, Director            330 East 100 South            Roosevelt, Utah 84066            Phone: (435) 722-4518            Fax: (435) 722-4890            E-mail: <a href="mailto:louisew@ubaog.org">louisew@ubaog.org</a></p>	<p><b>Uintah County Area Agency on Aging</b>  <u>Uintah County</u>            Louise Martin, Director            155 South 100 West            Vernal, Utah 84078            Phone: (435) 789-2169            Fax: (435) 789-2171            E-mail: <a href="mailto:lmartin@co.uintah.ut.us">lmartin@co.uintah.ut.us</a></p>	<p><b>Weber Area Agency on Aging</b>  <u>Morgan, Weber</u>            Kelly VanNoy, Director            237 26<sup>th</sup> Street, Suite 320            Ogden, UT 84401            Phone: (801) 625-3771            Fax: (801) 778-6830            E-mail: <a href="mailto:kellyv@weberhs.org">kellyv@weberhs.org</a></p>

### ADMINISTRATION

#### Mailing & Street Address:

195 North 1950 West  
 Salt Lake City, Utah 84116  
 (801) 538-3910; Toll Free: 1-877-424-4640; Fax (801) 538-4395

Nels Holmgren	Director	(801) 538-3910
Michael Styles	Assistant Director	(801) 538-3910
Nan Mendenhall	Director (APS)	(801) 538-3910
Terri Ruesch	Administrative Secretary	(801) 538-3919

## ACRONYMS & DEFINITIONS

<b>AAA:</b>	<b>Area Agency on Aging.</b> The governmental organization designated by the Division as being responsible for providing the Older Americans Act and related services to seniors. There are 12 AAAs in Utah.
<b>ADLs:</b>	<b>Activities of Daily Living.</b> Eating, bathing, brushing teeth, dressing, etc.
<b>Abuse:</b>	Cause physical injury and/or emotional or psychological harm.
<b>Adult Day Care:</b>	A variety of health, social, recreational, and related support services in a protective setting for functionally impaired adults.
<b>Case Management:</b>	Assessment, reassessment, determination of eligibility, development of a care plan, ongoing documentation, arranging client specific services, client monitoring and follow-up. Case management may include linking the client with appropriate community services.
<b>Chore Services:</b>	Home services required by frail seniors that may include lawn care, minor repairs, snow removal, wood cutting, etc.
<b>CMS:</b>	<b>Center for Medicare and Medicaid Services.</b> The federal organization responsible for administering the Medicare and Medicaid programs.
<b>Coinsurance:</b>	Percentage of the Medicare approved amount the client has to pay after the deductible is paid.
<b>Exploitation:</b>	When someone takes assets, funds, credit or other valuables from a vulnerable adult for their own benefit.
<b>Frailty:</b>	A clinical description of a person's physical or cognitive condition that impairs their ability to perform activities of daily living.
<b>Home-Delivered Meals:</b>	Commonly referred to as, " <b>Meals on Wheels</b> ," these are daily meals delivered to eligible homebound seniors.
<b>SHIIP:</b>	<b>Senior Health Insurance Information Program.</b> Assists seniors and disabled adults in understanding their choices for health insurance and prescription drug plans.
<b>Homemaking Assistance:</b>	Services which provide assistance in maintaining the client's home environment and home management.
<b>In-Home Services:</b>	Non-medical services provided to people in their homes who

cannot take care of themselves and would qualify for nursing home services.

**Legal Services Developer:** Helps seniors understand their legal rights and how the law can help them.

**Limited Legal Services:** Services include age discrimination, consumer fraud, estate planning and simple wills, home ownership and housing issues, guardianship and payee issues.

**Medicare Part A:** The government health insurance program that pays for inpatient hospital care for seniors. Most seniors are eligible for this insurance coverage at no cost.

**Medicare Part B:** The government health insurance program that pays for doctor bills, outpatient care and other medical services for seniors. There is a monthly premium for this coverage.

**NPE:** **Nutrition Program for the Elderly.** The official name for the congregate and home-delivered meals programs funded by the federal government.

**Neglect:** Failure of a caretaker to provide care necessary for an adult's well-being.

**Ombudsman:** Ensures nursing homes and other long-term care facilities are safe and good places for seniors to live by investigating complaints and working with seniors, APS and the nursing home to fix the problem.

**Personal Care Aides:** Person qualified to assist a frail senior perform activities of daily living in a home setting and may include bathing, dressing, getting in and out of bed, etc.

**Personal and Home Health Care:** Assistance with activities of daily living in a home setting.

**SCSEP:** **Senior Community Service Employment Program.** Provides training opportunities and subsidized part-time employment for eligible seniors 55 years and older.

**Self-Neglect:** Failure of a vulnerable adult to provide for his or her health, safety and well-being.

**Senior Centers:** A gathering place for those over age 60 to participate in exercise, learning opportunities, games, crafts and noon meals.

**Title V:** Section of the Older Americans Act that authorized the senior employment program (also known as SCSEP—see above).

**Transportation:** Scheduled transport to senior centers, medical clinics, etc.

# DIVISION OF CHILD AND FAMILY SERVICES (DCFS)

## WHAT DOES DCFS DO?

Protects children from abuse, neglect, or dependency and serves families experiencing domestic violence.

## HOW ARE ABUSE, NEGLECT, AND DEPENDENCY DEFINED?

### **Abuse:**

- Physical harm to a child that is not accidental, such as bruises, welts, burns, cuts and broken bones.
- Sexual contact including rape, sodomy, and fondling. Sexual exploitation including use of children for pornography and prostitution.
- Demeaning or derogatory remarks that significantly affect the child's development such as: threatening, rejecting, and terrorizing behavior or language, pattern of psychologically destructive behavior.

### **Neglect:**

- Lack of care by parents that causes harm to a child, including lack of food, clothing, shelter, supervision or medical attention.
- Educational neglect is the failure to ensure a child receives an appropriate education.

### **Dependency:**

- A child who is homeless or without proper care through no-fault of the parent – which may mean the parent is in jail or in the hospital and is unable to care for the child.
- The child may also be dependent due to the parent's lack of resources or knowledge that is needed in order to care for the child.

## WHAT IS THE PHILOSOPHY OF DCFS?

The Practice Model Principles and Skills provide the philosophy and framework for how DCFS caseworkers do their jobs. It is a way of doing business and the way caseworkers relate to families and to their partner agencies.

- The **Principles** are the foundation of work in DCFS; the philosophy behind how the division operates. They include:
  - Protection
  - development
  - permanency
  - cultural responsiveness
  - partnership
  - organizational competence
  - professional competence
- The **Skills** are the techniques and tasks caseworkers use to help families achieve their goals. They include:
  - Engaging
  - teaming
  - assessing
  - planning
  - intervening

### Practice Model Principles

The seven principles provide the foundation and philosophy for how caseworkers do their jobs.

- **Protection** – Children’s safety is paramount; children and adults have a right to live free from abuse.
- **Development** – Children and families need consistent nurturing in a healthy environment to achieve their development potential.
- **Permanency** – All children need and are entitled to enduring relationships that provide a family, stability and belonging, and a sense of self that connects children to their past, present and future.
- **Cultural Responsiveness** – Children and families are to be understood within the context of their own family rules, traditions, history, and culture.
- **Partnership** – The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.
- **Organizational Competence** – Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.
- **Professional Competence** – Children and families need a relationship with an accepting, concerned, empathic worker who can confront difficult issues and effectively assist them in their process toward positive change.

### Practice Model Skills

The five skills are the techniques and tasks case workers use to help families achieve their goals.

- **Engaging** – Establishing a trusting relationship with children, parents, family supports, and other professional partners for the purpose of sustaining the work that is to be accomplished together.
- **Teaming** – Assembling a team with the child and family. The Child and Family Team is chosen with the family and includes the family’s formal and informal supports who will assess and plan with the family at Child and Family Team Meetings. Child welfare is a community effort that requires a team.
- **Assessing** – Working with the family to find the strengths that the family has and can use to meet their needs. The Functional Assessment uses the practice principles to guide the gathering of different types of information with the family and from professionals who also are team members. Assessment information is shared within the team to assess needs that will be addressed in the Child and Family Plan.
- **Planning** – Using assessment information to plan with the child and family team to create an individualized plan that addresses the family’s strengths and needs and provides support for making changes. A planning cycle includes:
  - assessing strengths and needs of the child and family
  - assessing resources within and outside the team
  - agreeing on desired results
  - agreeing on steps to be taken by the team
  - evaluating the effectiveness of the plan
  - reworking the plan as needed
  - celebrating successes
  - making decisions about implementation effectiveness

The Child and Family Plan includes four components: The Family Development Plan, Safety Agreements, Transitions Plans, and Crisis Plans.

- **Intervening** – Interacting with children and families in ways that will decrease risk, provide for safety, promote permanence, and establish well being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent’s pattern of thinking about their child. The primary intervention is to create a “wraparound” process for the family based on Child and Family Team planning that supports a family after the agency involvement is over.

#### WHO IS ELIGIBLE FOR DCFS SERVICES?

- Children, ages 0-18, who are at risk of or who have experienced abuse, neglect, or dependency
- Victims/families of domestic violence



- The following are not eligible for services through DCFS:
  - an ungovernable or out of control teenager
  - a truant child
  - a child who is violating curfew
  - a child who is a runaway
- Some of the children in custody of DCFS may have these types of problems but there must be abuse, neglect or dependency issues in order for DCFS to be involved.

#### WHAT SERVICES DOES DCFS PROVIDE?

- Child Protective Services (CPS)
- Out-of-Home Care
- In-Home Services
- Adoption Services
- Domestic Violence Services
- Prevention Services

#### **CHILD PROTECTIVE SERVICES**

- Receives reports of possible abuse, neglect, or dependency.
- Investigates the reports.
- Determines whether the child is at risk for further harm.
- Provides temporary shelter care if it is necessary to remove a child from his/her home.



CPS is the most likely entry point for services that provide for the safety and well being of a child and family.

#### HOW IS ABUSE/NEGLECT REPORTED? WHAT IS A REFERRAL?

Utah law requires any person who has reason to believe that a child has been subjected to abuse, neglect, or dependency to immediately notify the **nearest DCFS office, a peace officer, or law enforcement agency**. This is called a **Referral**.



Abuse, neglect, or dependency of a child can be physical, emotional, or sexual.

The Child Abuse Hotline, available 24 hours a day, should be contacted to **report abuse/neglect:**

Salt Lake County: (801) 281-5151

Davis County: (801) 544-1298

Statewide: (800) 678-9399

#### WHAT HAPPENS WHEN A REFERRAL IS MADE?

Based on information gathered during the referral, the intake worker assesses the immediate risk/danger to the child and determines a "priority". The priority determines the timeframe in which DCFS will respond to the referral.

**Priority #1:** The child is in immediate need of protection—a face-to-face contact with the victim is required within 60 minutes (or within 3 hours if in a rural setting)

**Priority #2:** Physical evidence is at risk of being lost without quick contact—a face-to-face contact must be made within 24 hours

**Priority #3:** Low risk to the child which requires face-to-face contact by midnight of the 3<sup>rd</sup> working day

After the priority is determined, the case is assigned to a CPS caseworker for a Protective Service Investigation.

#### WHAT IS A PROTECTIVE SERVICE INVESTIGATION?

- Child Protective Service investigations assess whether abuse or neglect has occurred and determine: 1) the risk of further harm, and 2) the family's strengths that decrease the risk and increase safety for the child.
- The investigation includes face-to-face contact with the victim, interviews with those having information about the child/family situation, gathering records and personal information, and collecting evidence to determine the validity of the referral.
- At the conclusion of the investigation, the CPS caseworker determines if the referral is either:
  - **Supported:** the allegations of abuse/neglect occurred.
  - **Unsupported:** information was unavailable or insufficient to support the allegations.
  - **Without Merit:** the allegations were determined to be false.

#### WHAT HAPPENS IF THE INVESTIGATION FINDS THAT ABUSE, NEGLECT, OR DEPENDENCY HAS OCCURRED?

- If the threat to the child's safety is low, the child may be left in the home and the family receives **In-Home Services**.
- If the risk is high and further harm seems likely, the child may be removed from the home immediately and placed in a temporary shelter. The child and family then receive **Out-Of-Home Services**.
- In instances where there is insufficient evidence to determine if abuse occurred, the case is closed without further intervention.



While removing the child from home to a safe place may seem the fastest, most certain way of guaranteeing the child's safety, it is also the most traumatic and disruptive intervention for both the child and the family.

For this reason, a child may not automatically be removed from home if abuse/neglect is found. If the risk of further harm is determined to be low, services may be offered in the home instead.

## HOW DOES DCFS PLAN SERVICES FOR CHILDREN AND FAMILIES RECEIVING ITS SERVICES?

When a child and family receive In-Home or Out-of-Home Services a Child and Family Team is established for the child. This Team develops a unified Child and Family Plan.

## HOW DOES A CHILD AND FAMILY TEAM WORK?

- Family members and community partner's work together to develop an intervention and support plan for the child and parents, which will enable the child and parents to live together safely and constructively.
- All people having an interest in or involvement with the child (the child, if 12 or older, parents/guardians, foster parents, education representative, and all support/services agencies) are invited to the Child and Family Team meeting.
- The goal of the meeting is to develop a **unified Child and Family Plan** based on the child and family's identified strengths and needs.
- The plan focuses on the desired outcomes for the child and family, identifies the services needed to assist in achieving the desired results, and ensures that transitions are made appropriately. The plan includes what each team member will do to assist the child and parents.

## IN-HOME SERVICES

- Designed to provide immediate interventions so that the child does not need to be removed from the home.
- Services reduce the risk of re-abuse and neglect and strengthen the family's ability to provide care on its own.
- The intensity of services varies depending on the strengths and needs of the family, as identified by the Child and Family Team.
- In-Home Services include:
  - counseling with parents and friends
  - sex abuse treatment
  - parenting education
  - connection with other resources
  - budgeting and financial help
  - frequent visits with the family
  - crisis intervention
- These services can also be used when a child is being reunified with his or her family after being in out-of-home care.

## OUT-OF-HOME SERVICES

In situations where a child is endangered and services to the family cannot assure protection at home, the child is removed from his/her home and placed in out-of-home care.

## WHY IS A CHILD REMOVED FROM HIS/HER HOME?

- The risk for further abuse is high.
- The child cannot be protected from maltreatment while in the home.
- Not enough safety and protection factors are in place to prevent further harm to the child.



Safety and protection factors include such things as:

- a reliable, stable caregiver
- a home or safe place to live
- a relative or friend who can provide respite when a crisis arises
- sufficient food and clothing
- appropriate utilities in the home
- access to medical care if a medical crisis is indicated, etc.

## WHAT HAPPENS WHEN A CHILD IS REMOVED FROM HIS/HER HOME?

- A **multi-disciplinary staffing** is held within 24 hours after the child is removed to review the circumstances regarding removing the child from home. At this meeting the group discusses: safety and protection issues, availability of family and kinship care, medical/dental/mental health needs of the child, education, appropriate placement and permanency goals, and other pertinent information about the child and family.
- The child is assigned a DCFS caseworker.
- The child is assigned a **Guardian ad Litem (GAL)**. A GAL is:
  - an individual (usually an attorney) that is appointed by the court to represent the child
  - appointed for every child who comes to court on an allegation of abuse/neglect
- Using the information gained at the 24-hour staffing, DCFS makes a recommendation to the Juvenile Court Judge. The Judge determines if the child will be:
  - placed in the temporary custody of DCFS
  - placed in kinship care with a relative
  - placed in an out-of-home placement – foster care, group home, etc
  - returned home - with or without further court jurisdiction or supervision
- A **Child and Family Service Team** is established for each child.

## WHAT ARE OUT-OF-HOME SERVICES?

Services that ensure the child is safe and provide for the child's health and well-being in an appropriate, temporary placement.

## HOW LONG DOES A CHILD REMAIN IN OUT-OF-HOME CARE?

A child remains in an out-of-home placement until reunification, permanent guardianship, adoption, or independent living can be attained. Within the initial 12 months of placement the focus, in most cases, is reunifying the child with the parents.

Utah laws give parents 12 months to make the changes in their lives that would allow their child to safely return to their home. At 12 months, a Judge will review the case and if reunification does not appear imminent other goals such as permanent guardianship, adoption, or individualized permanency may be explored. In some instances, however, when the severity of the abuse is so great, the Judge determines reunification is not appropriate and DCFS seeks other permanency option as described above.

## HOW DOES A CHILD IN DCFS CUSTODY RECEIVE HEALTH SERVICES?

All children in DCFS custody receive a medical, dental, and mental health assessment within 30 days of entering custody. Health services are provided based on needs identified during the assessments.

## WHEN A CHILD IS PLACED IN AN OUT-OF-HOME SETTING, HOW IS THE PLACEMENT FACILITY DETERMINED?

- Children are placed in the least restrictive setting and as close to home as possible, given the type of services needed.
- DCFS will always search to find relatives or kin who are willing and able to care for the child. If a relative can't be found, other options are explored.
- Residential treatment options are available for children and youth who may need more intensive short-term treatment to prepare them to return to a family setting.
- Placement Committees have been created in each region to assist in matching the needs of children to a family or program best suited to meet those needs.

## WHAT TYPES OF OUT-OF-HOME CARE ARE AVAILABLE?

- Kinship Care (care in the home of a relative)
- Foster Care
- Residential/Group Care
- Transition to Adult Living (TAL)

### **KINSHIP CARE**

- Full-time care, nurturing, and protection of a child by relatives when a Court determines the child cannot be cared for safely by his/her parents.
- It is the first option considered when a child must be separated from his/her parents.
- An assessment is conducted to determine the ability and willingness of the relative to provide a safe, stable, nurturing home for the child.
- Three types of kinship care are available:
  - temporary custody and guardianship to the relative and Court-Ordered services provided by DCFS – the relative is referred to the Department of Workforce Services to apply for a “specified relative grant” to assist in caring for the child
  - temporary custody and guardianship to DCFS, licensed foster care with the relative, and Out-of-Home Services provided by DCFS
  - permanent custody and guardianship to the relative and services provided by DCFS when requested by the relative

### **FOSTER CARE**

- Provided to children in State custody who have no relatives with whom they can be placed and cannot immediately return home due to safety issues.
- A temporary placement with a family who will provide safety, nurturing, support, and role models.
- Three levels of foster care exist—basic, specialized, and structured. Children are placed in the different levels based upon the level of care required.
- All foster care families receive training by the Utah Foster Care Foundation prior to placement of a child in their home. Foster parents are required to meet licensing standards and pass a background check (completed for all members of the household ages 18 and older).

## **RESIDENTIAL/GROUP CARE**

- Placements for children who have treatment needs or behavior issues that are too extensive for foster homes.
- Provides a more restrictive environment and intensive treatment services than foster home care.
- Services are provided by private providers and range from group homes to institutional care.

## **TRANSITION TO ADULT LIVING**

Services to prepare youth, ages 14 and over, to transition from foster care to living independently.

## **ADOPTION SERVICES**

- Provide a permanent adoptive home for each child in DCFS custody who is legally available for adoption, and adoption is the most appropriate goal.
- Adoptions may be made by relatives, foster families who have fostered the child, or other families seeking additional children for their family.
- May also provide ongoing support and a monetary adoption subsidy to an adoptive family of a child with special needs to help maintain permanency for the child.
- Post adoption services such as training and support groups are available.

## **DOMESTIC VIOLENCE SERVICES**

Designed to eliminate physical, psychological, and sexual abuse between cohabiting partners and stop the intergenerational cycle of family violence through prevention, treatment, and related services. These services include:

- Emergency Shelter
- Victim/Child Treatment
- Perpetrator Treatment



**1-800-897-LINK (5465)** is a toll free (within Utah) **Information and Referral Hotline** available for any person wanting to obtain information about Domestic Violence resources, including shelter, treatment, advocacy, and legal services.

## **CHILD ABUSE PREVENTION SERVICES**

Designed to prevent the occurrence or recurrence of child abuse, neglect, dependency, or exploitation. DCFS partners with a variety of community-based education and service programs to provide prevention activities including:

- Child Abuse Prevention Education and Advocacy—general information to the public.
- Crisis Respite Care—A place such as a Family Support Center or short-term caregiver where a parent can leave their child for up to 72 hours when the parent feels they might harm the child.
- Parenting Skills and Training Classes—taught either individually or as a group.

### **WHEN IS THE OFFICE OF RECOVERY SERVICES (ORS) INVOLVED WITH A DCFS CASE?**

The caseworker notifies ORS when a child enters custody and the parents are required to meet with ORS within 10 days as ordered by the court to make arrangements for child support (see the ORS section for further information).

## WHAT DO I DO WHEN I HAVE A COMPLAINT ABOUT DCFS SERVICES?

- The best process to use when concerned about a DCFS case is to contact the caseworker or supervisor assigned to the case.
- DCFS also has a constituent service representative who handles concerns and complaints that are brought to the attention of the State Office. For more information about Constituent Services, please contact Sarah Houser at (801) 538-4439.

## WHERE ARE DCFS OFFICES LOCATED?

REGION & COUNTY	REGION ADMIN MAIN OFFICE	OFFICES			
<b>NORTHERN</b> Box Elder Cache Davis Morgan Rich Weber	950 East 25 <sup>th</sup> Street <b>Ogden</b> , 84401-2626 (801) 629-5800 Fax: (801) 629-5866	1050 S Medical Dr, Ste B <b>Brigham City</b> , 84302-4715 (435) 734-4075 Fax: (435) 734-4078	1350 E 1450 S <b>Clearfield</b> , 84015-1611 (801) 776-7300 Fax: (801) 776-7383	115 W Golf Course Rd. Suite B <b>Logan</b> , 84321-5951 (435) 787-3400 Fax: (435) 787-3444	57 West 200 North Bountiful, UT 84010 (801) 397-7640 Fax: (801) 229-0197
<b>SALT LAKE VALLEY</b> Salt Lake Tooele	645 East 4500 South <b>SLC</b> , 84107-2968 (801) 264-7500 * <b>VH</b> Fax: (801) 264-7695	Murray Office 6100 S Fashion Blvd <b>Murray</b> , 84107-6159 (801) 281-5100 Fax: (801) 281-5134	Metro 1385 South State St <b>Salt Lake City</b> , 84115 (801) 468-0057 Fax: (801) 468-0235	<b>Magna Office</b> 3452 S 8400 W Magna, 84044 (801) 252-3560 Fax: (801) 252-3595	Oquirrh Office 2655 S Lake Erie Drive <b>West Valley City</b> , 84120 (801) 952-4100 Fax: (801) 952-4101
		Tooele Office 305 N Main Street <b>Tooele</b> , 84074-1665 (435) 833-7350 SL#: (801) 965-4979 Fax: (435) 833-7345	<b>Adopt / Post Adopt</b> 645 E 4500 S Salt Lake City, 84107 (801) 264-7570 Fax: (801) 264-7695	<b>Court Services</b> 1385 S State Salt Lake City, 84115 (801) 468-0272 Fax: (801) 468-0060	<b>FR Consultants</b> 645 E 4500 S SLC, 84107 (801) 264-7500 Fax: (801) 264-7695
		<b>Transition to Adult Living (TAL)</b> 466 W. Bearcat Drive Salt Lake City, 84115 (801) 488-2620 Fax: (801) 488-2648	<b>Intake</b> 6100 S Fashion Blvd Murray, 84107-6159 (801) 281-5151 Fax: 281-5198		
<b>WESTERN</b> Juab Millard Utah Wasatch Summit	150 East Center ST- 5100 <b>Provo</b> , 84606-3157 (801) 374-7005 * <b>WP</b> Fax: 374-7822	578 East 300 South <b>American Fork</b> , 84003 (801) 492-3320 Fax: (801) 492-3350	39 South 300 East PO Box 1038 <b>Delta</b> , 84624-9001 (435) 864-3869 Fax: (435) 864-2630	55 West 100 North PO Box 589 <b>Fillmore</b> , 84631-4545 (435) 743-6611 Fax: (435) 743-5822	69 North 600 West <b>Heber City</b> , 84032-1648 (435) 657-4200 Fax: (801) 657-4220
		1403 S. Main PO Box 47 <b>Nephi</b> , 84648-1402 (435) 623-7207 Fax: (435) 623-7091	607 East Kirby Lane <b>Spanish Fork</b> , UT 84660 (801) 794-6700 Fax: (801) 794-6733	1106 N 1200 W <b>Orem</b> , 84057 (801) 224-8575 Fax: (801) 426-0623	
<b>SOUTHWEST</b> Beaver Garfield Kane Iron Piute Sanpete Sevier Washington Wayne	856 Sage Drive Suite 7 <b>Cedar City</b> , 84720-1876 (435) 867-2760 * <b>SC</b> Fax: (435) 865-5666	875 North Main St PO Box 72 <b>Beaver</b> , 84713-0072 (435) 438-2280 Fax: (435) 438-5893	106 N 100 E <b>Cedar City</b> , 84720-2608 (435) 865-5600 Fax: (435) 865-5666	310 South 100 East <b>Kanab</b> , 84741-3632 (435) 644-4530 Fax: (435) 644-4535	377A E Riverside Dr. <b>St. George</b> , 84790-6714 (435) 652-2960 Fax: (435) 652-2988
		55 So. Main St #24 <b>Manti</b> , 84642-1349 (435) 835-0780 Fax: (435) 835-0798	665 North Main St PO Box 395 <b>Panguitch</b> , 84759 (435) 676-8867 Fax: (435) 676-8902	201 East 500 North <b>Richfield</b> , 84701-2251 (435) 896-1250 * <b>SR</b> Fax: (435) 896-1260	
<b>EASTERN</b> Carbon Daggett Duchesne Emery Grand San Juan Uintah	475 West Price River Dr, #152 <b>Price</b> , 84501-2838 (435) 636-2360 * <b>EP</b> Fax: (435) 636-0224	522 North 100 East <b>Blanding</b> , 84511-2707 (435) 678-1491 Fax: (435) 678-1472	1052 West Market Dr. <b>Vernal</b> , 84078-2398 (435) 781-4250 Fax: (435) 781-4270	1060 N Desbee Dove Rd PO Box 878 <b>Castle Dale</b> 84513 (435) 381-4730 Fax: (435) 381-4734	Ute Family Center PO Box 1446 86 N. 1500 E. Ballard, UT 84066 435-722-6440
		1165 South Hwy 191 #1 PO Box 1030 <b>Moab</b> , 84532-3062 (435) 259-3720 Fax: (435) 259-3739	350 W. 800 S. <b>Roosevelt</b> , 84066-3701 (435) 722-6550 Fax: (435) 722-6566		

## **OFFICE OF CHILD PROTECTION OMBUDSMAN (OCPO)**

Provides an avenue for consumers of DCFS to voice their concerns about services, and helps to improve services and service delivery systems to consumers by engaging in the following activities:

- Help to mediate and resolve conflicts between consumers, providers and DCFS
- Investigate concerns to ensure adequate services are delivered according to DCFS practice guidelines
- Support and encourage actions that will improve services provided to children and families

### WHAT DOES OCPO DO?

- Mediates conflicts between DCFS consumers and the agencies providing services
- Answers questions and concerns related to DCFS services
- Refers to other agencies, i.e., Attorney General's Office, when appropriate
- Offers options and alternatives
- Contacts DCFS on behalf of the complainant and asks that DCFS responds to the concerns
- If necessary, OCPO can conduct an investigation that will include:
  - A review of DCFS and DHS records
  - Talking with people who have been involved in the DCFS case
  - Written recommendation to DCFS
    - For services that have not provided
    - To improve the manner in which DCFS interacts with you, your family, or your child(ren)
  - A written report detailing the findings of the OCPO investigation
  - Follow up with DCFS to determine the actions taken based on OCPO's recommendations



OCPO is an independent office within the DHS and is not a part of DCFS.

### WHAT DOESN'T OCPO DO?

- Investigate private actions that do not involve DCFS
- Investigate the acts or decisions of courts, judges, or their staff
- Investigate the Office of the Guardian ad Litem or the Office of the Attorney General
- Investigate agencies of the federal government
- Investigate an issue that is already in the appeals process with the Office of Administrative Hearings
- Over-ride the actions of the caseworker or supervisor in the field



- Before contacting OCPO, please try to resolve your concerns with your caseworker and his/her supervisor.
- OCPO will fairly and thoroughly address your concerns – if we cannot provide the outcome you are seeking we will advise you so you may pursue other avenues.
- If OCPO conducts a full investigation on your complaint and you are a subject of our report, we will provide you a written, redacted version of our report.
- If OCPO conducts a full investigation on your complaint and you are not a subject of our report, we will respond via phone, email or memo.

## WHO DO I CALL IF I HAVE QUESTIONS?

### Mailing & Street Address

Office of Child Protection Ombudsman  
195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4589; Toll Free (800) 868-6413  
Fax (801) 538-3942

## ADMINISTRATION

### Mailing Address & Street Address

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4100; Fax: (801) 538-3993

Brent Platt	Director	(801) 538-4100
Charri Brummer	Deputy Director	(801) 538-4100
Staci Ghneim	Deputy Director	(801) 538-4100
Paul Reid	Finance & Information Systems Director	(801) 538-4466
Sarah Houser	Constituent Services	(801) 538-4439
Linda Wininger	Program & Practice Improvement Administrator	(801) 538-4535
Del Bircher	Domestic Violence Program	(801) 538-4273
Marty Shannon	Adoption Program	(801) 538-3913
Judy Hull	Kinship Program Manager	(801) 556-5246
Rodger Williams	Indian Child Welfare Program Manager	(801) 652-1789
Tanya Albornoz	Permanency Program	(801) 538-4316
Chrissy Romo	Administrative Secretary	(801) 538-4089

## ACRONYMS & DEFINITIONS

<b>Best Practice Guidelines:</b>	Statements of policy and procedures used by DCFS when working with children and families.
<b>Child &amp; Family Team:</b>	A team composed of family members, the child, the caseworker, and the out-of-home provider that plans for a child's and family's well-being.
<b>Complainant:</b>	A person who calls the Office of Child Protection Ombudsman (OCPO) with a complaint or concerns about DCFS.
<b>Domestic Violence Related Child Abuse:</b>	A violent interaction (physical or verbal), that occurs in the presence of a child between individuals living in the same home.
<b>Domestic Violence Shelters &amp; Treatment Programs:</b>	Provides a safe haven for victims of domestic violence and offers resources to resolve crisis-related problems.
<b>Educational Neglect:</b>	Failure or refusal by a parent to ensure that a child receives an appropriate education.

<b>Emotional Maltreatment:</b>	Negative, threatening or terrorizing behavior or language that significantly affects a child’s development or well-being.
<b>Environmental Neglect:</b>	Living conditions that are a threat to the physical health or safety of a child.
<b>Failure to Protect:</b>	Failure to take reasonable action to prevent child abuse or neglect.
<b>Fetal Addiction:</b>	Withdrawal symptoms experienced by a child as a result of the mother’s use of harmful substances during pregnancy.
<b>Foster Care Home:</b>	A home that is licensed to provide care to children in the custody and guardianship of the State of Utah.
<b>Foster Care:</b>	Placement of a child in a temporary home when he/she has been removed from their parents for abuse, neglect, and/or dependency. DCFS staff work with the family to resolve concerns that led to the initial removal of the child.
<b>Full Disclosure:</b>	Caseworkers are required to fully inform families of the legal and case planning process involving their child.
<b>GRAMA:</b>	<b>Government Records Access Management Act.</b> The statute that allows the public to obtain copies of government records.
<b>Guardianship:</b>	Provides a permanent living arrangement for the child with a relative or foster parent.
<b>ICAMA:</b>	<b>Interstate Compact on Adoption and Medical Assistance.</b> An agreement that requires a state that provides adoption assistance for a child to also provide Medicaid and social services when a child is residing in another state.
<b>ICPC:</b>	<b>Interstate Compact on the Placement of Children.</b> An agreement that requires a state that has custody of a child to pay for services when a child is placed in another state.
<b>ICWA:</b>	<b>Indian Child Welfare.</b> A federal law that sets minimum standards for state courts to follow in Indian child custody proceedings. It is designed to strengthen and preserve Native American families.
<b>In-Home Services:</b>	Services provided to a family to maintain a child safely in their own home and keep the family together.
<b>Investigation:</b>	The official inquiry into the details of a DCFS case to determine the validity of a complaint.
<b>Kinship Care:</b>	The full-time care of a child provided by a relative when a court determines the child cannot be cared for safely by their parents.
<b>Long-Term View:</b>	A plan for how the child and family will live safely and independently from the child welfare system.
<b>Neglect:</b>	Failure or refusal of a parent, guardian or custodian to provide care necessary for the child’s health, safety or well-being.

<b>Non-Supervision:</b>	Failure of a parent, guardian or custodian to supervise the child's activities consistent with the child's developmental age and maturity.
<b>Ombudsman:</b>	A government official charged with investigating citizen complaints against government.
<b>Out-of-Home Caregiver:</b>	Foster, adoptive and kinship parents that provide care for a child and work with parents to return a child to their family.
<b>Permanency:</b>	A permanent safe and nurturing home for a child with enduring relationships that provide a sense of family, stability and belonging.
<b>Practice Model:</b>	Principles and skills that provide the philosophy and framework for how DCFS caseworkers do their jobs and relate to families and their partner agencies.
<b>Protective Services Counseling:</b>	Services provided to a family in their home on a voluntary basis.
<b>Protective Services Supervision:</b>	Court ordered services to maintain the child safely in their own home.
<b>Recommendation:</b>	The formal manner in which OCPO advises DCFS on ways to improve casework practices.
<b>Response from DCFS:</b>	The official answer by DCFS to the complainant's concerns.
<b>Risk Assessment:</b>	A tool to gather information about the family's strengths and needs that helps a caseworker to determine the degree of potential harm to a child.
<b>SAFE:</b>	DCFS electronic management information system.
<b>Safety Assessment:</b>	A tool used to gather information to determine if a child will be safe and protected.
<b>Shelter Hearing:</b>	A court hearing heard within 72 hours (weekends and holidays excluded) of a child's removal from their home.
<b>Shelter Placement:</b>	Temporary placement of a child in a licensed facility.
<b>TAL:</b>	Transition to Adult Living. Services to youth, ages 14 and older, in foster care that teaches skills needed for successful adult life.

# DIVISION OF JUVENILE JUSTICE SERVICES (JJS)

## WHAT DOES JJS DO?

Provides a continuum of intervention, supervision, and rehabilitation programs to youth offenders while assuring public safety.

## WHO IS ELIGIBLE?

JJS serves two types of youth offenders:

- **Status Offenders**  
Juveniles, ages 8 to 18, who commit acts that are illegal only due to their age, which may include the following:
  - running away from home
  - continually skipping school
  - using tobacco and alcohol
  - violating curfew
  - acting beyond the control of their parents
- **Delinquent Youth**  
Juveniles, ages 10 to 18, who commit misdemeanor or felony acts

## WHAT SERVICES ARE AVAILABLE FOR STATUS OFFENDERS?

JJS operates two types of programs for status offenders:

- Youth Services
- Receiving Centers

## YOUTH SERVICES

- Provides 24-hour crisis counseling to youth and their families in order to keep the family intact and to divert the youth from entering the juvenile justice system. Services are provided at no cost to the youth or family.
- A youth who is experiencing family problems, has run away, is beyond the control of his parents, or committed other status offenses may access Youth Services.
- Upon arrival at the facility, demographic information is gathered and the youth is assessed to determine immediate risk factors, mental health needs, and alcohol and substance use.
- The following services are available at all Youth Service facilities:
  - crisis counseling
  - individual and family therapy
  - group therapy
  - parent and youth support and education groups
  - referral to community agencies
  - assessment
  - short-term voluntary residential placements (Price facility, Castle Country, does not have 24-hour staff, therefore, there are no overnight stays)
- Archway, in Ogden, provides the following additional services:
  - community outreach (conflict resolution, limited in-home counseling, groups)
  - substance abuse prevention (provides transportation to Alcoholics Anonymous and Narcotics Anonymous Groups)
  - social detoxification (in conjunction with Weber Human Services)



Youth services are appropriate for youth who have no delinquent history and have not been adjudicated.

### WHERE ARE YOUTH SERVICES LOCATED?

Youth services programs are for runaway, homeless and ungovernable youth in an effort to resolve family conflict.

<b>Salt Lake County Youth Services Center</b> Contact: Steven Titensor 177 West Price Avenue Salt Lake City, Utah 84115 (801) 269-7500	<b>Vantage Point Youth Services</b> Contact: Scott Taylor 1185 East 300 North Provo, Utah 84606 (801) 373-2215	<b>Davis Youth Services</b> Contact: Jarrett Kelton 1353 North 1075 West, #101 Farmington, Utah 84025 (801) 447-0958
<b>Archway Youth Service Center</b> Contact: Ken Kashiwaeda 2660 Lincoln Avenue Ogden, Utah 84401 (801) 778-6500	<b>Salt Lake County Youth Services Center – South</b> Contact: Ayelet Engleman 1262 West 12700 South Riverton, Utah 84065 (801) 486-3830	<b>Iron County Youth Center</b> Contact: Jill McKinlay 1692 West Harding Ave Cedar City, Utah 84720 (435) 586-1704
<b>Tooele Youth Services Center</b> Contact: Rena Eldredge 23 South Main, Suite 31 Tooele, UT 84074 (435) 843-3226		

Youth Service Programs are also operated out of Receiving Centers in the rural areas of the state and may provide many of the services offered by the above. See list of Receiving Centers below for contact information.

### RECEIVING CENTERS

Receiving Centers are designed to admit youth, taken into custody by law enforcement for status offenses or delinquent acts, who do not meet the Detention Admission Guidelines.

- Youth receive crisis intervention and individual and group counseling.
- Services are offered at no charge.



Law enforcement is the only agency that can place a youth in a Receiving Center.

### HOW DOES A YOUTH LEAVE A RECEIVING CENTER?

Youth are released to parents or a legal guardian unless the parent refuses to take custody or extensive problems exist at home, in which case the youth is referred to Youth Services.

## WHERE ARE RECEIVING CENTERS LOCATED?

<b>Cache Valley Youth Center</b> Contact: John Zizumbo 2051 North 600 West Logan, Utah 84321 (435) 713-6260	<b>Central Youth Center</b> Contact: Glen Ames 449 North Highway 89 Richfield, Utah 84701 (435) 893-2340	<b>Canyonlands Receiving Center</b> Contact: Mel Laws 244 West Old Ruin Road Blanding, Utah 84511 (435) 678-3140
<b>Davis Area Youth Center</b> Contact: Randy Gangwer 2465 N Main, #13A&B Sunset, Utah 84015 (801) 774-8767	<b>Duchesne County Receiving Center</b> Contact: Vacant 28 West Lagoon Street Roosevelt, UT 84066-2841 (435) 722-3226	<b>Iron County Youth Services Center</b> Contact: Jill McKinlay 1692 West Harding Ave Cedar City, Utah 84720 (435) 586-1704
<b>Castle Country Receiving Center</b> Contact: Angie McCourt 1395 South Carbon Ave Price, Utah 84501 (435) 636-4720	<b>Washington Youth Crisis Center</b> Contact: Tami Fullerton 251 East 200 North St. George, Utah 84770 (435) 656-6100	<b>Split Mountain Youth Center</b> Contact: Lynn Whitman 830 East Main Street Vernal, Utah 84078 (435) 789-2045

## WHAT SERVICES AND FACILITIES ARE AVAILABLE FOR DELINQUENT YOUTH?

JJS provides the following services and placements for **delinquent youth**:

- secure detention
- home detention
- observation and assessment
- secure facilities
- work camps
- day/night reporting centers
- community alternative programs
- case management and parole

### SECURE DETENTION

- Provides short-term locked confinement for delinquent youth awaiting adjudication, placement, or serving a sentence as ordered by a Juvenile Court Judge.
- Delinquent youth can only be held in secure detention if they:
  - meet the Statewide Detention Admission Guidelines
  - are ordered into detention by a Juvenile Court Judge
- The Statewide Detention Admission Guidelines are an extensive list of “Holdable Offenses” which specifically outline the offenses (any felonies and some misdemeanors) that will admit a youth into detention.
- Only the Juvenile Court can order a youth into secure detention.
- A Detention Hearing is held within 48 hours of admission to a detention facility. The Juvenile Court Judge determines if the youth should continue in secure detention, be returned home, or placed in a less restrictive placement. The Judge uses the following criteria to make the decision:
  - Is the youth a danger to himself or others?
  - Is the youth at risk of not appearing in court when summoned?



Youth with the following conditions can **not** be admitted to a secure detention facility:

- Ungovernable
- runaway
- out of control
- neglected, abused, abandoned
- attempted suicide
- truant
- possessing or consuming alcohol under age 10

## WHERE ARE DETENTION FACILITIES LOCATED?

<b>Cache Valley Youth Center</b> Contact: John Zizumbo 2051 North 600 West Logan, Utah 84321 (435) 713-6260	<b>Castle Country Youth Center</b> Contact: Angie McCourt 1395 South Carbon Price, Utah 84501-0903 (435) 636-4720	<b>Farmington Bay Youth Center</b> Contact: Bryan PoVey 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620
<b>Salt Lake Valley Detention Center</b> Contact: Vacant 3450 South 900 West Salt Lake City, Utah 84119 (801) 261-2060	<b>Slate Canyon Youth Center</b> Contact: Noela Karza 1991 South State Street Provo, Utah 84606 (801) 342-7840	<b>Southwest Utah Youth Center</b> Contact: Jill McKinlay 270 East 1600 North Cedar City, Utah 84720 (435) 867-2500
<b>Dixie Area Detention Center</b> Contact: Sterling Cabana 330 South 5300 West Hurricane, Utah 84737 (435) 627-2800	<b>Weber Valley Detention Center</b> Contact: Bill Boyle 5470 South 2700 West Roy, Utah 84067 (801) 825-2794	<b>Canyonlands Youth Home</b> Contact: Mel Laws 244 West Old Ruin Road Blanding, Utah 84511 (435) 678-3140
<b>Central Youth Center</b> Contact: Glen Ames 449 No. Highway 89 Richfield, Utah 84701 (435) 893-2340	<b>Split Mountain Youth Center</b> Contact: Lynn Whitman 830 East Main Street Vernal, Utah 84078-2708 (435) 789-2045	

## HOME DETENTION

- Delinquent youth can be confined at home as an alternative to secure detention if they are not a danger to themselves or the community if ordered by a Juvenile Court Judge.
- The youth may leave home only to attend school and/or work and are under the supervision of JJS.
- Home detention is not appropriate for youth who:
  - are serious offenders
  - pose a risk to the community
  - have no charges pending before the Juvenile Court.

## DIVERSION SERVICES

- Non-secure community programs that provide daily supervision of youth who are in JJS custody.
- Appropriate for youth with relatively minor offense histories.
- Youth can remain at home and attend school or work while participating in the program.

## WHERE ARE DIVERSION SERVICES CENTERS LOCATED?

<b>SALT LAKE EARLY INTERVENTION</b> Contact: Donovan Bergstrom 3570 South West Temple Salt Lake City, Utah 84115 (801) 685-5710	<b>DAVIS AREA YOUTH CENTER</b> Contact: Randy Gangwer 2465 North Main Suite 13A&B Sunset, Utah 84015 (801) 774-8767	
<b>DAVIS YOUTH SERVICES</b> Contact: Jarrett Kelton 1353 North 1075 West, Ste. 101 Farmington, Utah 84025 (801) 447-0958	<b>LIGHTNING PEAK</b> Contact: Vacant 1955 S. Dakota Lane Provo, Utah 84606 (801) 370-0503	<b>HOME DETENTION SERVICES</b> Contact: Donovan Bergstrom 3570 South West Temple Salt Lake City, Utah 84115 (801) 685-5708

## **WORK CAMPS**

- Work camps are non-secure residential placements that require delinquent youth to engage in physical labor.
- Work consists of light construction, painting, grounds maintenance, fence and trail building, and snow removal.
- The Juvenile Court Judge can order delinquent youth who have failed to abide by conditions of probation or failed other community programs to a work camp.
- Work hours are credited to the youth's restitution account for the actual work performed.
- Work projects are contracted to government entities or non-profit agencies. Private companies can not contract for work projects.
- Delinquent youth with the following conditions are not appropriate for work camps:
  - violent or predatory youth who may physically assault other residents and/or staff
  - history of emotional or psychological problems
  - suicide risk
  - taking psychotropic medication or other medication for depression

### **WHERE ARE WORK CAMPS LOCATED?**

Genesis is the only stand alone residential work camp operated by JJS. Work programs have also been adopted as features of both residential and nonresidential programs in both secure and non-secure settings.

Genesis Youth Center  
 Contact: Annette Adams  
 14178 South Pony Express Road  
 Draper, Utah 84020  
 (801) 576-6700

## **OBSERVATION AND ASSESSMENT (O&A)**

- A 45-day residential program for delinquent youth placed in the custody of JJS for evaluation, assessment, and treatment planning.
- O&A must be ordered by a Juvenile Court Judge and includes the following services and activities:
  - skill building groups
  - recreation
  - community service projects
  - individualized educational programs
  - counseling
  - assessment, evaluation and testing

### **WHERE ARE O&A FACILITIES LOCATED?**

<b>Farmington Bay Youth Center</b> Contact: Bryan PoVey 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620	<b>Ogden O &amp; A</b> Contact: Marty Mendenhall 145 North Monroe Blvd Ogden, Utah 84404 (801) 627-0326	<b>Salt Lake Male O &amp; A</b> Contact: Debra Rocha 61 West 3900 South Salt Lake City, Utah 84107 (801) 284-0230
<b>Springville O &amp; A</b> Contact: Vanessa Jarrell 205 West 900 North Springville, Utah 84663 (801) 491-0134	<b>Salt Lake Female O &amp; A</b> Contact: Debbie Rocha 61 West 3900 South Salt Lake City, Utah 84107 (801) 284-0230	

(Multi-use facilities with O&A capability: Logan, Vernal, Price, Richfield and St. George)

## **SECURE FACILITIES**

- Long-term locked confinement facilities for serious and habitual delinquent youths.
- Analogous to adult prison.
- Delinquent youth are sentenced for a specific length of time based on the guidelines established by the Youth Parole Authority. The Youth Parole Authority conducts regular progress reviews and determines when the youth can be released.
- Once the Juvenile Court orders a delinquent youth to a secure facility, the jurisdiction for the youth is transferred to the Youth Parole Authority.
- Unlike the adult correctional system, juveniles placed in secure facilities must receive educational and vocational services. Each juvenile must complete an individually designed treatment plan, based on their rehabilitative needs, and complete the court ordered victim restitution, as part of the requirements for release.

### WHERE ARE SECURE FACILITIES LOCATED?

<b>Decker Lake Youth Center</b> Contact: Larry Mendez 2310 West 2770 South West Valley City, Utah 84119 (801) 954-9200	<b>Farmington Bay Youth Center</b> Contact: Bryan PoVey 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620	<b>Mill Creek Youth Center</b> Contact: Jackie Southwick 790 West 12th Street Ogden, Utah 84404 (801) 334-0210
<b>Slate Canyon Youth Center</b> Contact: Noela Karza 1991 South State Street Provo, Utah 84606 (801) 342-7840	<b>S.W. Utah Youth Center</b> Contact: Jill McKinlay 270 East 1600 North Cedar City, Utah 84720 (435) 867-2500	<b>Wasatch Youth Center</b> Contact: Kyle Goudie 3534 South 700 West Salt Lake City, Utah 84119 (801) 265-5830

## **COMMUNITY TRANSITIONAL PROGRAMS**

Non-secure residential and non-residential programs for delinquent youth who have completed long-term secure care or out of state placements and require additional services to transition back into the community.

### WHERE ARE COMMUNITY TRANSITIONAL PROGRAMS LOCATED?

<b>Project Paramount</b> Contact: Dorie Farah 2760 Adams Ave Ogden, Utah 84401 (801) 621-3684	<b>Paramount Reflections</b> Contact: Bryan PoVey 523 Heritage Blvd Suite #2 GONE Layton, Utah 84041 (801) 779-6521	<b>ICAP</b> Contact: Dorie Farah 3520 South 700 West Salt Lake City, Utah 84119 (801) 265-5961
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## **CASE MANAGEMENT AND PAROLE**

- Delinquent youth placed in community placements, O&A, and secure facilities receive case management services that include monitoring, supervision, and implementation of treatment plans.
- The case manager acts as a liaison between the youth, Juvenile Court, parents, and Juvenile Justice Services' programs.
- Parole services are provided to youth after release from a secure facility.
- All delinquent youth in the custody of JJS have an assigned case manager or a parole officer.

## WHERE ARE CASE MANAGEMENT AND PAROLE SERVICES LOCATED?

<b>Ogden Case Management</b> Contact: Mike Shaw 145 N Monroe Blvd Ogden, Utah 84404 (801) 627-0326	<b>Cache Valley Outreach Program</b> Contact: John Zizumbo 115 West Golf Course Rd, Ste E. Logan, Utah 84321 (435) 787-3500; fax: (435) 787-3519	<b>Orem Case Management</b> Contact: Odell Erickson 237 South Mountainland Drive Orem, Utah 84058 (801) 426-7430
<b>Salt Lake Case Management</b> Contact: Ron Harrell 61 West 3900 South Salt Lake City, Utah 84107 (801) 284-0200	<b>Box Elder Outreach Program</b> Contact: John Zizumbo 138 West 990 South Brigham City, Utah 84302 (435) 723-2801, fax: (435) 723-0811	<b>Moab Case Management</b> Contact: Vacant 1165 South Highway 191 #1 Moab, Utah 84532-3062 (435) 259-3733

## DO PARENTS HAVE TO PAY THE COSTS OF CARE IF THEIR CHILD IS PLACED IN JJS CUSTODY?

- Parents whose children are placed in a JJS 24-hour care program are expected to contribute financial support toward their child's care.
- Parents' monthly contribution is based on their income and the number of dependent children living in their household. Therefore, parents may be responsible for only a small portion of the actual costs.
- A financial questionnaire is sent within six weeks after a child is placed in care. Based on information from the completed questionnaire, the Office of Recovery Services (ORS) calculates a monthly payment using the Utah Child Support Guidelines. Divorced parents receiving child support transfer those payments to the State.
- Generally, ORS requires that parents sign a stipulation agreeing to the payment amount. When there is disagreement regarding the amount, parents may ask for a conference with an ORS Presiding Officer. If the decision remains unsatisfactory, parents may request a hearing with an Administrative Law Judge.
- JJS may request a deferral or waiver of payments if collections interfere with family unification. The request must be based on family need and show a loss of income or extraordinary and necessary expenses. A JJS worker must complete a waiver request (602dhs) and submit it to the JJS Region Director or Supervisor for any case where a request to postpone or waive collections of current or past due child support is being requested.

## ADMINISTRATION

### Mailing & Street Address

195 North 1950 West  
 Salt Lake City, Utah 84116  
 (801) 538-4330; Fax: (801) 538-4334

Dan Maldonado	Division Director	(801) 538-4330
Gaby Anderson	Deputy Director	(801) 538-4330
Cecil Robinson	Office of Community Programs	(801) 627-0322
Malcolm Evans	Office of Rural Programs	(801) 491-0100
Julie Shaheen	Office of Correctional Facilities	(801) 284-0200
Chris Roach	Office of Early Intervention Svc.	(801) 685-5700
Judy Hammer	Administrative Secretary	(801) 538-4098

## ACRONYMS & DEFINITIONS

<b>Accountability:</b>	Offenders are required to take responsibility for their actions and restore losses suffered by their victims and community.
<b>Adjudication:</b>	The legal process that resolves and settles charges brought against a juvenile.
<b>Adult Certification:</b>	The legal process used to transfer juvenile offenders to the jurisdiction of adult courts where they may be tried as adults.
<b>AFAN:</b>	<b>Adolescent Female Advocacy Network.</b> An organization of professionals and interested citizens devoted to providing effective treatment for juvenile female offenders.
<b>At-Risk Youth:</b>	Youth between the ages of 10 and 18 who are at risk of becoming involved with JJS.
<b>BARJ:</b>	<b>Balanced and Restorative Justice.</b> A service model addresses the immediate consequences of delinquency along with long-term solutions for restoring victims, the community and the offender.
<b>Case Management:</b>	Provides monitoring, supervision and implementation of treatment plans for youth court ordered to community placements, observation and assessment (O & A), and secure care.
<b>Case Manager:</b>	Individual that directs services for a youth and acts a liaison between the Juvenile Court, JJS programs, parents and the community.
<b>Community Programs:</b>	Provides case management, observation and assessment (O&A), and community-based programs and services to youths in JJS custody.
<b>Community Protection:</b>	The process to protect the community from further crime by providing services to delinquent youth.
<b>Community Service:</b>	A court-imposed sanction that requires offenders to work in the community to repay society for the harm done by their actions.
<b>Competency Development:</b>	The process to teach offenders the skills need to remain crime free.
<b>Delinquent Youth:</b>	Youth, ages 10 to 18, who have committed an act that is a crime.
<b>Detention:</b>	Temporary locked confinement for youth awaiting adjudication or placement and youth ordered to JJS as a sentence or for contempt of court. This type of confinement is comparable to the adult jail system.

<b>Early Intervention Services:</b>	Programs for youth to prevent them from further involvement with the juvenile justice system.
<b>FFP/RS:</b>	<b>Functional Family Probation/Resource Services.</b> Process designed to motivate families to change and link them to services.
<b>Graduated Sanctions:</b>	A range of sanctions that Judges may use when sentencing offenders.
<b>Guideline:</b>	The suggested number of months a youth will be confined in a secure facility as established by the Youth Parole Authority based primarily on the youth's history of delinquency.
<b>Guideline:</b>	The suggested number of months a youth will serve in a secure facility based primarily on the youth's history of delinquency.
<b>Home Detention:</b>	Confinement at home as an alternative to secure detention if a youth is determined not to be a danger to themselves or their community.
<b>Misdemeanor:</b>	Crimes considered minor that could result in detention from 90 days to one year.
<b>Multiuse Facilities:</b>	Programs in rural areas that combine short-term secure detention and non-secure shelter in a single facility.
<b>Multiuse Facility:</b>	Programs in rural areas operated by JJS that combine short-term secure detention and non-secure shelter in a single facility. Staff provides 24-hour-a-day supervision and programming to meet the unique needs of smaller communities.
<b>NOJOS:</b>	<b>Network on Juveniles Offending Sexually.</b> An organization of professionals and interested citizens devoted to finding effective treatment for juvenile sex offenders.
<b>O &amp; A:</b>	<b>Observation &amp; Assessment.</b> Residential programs that provide up to 45 days of care for evaluation, assessment and treatment planning.
<b>Parole Officer:</b>	Provides case management of a youth after release from long term secure care.
<b>Parole:</b>	A conditional release back to the community from a secure facility for youth that have met their sentencing guideline.
<b>PCS:</b>	<b>Positive Control Systems.</b> The process used to discipline out-of-control or noncompliant youth.
<b>PRA:</b>	<b>Protective and Risk Assessment.</b> An assessment process for identifying the strengths and weaknesses of delinquent youths.

<b>Proctor Home:</b>	A non-secure, out-of-home placement in which a youth lives with a couple or an individual trained in dealing with delinquent youth.
<b>Proctor Home:</b>	A non-secure out-of-home placement where youth live with a couple or an individual trained to deal with the problems of delinquent youth.
<b>Receiving Centers:</b>	Non-secure programs that provide temporary services for youth brought in by local law enforcement officers.
<b>Recidivism:</b>	Reoffending after being placed in JJS custody.
<b>Recision:</b>	Returning a youth from a trial placement back to secure care to face additional allegations.
<b>Reporting Centers:</b>	A non-secure community program that provides daily supervision of youth ordered into custody.
<b>Restitution:</b>	A court imposed sanction that requires an offender to repay victims for the damage resulting from their criminal behavior.
<b>Revocation:</b>	The process of returning a youth to secure care for reoffending or failing to comply with the conditions of parole.
<b>Secure Care Facilities:</b>	Long-term locked confinement; typically reserved for the most serious and habitual juvenile offenders.
<b>Secure Detention:</b>	Temporary locked confinement for youth awaiting adjudication or placement and for youth ordered to JJS as a sentence or for contempt of court.
<b>Shelter:</b>	Provides temporary to youth pending a court hearing or transfer to another jurisdiction.
<b>Status Offense:</b>	An act that would not be considered an offense if committed by an adult. These acts include running away from home, violating curfew, and truancy.
<b>Tracking:</b>	Face-to-face monitoring of youth in non-secure community placements.
<b>Transition:</b>	Non-secure residential programs that help youth gradually return to community life upon release from secure facility confinement.
<b>Trial Placement:</b>	The period when a youth in secure care is returned to the community but has not yet received parole status by the Youth Parole Authority.
<b>Work Camp:</b>	A non-secure residential placement that primarily requires youth to engage in physical labor.
<b>Work Project:</b>	Work performed by youth in a JJS facility to fulfill court-ordered restitution or community service.

- Wrap-Around Services:** Support services provided to a youth in a community placement.
- Youth Bill of Rights:** Youth placed in the custody of JJS have the following rights: (1) a safe, caring environment; (2) not to be abused in any way; (3) receive health care services; (4) visits from parents, guardians, clergy, attorneys and workers; (5) call or receive calls from parents, clergy, attorney, and case manager; (6) unrestricted access to their attorney; (7) receive up to three meals daily; and (8) file a grievance.
- Youth Parole Authority:** A board comprised of citizen volunteers that provides a hearing for youth committed to secure care and ensures that the interests of society are protected. They establish terms of confinement, authorize release to parole, and release from secure care and JJS custody.

# DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DSPD)

## WHAT DOES DSPD DO?

Provides long-term supports and services for people with disabilities so they can participate fully in their communities and in Utah life. The Division also promotes public awareness and acceptance of people with disabilities.

## WHO IS ELIGIBLE FOR SERVICES?

Children and adults **may** be eligible for services if they have the following qualifying disabilities:

- **Intellectual Disability:** a disorder in which a person's overall intellectual functioning is well below average--an intelligence quotient (IQ) of 70 or less. Individuals with an intellectual disability have a significantly impaired ability to cope with common life demands and lack some daily living skills expected of people in their age group and culture. The impairment may interfere with learning, communication, self-care, independent living, social interaction, play, work, and safety. Intellectual Disabilities appears in childhood, before age 18.
- **Cerebral palsy:** a medical condition caused by a permanent brain injury that occurs before, during, or shortly after birth. It is characterized by a lack of muscle control and body movement.
- **Autism:** a disorder of brain function that appears early in life before the age of three (3). Children with autism have problems with social interaction, communication, imagination, and behavior.
- **Severe epilepsy:** a chronic brain disorder that causes seizures, characterized by a variety of symptoms including uncontrolled body movements, disorientation or confusion, or loss of consciousness. Epilepsy may result from a head injury, stroke, brain tumor, lead poisoning, genetic conditions, or severe infections.
- **Acquired brain injury:** the result of a traumatic injury to the head or a stroke, hypoxia, toxic exposure, or intracranial surgery that results in substantial impairment in cognitive abilities or physical functioning.
- Adults with physical disabilities who cannot use two (2) or more limbs.

and if they

- have severe functional limitations that are likely to continue throughout their life in three (3) or more of the following life activity areas:
  - **Self-Care** – requires assistance or training in eating, toileting, bathing, dressing or grooming
  - **Receptive and Expressive Language** – lacks functional communication and does not demonstrate an understanding of simple two-step requests
  - **Learning** – see previous definition of “Mental Retardation”
  - **Mobility** – requires assistive devices to be mobile and cannot evacuate themselves in an emergency
  - **Self-Direction** – significantly below average in making appropriate decisions relating to safety, legal, financial, or residential issues or someone who has been legally declared incompetent
  - **Capacity to Live Independently** – does not have the basic survival skills necessary to live in the community or someone who is a significant danger to themselves or others

- **Capacity to Become Economically Self-Sufficient** – receives disability benefits or is unable to work 20 hours a week or is paid less than minimum wage without employment support



- The Division of Services for People with Disabilities is **not** the agency for people whose disability or primary need for treatment is primarily due to:
  - Mental illness or Behavior disorder (depending on how the behavioral disorder is defined and diagnosed) – contact the local mental health agency
  - Learning Disabilities – contact the local school
  - Blindness or severe hearing impairment – contact the local school district or the Division of Rehabilitation Services
  - Conditions due to aging – contact the local Area Agency on Aging
- The Division of Services for People with Disabilities is not the only source of services and supports for people with disabilities. Other resources include:
  - Utah Department of Health, which operates private intermediate care facilities (24 hour residential programs in a larger congregate living or institutional setting) for eligible individuals with intellectual disabilities
  - Utah Office of Education provides many services for children with disabilities up to age 22
  - Utah Division of Rehabilitation Services provides short-term services
- People receiving services from the Division of Services for People with Disabilities tend to be long-term consumers of Division services. Generally, people do not rotate in and out of Division services.
- New people can enter services only when funding becomes available due to:
  - an increase in legislative appropriations
  - a consumer moving out of the state
  - a consumer experiencing a reduction in services
  - a consumer passing away
- The Division maintains a **waiting list** of people who are eligible for services, but for which funds are not yet available.

## WHERE ARE DSPD'S OFFICES LOCATED?

<b>Clearfield Office</b> 1290 East 1450 South, Suite 2 Clearfield UT 84015 (801) 779-6700 Fax (801) 779-6730	<b>Price Office</b> 475 W Price River Dr #262 Price UT 84501 (435) 636-2390 Fax (435) 636-2397	<b>Provo Office</b> 150 East Center Street Provo UT 84606 (801) 374-7005 Fax (801) 374-7638
<b>Manti Office</b> 50 South Main Street, Ste 5 Manti UT 84642 (435) 835-0795 Fax (435) 835-0798	<b>Vernal Office</b> 980 W. Market Drive Vernal, UT 84078 (435) 789-9336 Fax (435) 789-6639	<b>St George Office</b> 377 E Riverside Dr Bldg B Ste A St George UT 84790 (435) 674-3961 Fax (435) 674-3939
<b>Salt Lake City Office</b> 1385 So. State St., Suite 200 Salt Lake City UT 841115 (801) 468-0084 Fax (801) 468-5001	<b>Logan Office</b> 115 Golf Course Rd, Ste C Logan UT 84321 (435) 787-3450 Fax (435) 787-3469	<b>Utah State Developmental Center</b> 895 N 900 East American Fork UT 84003 (801) 763-4090 Fax (801) 763-4024

## WHAT ARE THE INTAKE AND REFERRAL PROCEDURES?

Toll-free Intake Line: 1-877-568-0084

The first contact should be with the intake worker. The intake worker will discuss the information required and the associated timeframes for submitting the needed information. This information may include:

- Form 19 (Division's Eligibility for Services document), signed by a physician or psychologist, which certifies the diagnosis and severity of disability
- Inventory for Client and Agency Planning (ICAP) assessment that identifies skills, deficits, and problem behaviors
- Social history
- Psychological or medical evaluation

The intake worker uses this information to:

- Determine eligibility
- Identify needed services and supports
- Place people on the waiting list if funds for services are not immediately available



A great deal of information is necessary to determine eligibility and identify needed services, thus, it helps to start the process as early as possible.

## WHAT HAPPENS WHEN PEOPLE MEET ELIGIBILITY REQUIREMENTS, BUT DO NOT RECEIVE SERVICES RIGHT AWAY?

Services are provided to those with the most critical needs when funding is available to pay for these services. More often than not, the Division is not able to offer immediate services to eligible individuals so they are placed on the waiting list.

The Division determines how critical the need is by using a standardized evaluation called the Needs Assessment. Individuals are assessed on a variety of factors including:

- severity of disability and problem behaviors exhibited
- family's strengths and weaknesses
- special medical needs
- health and safety issues
- availability of other resources

- projected deterioration of disability without services
- length of time without services

A “needs” score is established which indicates the level of need. People with the highest scores have the first priority for services. This score determines a person’s rank order on the waiting list.



- The needs assessment can be redone if a person’s situation changes or there is suspected change in one or more of the factors. To initiate this process, request another assessment from the intake worker and state the reasons for a second review.
- Currently, there are about 1,900 people waiting for services for which funding is not available. Funding is based on legislative appropriations.

## WHO PROVIDES SERVICES?

### **PRIVATE PROVIDER MODEL**

- The Division contracts with a number of independently owned providers that provide a variety of services across the state.
- Some providers specialize in a particular type of service or specialize in working with a particular type of disability.
- The state certifies and/or licenses these providers and closely monitors their services.

### **SELF-ADMINISTERED SERVICES MODEL (SAS)**

This option is typically limited to respite care and other types of family support. Families who choose this option must do the following:

- Hire and train their own staff and have more control over who provides the supports and services to their family member who has a disability
- Hire a fiscal agent who is responsible for payroll functions
- Comply with certain defined regulations
- Complete administrative work that private providers generally do

This is considered “sweat equity” so not all families are interested in, nor may be appropriate for, this option.

## WHAT SERVICES ARE PROVIDED?

### SERVICES FOR CHILDREN

- **Respite Care:** temporary care to relieve parents or caregivers from the day-to-day care they provide to the person with a disability.
- **Family Assistance and Support:** includes activities such as assistance with daily activities, help with therapies, assistive technology and/or environmental modifications.
- **Host Home or Professional Parent Services:** out-of-home services in the private home of specially trained families. These families also have a variety of specialized backup services offered through a private provider agency.

### SERVICES FOR ADULTS

- **Supported Employment:** includes job development, placement, intensive on-the-job training, and supervision by a job coach.
- **Day Services:** include daytime supervision and support to develop and maintain self-help skills, community living skills, social skills, and communication skills.
- **Respite Care:** See description listed in “Services for Children”.
- **Host Home:** See description listed in “Services for Children”.
- **Supported Living:** services provided in the person’s home to help support the person’s independence.
- **Supervised Living:** residential services offered in a group home or supervised apartment. Level of supervision is determined by the individuals’ needs and can vary from intensive 24-hour to intermittent supervision.
- **Utah State Developmental Center (USDC):** Utah’s only state-operated, 24-hour institutional setting, intermediate care facility. The Center offers medical, behavioral, psychological and dental services to those over age 18. Admissions are limited and require an intensive screening and court commitment process. Services are designed for:
  - very medically fragile individuals
  - those requiring psychiatric evaluation and stabilization
  - offenders who need intensive supervision
  - those with severe disabilities who cannot be served in less restrictive settings



- The availability of these services is, in part, determined by the availability of funds.
- These services are offered first to the people with the highest rated needs.

## WHERE ARE SERVICES LOCATED?

The Division tries to ensure that the full array of services is available throughout the state. However, the full array of services may be more limited in the rural parts of the state. The family-managed model has created more flexible options, particularly for rural residents who may have fewer available traditional services.



Specialized providers, for example, a provider who works primarily with people with autism, are more likely to be in urban areas of the state.

## ADMINISTRATION

### Mailing & Street Address

195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-4200; Fax (801) 538-4279

Alan Ormsby	Director	(801) 538-4135
Paul Smith	Associate Division Director	(801) 538-8299
Clay Hiatt	Fiscal Management	(801) 538-4198
Paul Day	Information Systems and Research Manager	(801) 538-4118
Alan Tribble	Eligibility	(801) 538-4351
Nancy Perez	Administrative Secretary	(801) 538-4187 (TTY)

## ACRONYMS & DEFINITIONS

<b>Acquired Brain Injury (BI) Waiver:</b>	Provides home and community based services to individuals with a brain injury.
<b>Adults with Physical Disabilities:</b>	A person, 18 and older, who is unable to move their legs and arms, two legs, two arms or one arm and one leg.
<b>Assistive Technology:</b>	A service or device to increase, maintain, or improve the capability of persons with disabilities.
<b>Autism:</b>	A disability related to intellectual disability. A person with autism is one who was unable to learn how to communicate, related with others, or who had strange behaviors that showed up before the age of three.
<b>Brain Injury:</b>	A blow or jolt to the head that disrupts the normal function of the brain. A brain injury can result in changes in thinking, language, emotions and sensation.
<b>Cerebral Palsy:</b>	A disability resulting from damage to the brain before, during or shortly after birth that can cause lack of muscle coordination, spasms and speech problems.
<b>Disability:</b>	Intellectual and severe physical disabilities, autism, cerebral palsy or other developmental disability.
<b>Family Assistance &amp; Supports/Family Support:</b>	Assistance provided to families so they can care for family members with disabilities at home. The support includes, but is not limited to, respite care, cash assistance, in-home training, transportation, equipment, and therapeutic services.
<b>Family Council:</b>	A group of parents who work together to improve the quality of life for people with disabilities and to advise local Division offices.
<b>Family Network:</b>	A group of parents who work together to improve the quality of

life for people with disabilities.

<b>FA/I:</b>	<b>Fiscal Agent/Intermediary.</b> A company that is hired to handle payroll duties for those who use the self-administered services model.
<b>Host Home:</b>	Specially trained individuals or families who care for a child or adult who may need out-of-home placement for a short or extended period of time.
<b>Inclusion:</b>	Supporting people with disabilities to be educated, live, work and participate socially in the community and in school settings with others who may or may not have disabilities.
<b>IEP:</b>	<b>Individual Education Plan.</b> A plan used, in the respective school district, to identify the services provided for a child with a disability.
<b>Community Supports Waiver:</b>	An approval to waive certain Medicaid requirements in order to use funds to assist people with developmental disabilities and/or mental retardation.
<b>ICF/MR:</b>	<b>Intermediate Care Facility/Mental Retardation.</b> 24-hour residential facility for persons with mental retardation.
<b>Monthly Summary:</b>	A report summarizing monthly activities received by a person in services.
<b>Natural Supports:</b>	The family and people in the community who support the person with a disability (without payment).
<b>Needs Assessment:</b>	An assessment used to prioritize the needs of the people on the waiting list.
<b>Payroll Service:</b>	A company that processes paychecks for employees supervised by and providing services to consumers who manage their own account.
<b>PCP:</b>	<b>Person-Centered Process.</b> A process where the family, friends and person with a disability are involved in identifying preferences, strengths and needs so services can be individualized and reflective of what is important to the person.
<b>PD Waiver:</b>	<b>Physical Disability Waiver.</b> Provides home and community based services to individuals with physical disabilities.
<b>PASS Plan:</b>	<b>Plan to Achieve Self-Sufficiency Plan.</b> Allows a person receiving Social Security benefits to set aside money received to help achieve self-sufficiency without losing benefits.
<b>Provider Companies/ Provider Agencies:</b>	Independent companies that contract with DSPD to deliver supports and services to people with disabilities.
<b>Rates:</b>	The amount paid to a company or individual for each

<b>Respite:</b>	service/support. Temporary relief from the day-to-day care of a family member with a disability.
<b>Self-/Family-Directed Supports:</b>	Supports and services directed by the person/family receiving the service.
<b>Self-Advocate:</b>	A person with disabilities who advocates for their own needs and interests.
<b>Self-Determination:</b>	The philosophy of empowering a person to develop and make his or her own life choices.
<b>Self-Administered Services:</b>	When the person or the person's family acts as the employer to hire, train and terminate employees, instead of using a provider agency.
<b>Severe Epilepsy:</b>	A seizure disorder that causes uncontrolled muscle jerking, disorientation, confusion or loss of consciousness.
<b>Support Coordinator:</b>	A DSPD employee or private agency that advocates, coordinates and monitors services and supports for people with disabilities and their families.
<b>Support Strategies:</b>	The actions that employees take to improve the skills and abilities or maintain the health and safety of the person receiving services.
<b>Transition:</b>	The process of moving from one environment or stage of life to another. This often refers to a person with a disability leaving the school system and entering the adult world.
<b>USDC:</b>	<b>Utah State Developmental Center.</b> A 24-hour residential facility that provides services and supports to people with developmental disabilities, ages 18 and older.
<b>Waiting List:</b>	A list of eligible individuals who have completed the application process for services but are not yet funded. The list is prioritized according to the Critical Needs Assessment

# DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH (DSAMH)

## WHAT DOES THE DSAMH DO?

- Ensures that mental health services for individuals with serious mental illness and substance abuse prevention and treatment services are available throughout the state.
- Contracts with local county governments (Local Substance Abuse Authorities and Local Mental Health Authorities) to provide prevention and treatment services.
- Monitors local mental health and substance abuse authorities through site visits, a year-end review process, and a peer review process.
- Provides technical assistance and training for local substance abuse authorities and local mental health authorities.
- Conducts research on the effectiveness of treatment and prevention and disseminates information to stakeholders and the public.
- Administers and supervises the Utah State Hospital which provides:
  - services for patients who need intermediate psychiatric hospitalization;
  - evaluation and treatment services for court ordered individuals who are or may be mentally ill.

## **SUBSTANCE ABUSE SERVICES**

### WHAT DOES A LOCAL SUBSTANCE ABUSE AUTHORITY (LSAA) DO?

The LSAA is a County legislative body, generally a county commission, responsible for a comprehensive continuum of substance abuse services that meets the needs of residents in their area – the services are detailed below:

- Reviews and evaluates the substance abuse needs and services in their area.
- Prepares and submits a plan for substance abuse funding and service delivery to the Division of Substance Abuse and Mental Health.
- Provides treatment, prevention, and DUI services to the geographical area they represent.

### WHO IS ELIGIBLE FOR SUBSTANCE ABUSE SERVICES?

Any person who needs services is eligible. Demand for services often exceeds the supply. Therefore individuals may be placed on a waiting list prior to admission. However, specific populations have priority for services. Priority for services follows the list below:

- Pregnant, injecting drug users
- Pregnant substance abusers
- Injecting drug users
- Women with dependent children and their children
- Females of childbearing age
- All other youth
- All other adults not referred by the justice system



- A pregnant woman always moves to the top of the waiting list.
- Over 60% of people receiving substance abuse treatment through the State/LSAA system are referred from the criminal justice system.

## WHAT ARE THE INTAKE AND REFERRAL PROCEDURES?

- Call the LSAA to make an appointment for a screening/assessment
  - Any individual (family member, employer, and other concerned party) can call the LSAA to make the appointment.
- The LSAA screens and then assesses the individual to determine the appropriate treatment level.
- A treatment plan is developed for the individual.



- Private substance abuse treatment centers are also available.

## HOW ARE CLIENTS ASSESSED?

Clients are assessed using the Addiction Severity Index (ASI)—the state mandated assessment instrument. The ASI assesses clients in seven areas:

- General information
- Alcohol and other drug use—history and current use
- Employment, education, and financial status
- Family/social information
- Legal history and status
- Medical information
- Psychiatric and emotional well-being information

Each of these impact areas impacts a person's substance abuse, use and recovery. Based on the results of this assessment, a client is matched with the appropriate level of treatment.

## WHAT SUBSTANCE ABUSE TREATMENT SERVICES ARE AVAILABLE?

All LSAs are required to provide or arrange to provide the following continuum of services:

- **Outpatient Treatment:** Designed for individuals who have substance abuse problems but do not suffer from medical or mental health issues, are ready to change, and have a stable living environment. Individuals attend once-a-week individual and/or group therapy for several weeks. Sessions address attitudes, behaviors, and lifestyle issues around substance use. Individuals also receive case management services to provide links to ancillary services.
- **Intensive Outpatient Treatment:** Designed for individuals who have substance abuse problems and other complicating factors (e.g., medical or mental health problems), but would do better in their own living environment. Individuals participate in about 9 hours of therapy weekly and receive individual/group therapy, case management services, medication management, family therapy, recreational therapy, and psychiatric support as needed.
- **Day Treatment:** Provides more intensive services more frequently (about 20 hours per week), but still on an outpatient basis. Services are offered in a 4-hour time block each day and allow individuals to attend school or work and live at home. Individuals receive services similar to those provided in Intensive Outpatient treatment.
- **Detoxification:** The first step for individuals with a severe, physical addiction. The 3 -7 day process halts substance use and stabilizes the individual medically.
- **Residential/Inpatient Treatment:** After detoxification, individuals enter 24-hour live-in facilities that are staffed, full-time, with addiction treatment and mental health personnel.

Individuals receive on-going medical and psychiatric support with therapy and case management services. Patients move to outpatient treatment as soon as possible.



Rural areas often **do not have residential** treatment facilities – these are typically only available in urban areas. However if residential treatment is required, the LSAA can make the appropriate arrangements.

## WHAT PREVENTION SERVICES ARE OFFERED?

Substance abuse prevention services target youth substance use and other adolescent problem behaviors such as delinquency, teen pregnancy, dropping out of school, and violence.

- Prevention Programs are divided into the following three classifications:
  - **Universal:** Targets the entire population. These programs focus on preventing or delaying alcohol and other drug use by providing information and skills necessary to prevent a substance problem.
  - **Selective:** Targets subsets of the population that are deemed to be at-risk for substance use (e.g., children of alcoholics, dropouts, students failing school).
  - **Indicated:** Targets youth who are not addicted to substances but show early warning signs (e.g., consume alcohol and other drugs). These youth exhibit risk factors that increase their chances of developing a drug problem.
- Prevention services follow the **Risk and Protective Factor Model**, which identifies:
  - risk factors (e.g., availability of drugs, family history of the problem behavior, academic failure, early initiation)
  - protective factors (e.g., social skills, opportunities, family and community attachment)

These factors are present in the community, family, school and individuals. The larger the number of risk factors, the higher the probability of problem behavior. Protective factors help reduce the impact of the risk factors for problem behaviors.

Prevention programs focus on reducing the risk factors and increasing the protective factors.

- All children, grades K-12, participate in the State's Prevention Dimensions program, which is offered through the public schools. Other prevention programs offered around the state include:
  - Mentoring
  - Tutoring
  - Project Alert (2-year program offered in middle schools)
  - Parents Who Care (Parenting in the community)
  - Smart Moves (Violence prevention software program for middle school ages)
  - Reconnecting Youth (High school based program for youth at-risk of dropping out)
  - Communities That Care (Community Mobilization)
  - Media Awareness Campaigns (Social Norms Marketing)
  - SYNAR (Reduces tobacco sales to minors)
  - DARE to be You (Parent and young child program)
  - Across Ages (Mentoring program)
  - Life Skills (3-year program offered in elementary then middle school. Focused on self esteem and decision-making)

The availability of specific prevention programs varies by region. To find out what is available in your area, call the Prevention Coordinator at the LSAA.

To refer an individual to prevention services, call the LSAA in your region. They will determine which program(s) would be most appropriate for the individual.

## IS THERE INTERVENTION FOR DUI OFFENDERS?

A first-time DUI offender is court ordered to undergo a substance abuse screening/assessment (ASI). Based on the assessment results, the individual is court ordered into treatment, DUI education, or both. Utah has implemented the *Prime for Life* education program for convicted DUI offenders. The primary goal of this 16-hour program is to raise the level of understanding of an individual's risk for developing addiction and/or problems related to substance abuse and to reduce that risk.

## WHAT ARE DRUG COURTS?

Drug Courts are an option for non-violent drug abusing offenders. Participants receive intensive Court supervised drug treatment programs instead of going to prison. If they do not complete the Drug Court requirements, they are sentenced to more traditional punishment. When a Drug Court participant completes the program, the guilty charge is removed from his or her record.

- Thirty-two (32) Drug Courts currently operate throughout Utah and more are being planned. Each varies in their structure, approach to substance abuse treatment, supervision, and eligibility requirements. Some programs target adults, others target juveniles or parents involved in a civil child custody action. Some focus on first-time offenders while others focus on those with previous drug convictions in an attempt to reach hardcore addicts.
- Drug Court is a minimum 52-week program and includes residential and outpatient drug treatment and education. Drug Court makes referrals to additional resources based on the participant's needs. Individuals participate in frequent and random urinalysis.
- The program has four phases, beginning with intensive treatment and oversight and ending with aftercare. A participant must be drug free for designated time frames before graduating each phase.
- Sanctions such as jail time or expulsion from the program are imposed if the participant continues taking drugs or participates in other illegal activities.
- If the participant is doing well, the Judge gives them immediate recognition, usually through congratulations and applause.
- Participants must be drug-free for 6 months before they can graduate from the program.

## WHAT ARE THE COSTS OF SERVICES? ARE THERE FREE SERVICES AVAILABLE?

Services are provided on a fee-for-service basis, using a "sliding fee scale" – the fee charged for services is based on the individual's ability to pay. This ensures that a person's ability to pay **will not** be a barrier to treatment. Substance abuse treatment services **are not free**, but can be extremely low-cost for clients with very limited resources.

## HOW IS DUAL DIAGNOSIS DEFINED (MENTAL HEALTH/SUBSTANCE ABUSE)?

"Dual Diagnosis" means a person has a psychological disorder and a substance abuse problem occurring simultaneously. Dual diagnosis is not uncommon for substance abuse/mental health clients because many clients start having problems with alcohol and/or other drugs by self-medicating their mental health problem (e.g., anxiety, depression).

## WHAT IS THE DIFFERENCE BETWEEN ABUSE AND ADDICTION?

**Abuse** is when alcohol or other drug use begins to disrupt an individual's life, health, work, and/or family life. Research, however, has revealed that some individuals have a much greater likelihood of moving from use to abuse/addiction.

**Addiction** is the process of becoming physically and/or psychologically dependent on alcohol or other drugs, to the point that seeking drugs or alcohol becomes the main focus of the person's

life. Individuals will place their own well-being and that of family members at risk in order to continue using.

#### CAN CLIENTS WHO NEED SUBSTANCE ABUSE TREATMENT BE HELPED IF THEY WON'T SEEK SERVICES VOLUNTARILY?

While no adult in our state can be forced into treatment, research suggests programs that require substance abuse treatment as a condition of participation (such as Drug Court) are very successful. They are, at least, as successful as the programs individuals enter voluntarily.

#### WHERE ARE SUBSTANCE ABUSE PREVENTION AND TREATMENT CENTERS LOCATED?

See: <http://www.dsamh.utah.gov/locationsmap.htm>

### **MENTAL HEALTH SERVICES**

#### **UTAH STATE HOSPITAL**

- A 24-hour inpatient psychiatric facility located in Provo, Utah.
- Provides psychiatric treatment for patients experiencing severe and persistent mental illness.
- Serves all age groups and covers all geographic areas of the state.

#### HOW ARE INDIVIDUALS ADMITTED TO THE STATE HOSPITAL?

- A court must determine that the individual meets the Involuntary Commitment Statute that requires:
  - clear and convincing evidence that the person has a mental illness;
  - the illness poses an immediate danger of physical injury to others or to himself; and
  - the individual lacks the ability to engage in a rational decision-making process regarding the acceptance of treatment and no appropriate less restrictive alternative is appropriate.
- Individuals are civilly committed to a community mental health center that determines the most appropriate and least restrictive placement for the individual.
- The community mental health center must provide the individual with a less restrictive alternative before placement at the State Hospital.
- Placement at the State Hospital is based on the needs of the individual and availability of a bed.

#### HOW ARE BEDS ALLOCATED AT THE STATE HOSPITAL?

- All adult and pediatric beds at the State Hospital are allocated to the community mental health centers based on a formula established by the Utah Division of Substance Abuse and Mental Health.
- The community mental health centers monitor the treatment provided by the hospital and provide follow-up care in the community.



The community mental health centers are the only entities that can admit an individual to the State Hospital. The individual, however, must meet the clinical and legal criteria for admission.

#### WHO ARE FORENSIC PATIENTS AND WHAT SERVICES DO THEY RECEIVE?

- Individuals accused of committing a crime or convicted of a crime and who may be or are mentally ill.
- Forensic Services include:
  - evaluations to determine competency to stand trial, to determine if the person is mentally ill, and for court ordered purposes
  - treatment for those determined to be Guilty and Mentally Ill or Not Guilty by Reason of Insanity

#### WHO PROVIDES COMMUNITY MENTAL HEALTH SERVICES?

The local mental health authority contracts with community mental health centers to provide an array of mental health services.

#### WHO IS ELIGIBLE FOR SERVICES?

Utah residents who have a diagnosable mental illness are eligible for services. Due to funding limitations, priority for services is given to the following populations:

- Seriously and Persistently Mental Ill (SPMI) Adults
- Seriously Emotionally Disturbed (SED) Children

#### **SERIOUSLY AND PERSISTENTLY MENTAL ILL (SPMI)**

Criteria for determining SPMI:

- 18 years of age and older
- Diagnosed in the past year with a mental, behavioral, or emotional disorder
- Symptoms meet the criteria in the Diagnostic and Statistical Manual-IV used by mental health practitioners to make a diagnosis of mental illness
- Most common diagnoses includes:
  - schizophrenia
  - bipolar disorder
  - major depressions
  - anxiety disorders
- Illness has caused an impairment that substantially interferes with or limits one or more major life activities

#### **SERIOUS EMOTIONALLY DISTURBED (SED)**

Criteria for determining SED:

- Under 18 years of age
- Diagnosed with a mental, behavioral, or emotional disorder
- Symptoms meet the criteria in the Diagnostic and Statistical Manual-IV used by mental health practitioners to make a diagnosis of mental health
- Most common diagnoses includes:
  - Attention Deficit Disorder
  - Depressive Disorder
  - Oppositional Defiant Disorder

- Adjustment Disorder
- Emotional and mental disturbance severely limit the child's development and welfare
- Comprehensive and coordinated system of care is required to meet the child's needs



- Mental health professionals define mental illness as a medical illness of the brain that causes disturbances in thoughts, mood, and perception. This narrow definition generally does not include individuals with a behavior problem, character disorder, or disruptive personality, who need moderate, preventive or consultant mental health services.
- Self help groups provide support and crisis services to individuals and their families experiencing mental health issues. These groups can be very helpful to individuals who do not meet the eligibility criteria for a community mental health center. Several local self-help groups are listed below:
  - **National Alliance on Mental Illness (NAMI) Utah**, (801) 323-9900
    - ▶ Support and education for families & consumers
  - **Allies with Families**, (801) 293-7458
    - ▶ Support and information for families of children with emotional/behavioral disorders
  - **Autism Society of Utah**, (801) 583-7049
    - ▶ Support for families with children who are Autistic
  - **Disability Law Center**, 1-800-662-9080
    - ▶ Provides advocacy, legal counsel, advice and education
- Community mental health centers generally do not provide:
  - sex offender treatment
  - treatment for traumatic brain injury
  - intellectual disability services (unless the individual has an identified mental illness)

#### WHAT SERVICES ARE PROVIDED BY COMMUNITY MENTAL HEALTH CENTERS (CMHCs)?

All CMHCs must submit an annual plan to DSAMH that may address the following services:

- inpatient care and services
- residential care and services
- psychosocial rehabilitation/vocational training and skills development
- outpatient care and services
- 24-hour crisis care and services
- follow-up care and services
- consultation and education services
- case management
- consultation and community education

#### WHERE ARE COMMUNITY MENTAL HEALTH CENTERS LOCATED?

See: <http://www.dsamh.utah.gov/locationsmap.htm>

#### WHO SHOULD BE CONTACTED WHEN AN INDIVIDUAL IS ERRATIC AND POTENTIALLY DANGEROUS?

Local law enforcement should always be called first. It is often difficult to determine if a person who is acting erratic is suffering with a mental illness or is on drugs and who may or may not be dangerous.

## WHAT IS CAPITATION?

- Community mental health centers receive a fixed amount of money (a premium) for each person on Medicaid who **may** need mental health services in their catchment area.
- The premium is paid up front on a monthly basis and is provided even if the person never comes in for services.
- Capitation differs from a “fee for service” payment process in which the mental health center is paid for the services delivered to a specific client.

## HOW CAN PRIVATE PROVIDERS UNDER CONTRACT WITH ANOTHER DIVISION UTILIZE MENTAL HEALTH SERVICES?

Mental health services are administered at a local level. Private providers need to work with local mental health centers to determine if their client meets their criteria for services.

## WHY IS IT DIFFICULT FOR MENTALLY RETARDED INDIVIDUALS TO RECEIVE COUNSELING SERVICES FROM LOCAL MENTAL HEALTH CENTERS?

Because of limited funding for mental health services, the State Board of Substance Abuse and Mental Health established priority service criteria for determining who will receive services. For example, among the adult population, priority may be given to those individuals who are seriously and persistently mentally ill (SPMI) or, among the children population, priority may be given to those who are seriously emotionally disturbed (SED). As a result, although there may be individuals who have a dual diagnosis of mental illness and mental retardation, many do not meet the priority service criteria.



When working with a client with both mental health issues and disabilities, resource coordination is essential. Mental health and disability liaisons for each county in Utah are detailed online: [http://www.hs.utah.gov/local\\_liaison.html](http://www.hs.utah.gov/local_liaison.html).

## WHAT ARE TCMS AND MEDICAID ENHANCEMENTS?

TCM (Targeted Case Management) provides clients with daily living skills such as assistance with housing, employment, and medical and dental care. Medicaid Enhancement allows a person to receive mental health treatment outside of the Medicaid managed care system.

## ADMINISTRATION

### Mailing & Street Address:

DSAMH Administration & Support  
195 North 1950 West  
Salt Lake City, Utah 84116  
(801) 538-3939; Fax: (801) 538-9892

Lana Stohl	Director	(801) 538-3939
Brent Kelsey	Associate Director – Substance Abuse	(801) 538-3939
Doug Thomas	Associate Director – Mental Health	(801) 538-3939
Jan Fryer	Administrative Secretary	(801) 538-4139

## ACRONYMS & DEFINITIONS

<b>AA:</b>	<b>Alcoholics Anonymous.</b> Support group for recovering alcoholics. Provides support but not treatment.
<b>ASAM:</b>	<b>American Society of Addiction Medicine.</b> Society for physicians who are certified as addictionologists. Developed the Patient Placement Criteria for substance abuse treatment.
<b>ASI:</b>	<b>Addiction Severity Index.</b> Widely used instrument to assess need for treatment in several life domains, including alcohol and other drug abuse.
<b>ATOD:</b>	<b>Alcohol, Tobacco and Other Drugs</b>
<b>CAS:</b>	<b>Consumer Affairs Specialist.</b> A consumer who works in an agency to provide assistance to other consumers.
<b>CASI:</b>	<b>Comprehensive Adolescent Severity Inventory.</b> An assessment instrument utilized to identify adolescents who are in need of substance abuse treatment. The CASI consists of ten modules providing an in-depth assessment of an adolescent's substance use and related problems such as drug/alcohol use, stressful life events, use of free time, and peer and family relationships. The CASI is used in conjunction with the UPPC.
<b>CMHC:</b>	<b>Community Mental Health Center.</b> Mental health programs that serve clients in their local areas.
<b>CMHS:</b>	<b>Center for Mental Health Services.</b> Federal Agency responsible for administering Mental Health Block Grant.
<b>Consumer:</b>	A person who is receiving mental health or substance abuse services.
<b>Day Treatment:</b>	Outpatient treatment services, approximately 20 hours per week, designed to accommodate school or work schedules.
<b>Detoxification:</b>	The first step for individuals with a severe physical addiction. A three to seven day process that halts substance use and medically stabilizes the individual.
<b>Dual Diagnosis:</b>	Term used for those who have both a substance abuse problem and a mental illness or who are mentally retarded/developmentally disabled and have a mental illness.
<b>Intensive Outpatient Treatment:</b>	Provides nine to 20 hours per week of individual, family or group therapy/counseling for individuals who have substance abuse and/or mental health problems.
<b>LSAA:</b>	<b>Local Substance Abuse Authority</b>
<b>Mental Health Treatment</b>	Provides residential treatment/support, day treatment and

<b>Programs:</b>	outpatient treatment services to people experiencing mental health problems.
<b>NA:</b>	<b>Narcotics Anonymous.</b> Support group for recovering drug abusers – provides support, not treatment.
<b>NAMI:</b>	<b>National Alliance on Mentally Illness.</b> An advocacy organization that provides education and support for families who have a family member who has a mental illness.
<b>NCADI:</b>	<b>National Clearinghouse for Alcohol and Drug Information.</b> The information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. NCADI is the world's largest and the Nation's one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment.
<b>NIAAA:</b>	<b>National Institute on Alcohol Abuse and Alcoholism.</b> Conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health, social, and economic consequences of this disease.
<b>NIDA:</b>	<b>National Institute on Drug Abuse.</b> Conducts research and disseminates results, using the power of science to bear on drug abuse and addiction.
<b>NPN:</b>	<b>National Prevention Network.</b> An organization of State alcohol and other drug abuse prevention representatives who provide a national advocacy and communication system for prevention.
<b>Residential/Inpatient Treatment:</b>	24-hour live-in facility staffed with full-time addiction treatment and mental health personnel.
<b>SARA Utah:</b>	<b>Substance Abuse Recovery Alliance of Utah.</b> Utah Advocacy group for individuals or families in recovery of substance abuse.
<b>SICA/SIG:</b>	<b>State Incentive Cooperative Agreement/ State Incentive Grant.</b> Substance abuse prevention grant awarded by the Center for Substance Abuse Prevention (CSAP). Grants are for three years, for up to \$3 million each year. The four goals of Utah's project are to: (1) Use the Risk and Protective Factor Model to coordinate, and where legally permissible, redirect and leverage substance abuse prevention resources that are directed toward communities, families, schools, and workplaces; (2) Develop a comprehensive, statewide prevention strategy that uses the Risk and Protective Factor Model of Substance Abuse Prevention to increase the capacity of communities to reduce alcohol, tobacco, and other drug use among youth; (3) Demonstrate a reduction in research-based risk indicators and substance use that affects youth, parents,

and communities in Utah; and (4) Develop a comprehensive, statewide plan to sustain and expand the comprehensive prevention strategy at the conclusion of the Center for Substance Abuse Prevention's State Incentive Cooperative Agreement.

**Substance Abuse Treatment Program:**

Provides treatment and rehabilitation services to persons experiencing problems with alcohol or drugs.

**TEP:**

**Transitional Employment Program.** An employment program for consumers who are transitioning from an intensive treatment program into the workforce.

**UBHN:**

**Utah Behavioral Healthcare Network.** An organization of the public mental health and substance abuse providers.

**UPPC:**

**Utah Patient Placement Criteria.** Used in conjunction with the ASI for adults and CASI for youth to identify the level of placement for substance abuse treatment.

**USH:**

**Utah State Hospital.** 24-Hour psychiatric facility located in Provo, Utah. Provides psychiatric treatment for patients experiencing severe and persistent mental illness. Serves all age groups and covers all geographic areas of the state.

# OFFICE OF RECOVERY SERVICES (ORS)

## WHAT DOES ORS DO?

Serves children and families by promoting financial independence through responsible parenthood--making child support a reliable source of income for families. ORS works to reduce costs to public assistance programs through paternity establishment, child support and medical support establishment and collections, and through Medicaid cost-avoidance and recovery.



- ORS works to ensure that parents, not taxpayers, primarily support their children. When parents don't support their children, a family is more likely to need public assistance.
- ORS identifies insurance for children receiving support and ensures that liable parties, such as insurance companies, reimburse the state of Utah for Medicaid expenses.

## AS A DHS EMPLOYEE, WHEN WOULD I LIKELY BE INVOLVED WITH ORS?

- You have a client or family in common with us if:
  - ORS is collecting child support from parents whose children are in the care or custody of the State, such as DCFS, Youth Corrections or the State Hospital
  - one of your clients is on Medicaid but has questions or concerns about medical provider bills, payments from a liable third party or payments they owe to reimburse the state for medical services paid in their behalf
  - Your client is over age 55, Medicaid eligible and may be concerned about Medicaid Estate Recovery in anticipation of receiving Medicaid benefits.
- Your client needs help establishing paternity or collecting child support, or has questions about an existing case.

## WHO CAN OPEN A CASE WITH ORS?

- A parent who wants to establish paternity for their child
- A parent who has a child or medical support obligation
- Parents ordered to pay support when their child is placed in the care or custody of the State of Utah
- Individuals, attorneys or third parties responsible for repaying medical expenses paid by the State or Medicaid

## **CHILD SUPPORT SERVICES (CSS):**

Provides child support services on behalf of children and families in obtaining financial and medical support by:

- Establishing paternity, child support and medical support
- Locating parents
- Enforcing child and medical support obligations
- Collecting child and medical support

## HOW DOES SOMEONE APPLY FOR CHILD SUPPORT?

Complete an application form, which is available by:

- Accessing the ORS web site: [http://ors.utah.gov/how\\_to\\_apply.htm](http://ors.utah.gov/how_to_apply.htm)



- **Custody and visitation (parent-time) issues are not the authority of ORS.** Only a Court can address these issues.
- **Spousal support (alimony) is collected only if the non-custodial parent is also ordered to pay** current child support and the children are not legally emancipated.
- **Interest is collected only if:**
  - the interest is listed as a specific dollar amount in a judgment, or
  - in an interstate case, the other state collects interest for its customers and provides ORS with the specific interest amount, or
  - a case has been referred for criminal non-support prosecution.

## HOW ARE CHILD SUPPORT AMOUNTS CALCULATED?

- In Utah, child support obligations are computed using a guidelines calculation table established by the Utah State Legislature.
- Both parents' incomes are used to compute the monthly child support amount. The parent's income used in the calculation is limited to the equivalent of one full-time job.
- Cash assistance, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI), **are not** considered as income.
- Pensions, Social Security Benefits, Workers' Compensation, and Disability Insurance benefits **are** considered income.
- Other factors are also used to determine how much support will be ordered.
- Child support worksheets and tables are available at each Clerk of the Court office, in every ORS office, and on the ORS web site, [www.ors.utah.gov](http://www.ors.utah.gov).



A **Child Support Calculator** is available on the ORS website at [www.ors.utah.gov](http://www.ors.utah.gov) to help calculate the cost of child support.

## WHAT CAN A CASEWORKER DO FOR A PARENT WHO DOES NOT HAVE ENOUGH MONEY TO COVER BASIC NEEDS AFTER INCOME HAS BEEN WITHHELD FOR A CHILD SUPPORT OBLIGATION OR FOR A PARENT WHO NEEDS MORE CHILD SUPPORT?

- The parent should contact the ORS agent to **request review and modification of the child support award.**
- ORS agents may proceed with a modification if:
  - the new order is at least 10% higher or lower than the current award; **and**
  - the order is at least 3 years old; **or**
  - it has been less than 3 years since the order was issued, modified, or revised and substantial change in circumstances has occurred; **and**
  - the award is at least 15% higher or lower than the current award

- ORS **will not** adjust the order if:
  - the youngest child will be 18 years old within a year;
  - the non-requesting parent cannot be located

NOTE: ORS cannot address visitation (parent-time) or custody and will not adjust the order for custody or parent-time.

#### WHAT IF THE CLIENT IS ON PUBLIC ASSISTANCE? IS THE CHILD SUPPORT CASE HANDLED DIFFERENTLY?

- All child support cases are given equal priority and managed the same. There are, however, some important differences to be considered when a client is receiving public assistance.

Under current law:

- When the client becomes eligible for cash assistance, past, present and future child, spousal and medical support rights are assigned to the State. This means the client **will NOT receive monthly child support payments when receiving cash assistance.**

The following provisions continue in effect:

- **The client cannot enter into an agreement with the non-custodial parent to accept “in-kind” support** in place of the court-ordered child support. Examples of in-kind support are food, clothing, housing, utilities, etc.
- **The client cannot enter into an agreement with the non-custodial parent for a reduction of child support during an extended visitation** while receiving cash assistance.
- When the cash assistance and Medicaid case close, ORS will provide **full** child support services which includes, child support, spousal support and medical support enforcement services **unless clients tells ORS they do not want the services.**

#### WHAT FEES ARE CHARGED FOR CASES THAT ARE NOT RECEIVING CASH ASSISTANCE OR MEDICAID?

##### Payment Processing

A \$5.00 administrative fee, not to exceed \$10.00 per month, is charged each time a payment is processed and sent to the custodial parent. This charge is withheld from the support payment before it is sent to the custodial parent.

##### Federal Tax Intercept Charge

A fee, up to \$25.00, is charged if the non-custodial parent’s or custodial parent’s federal tax refund is taken to pay a child support obligation.

##### Annual Fee

Once each Federal Fiscal Year, after \$500 has been collected and disbursed, an annual mandatory fee of \$25 is collected for cases where the custodial parent has never received cash assistance.

##### Paternity Establishment Services

If the mother does not name all possible consorts at the time a case is opened, she will be charged for the cost of additional genetic testing, unless the man first named as the father is not excluded by genetic testing.

### Intergovernmental Cases

Other charges may be assessed if a case is referred to another state and that state charges a fee.

### WHERE ARE CHILD SUPPORT OFFICES LOCATED?

SALT LAKE CITY 515 East 100 South Salt Lake City, Utah 84102 801-536-8500	OGDEN 2540 Washington Blvd. Ogden, Utah 84401 801-536-8500	<b>All ORS correspondence to POB 45033 Salt Lake City, UT 84145-0033</b>
PROVO 150 East Center Street, Suite 2100 Provo, Utah 84606 801-536-8500	RICHFIELD 687 North Main Richfield, Utah 84701 801-536-8500	ST. GEORGE 377 East Riverside Drive Building B, Suite C St. George, Utah 84790 801-536-8500

### HOW CAN INFORMATION ABOUT CHILD SUPPORT BE ACCESSED?

- Telephone ORS's voice-activated phone system ACCESS at 801-536-8500.
- Participants on ORS cases will be issued a PIN; in combination with the case number, participants can access their case.
- Professional Services and other menus are available for DHS staff and others to contact ORS.
- Online at [http://www.ors.utah.gov/interactive\\_web.htm](http://www.ors.utah.gov/interactive_web.htm). Site requires login ID and user account set up.

### WHAT IS THE ACCESS?

- A 24 hour a day, 7 days a week telephone system that provides information about child support payments. The telephone numbers listed above connects callers to ORS.

### WHAT DO I DO WHEN I HAVE A COMPLAINT ABOUT ORS SERVICES?

- The best process to use when concerned about an ORS child support case is to contact the ORS Customer Services Unit to begin the process. Call 801-536-8500 and enter prompts to talk to an agent.
- ORS also has a constituent service representative who handles concerns and complaints that are brought to the attention of the State Office. For more information about Constituent Services, please contact Joye Downey at 801-536-8901; she will be able to route the concern appropriately.

### WHERE ARE CHILD SUPPORT AND CHILDREN IN CARE CASE PAYMENTS SENT?

- All Child Support and Children in Care case payments are sent to one mailing address regardless of where the case is being worked:  
P.O. BOX 45011  
Salt Lake City, Utah 84145-0011
- ORS also accepts payment by credit card, Western Union, online or at the cash window in local ORS offices during normal business hours.

## **COLLECTION FOR CHILDREN IN CARE (CIC)**

**Provides services to reimburse the state** for costs of supporting children placed in its care and/or custody, by:

- obtaining financial and medical support
- locating parents
- establishing paternity and support obligations, and
- enforcing those obligations

### **WHY DOES A PARENT HAVE TO PAY CHILD SUPPORT WHEN THE STATE REMOVED THE CHILD FROM THE HOME?**

- Utah law requires that both parents of a child who has been placed in the care of the state are not relieved of their primary obligation to support that child.
- The Juvenile Court Judge orders the parents of children placed in state's custody to contribute to the support of that child no matter what the circumstances were when the child was removed from the home.

### **IF A PARENT VOLUNTARILY ALLOWS THE STATE TO PLACE A CHILD IN A RESIDENTIAL FACILITY, DOES THE PARENT HAVE TO PAY CHILD SUPPORT?**

**Yes**, parents are required to contribute financial support toward their child's care even when a child is voluntarily placed in a community residential program.

### **WHAT CAN BE DONE TO ENSURE A FAIR SUPPORT OBLIGATION IS ESTABLISHED?**

- Make sure the parents participate and respond to all letters or notices they may receive.
- To ensure parents are assessed properly, advise them to provide all financial and household information to ORS.
- Once an order has been established, the JJS or DCFS or USH caseworker for the child can help the parent(s) make a request **waiver** to defer or waiver payments. A waiver should only be initiated when certain criteria are met. For example, if the collection of support would hinder the reunification of the family, a waiver may be appropriate. A waiver should not be requested simply because the payment of support poses a financial burden for a family.
- The Good Cause Deferral/Waiver Form (Form 602) must be completed by the custodial placement caseworker and signed by the worker's supervisor, Region Director, and the Division Director or designee. It is then reviewed by the ORS Director or designee for approval. If the custodial agency and ORS disagree on the appropriateness of the waiver, the custodial agency can refer the decision to the DHS Executive Director for a final decision. The waiver must include **detailed** information that justifies the waiver to assist management in determining if a waiver should be considered.
- A waiver may:
  - waive the current support or arrears payment for a certain time period,
  - waive all of the arrears,
  - defer payments until a specified date, or
  - waive the obligation entirely.



- **ORS does not represent either parent.** Attorneys from the Utah Office of the Attorney General may assist ORS. They represent the State and are not personal attorneys for either parent.
- **Out-of-pocket medical expenses** are collected only if included as a specific dollar amount in the support order or reduced to a judgment.
- **Ongoing child care expenses are collected only if:**
  - a parent makes the request and
  - the specific dollar amount for child care is included in a court order along with child support obligation, and
  - neither parent is disputing the monthly childcare amount
- **Child support will be collected until the child is legally emancipated.** For Utah child support orders, the age of emancipation is when:
  - a child turns 18 or graduates with the normal graduating high school class, whichever occurs later, or
  - a child marries or joins the armed forces.For orders issued by a state other than Utah, the child will emancipate based on the emancipation laws of that state.
- **Past-due support cannot always be collected.** Based on Utah law, past-due support can only be collected within four (4) years of when the last child in a Utah order reaches the age of majority, or within eight (8) years after a sum certain judgment is issued.

#### WHAT HAPPENS TO A CHILD'S SOCIAL SECURITY BENEFITS WHEN A CHILD ENTERS STATE CUSTODY OR CARE?

The State will apply to be payee of the benefits while the child is in the care or custody of the State.

#### DOES A PARENT HAVE TO PAY FOR A FULL MONTH WHEN THE CHILD WAS IN CUSTODY FOR ONLY A FEW DAYS DURING THE MONTH?

Under current Rule, Child Support is due on the first day of the month and, cannot be pro-rated. As a result, child support will be charged when a child is in a chargeable placement on the first day of the month. If the child enters placement on any other day, support will not be charged until the following month. **Note** that when a child in DCFS custody has returned to the home for a trial placement for more than 7 consecutive days, child support may **not** be collected for that month.

#### MY CHILD WAS ISSUED A MEDICAID CARD AND HAS BEEN PLACED WITH A STATE AGENCY. WHY AM I REQUIRED TO COVER THE CHILD ON MY PRIVATE INSURANCE POLICY?

While most children placed in care are issued Medicaid cards, this does not remove the parent's responsibility for providing private insurance for their child(ren). If insurance is available to the parent(s), the insurance policy will be billed by the state to help offset the costs associated with the Medicaid program.

## WHERE ARE SERVICES LOCATED?

All **Children in Care** cases are managed in the Salt Lake office:  
515 East 100 South  
Salt Lake City, Utah 84102  
801-536-8500

## **BUREAU OF MEDICAID COLLECTIONS (BMC)**

**Collects medical reimbursements** from responsible third parties to both reimburse and avoid State Medicaid costs, including recovering from estates of deceased Medicaid recipients (who are over 55 years of age).

## WHAT IS ESTATE RECOVERY?

Federal law requires states to pursue recovery of Medicaid benefits paid on a recipient's behalf after age 55 if the recipient had no surviving spouse or dependent (under age 21) or disabled children. Recovery can be made for the recipient's estate or trust. The amount recovered is used to supplement funds available for the Medicaid program and helps reduce the tax burden caused by rising Medicaid costs.



ORS recovers from estates or trusts only after the death of both the recipient and the surviving spouse, and only if there is no child who is blind or under age 21.

## WHAT IS AN ESTATE?

A recipient's "estate" means all real and personal property or other assets included within a decedent's estate (as defined in Utah Code, Section 75-1-201); and a decedent's augmented estate (as defined in Section 75-2-202).

## WHAT MEDICAL COSTS DOES ORS RECOVER?

ORS recovers costs paid by Medicaid when the recipient was age 55 or older, such as:

- Pharmacy charges
- Doctor and Hospital charges
- Ambulance charges
- Insurance premiums including Medicare premiums
- Medical equipment
- Long term care costs (both in-home and nursing home)
- QMB expenses
- All other costs paid under the State Plan

## HOW DOES ORS PROCEED WITH ESTATE RECOVERY?

ORS contacts a representative of the heirs after the death of the recipient. A lien may be recorded against the real property of a deceased recipient. ORS may also file a claim with the probate court for the amount of the medical assistance provided.

## WHAT ABOUT BURIAL COSTS OR OTHER CLAIMS ON THE ESTATE?

Burial costs are paid first from the estate of the recipient. The State's claim is paid before other creditors and before the heirs. It has the same priority as reasonable and necessary medical expenses of the last illness under the Utah Uniform Probate Code.

## CAN ORS WAIVE ESTATE RECOVERY IF THERE IS UNDUE HARDSHIP?

ORS offers the opportunity to apply for an undue hardship waiver if income is limited and the property is the sole income-producing asset and the source of support for the survivors (such as a family farm). ORS may defer Estate Recovery with the signing of a consensual lien if an individual has an equity interest in the decedent's home and resides in the home as primary residence or if a disabled or elderly individual resides in the decedent's home as a primary residence.

## WHERE ARE MEDICAL COLLECTION SERVICES LOCATED?

All **BMC cases** are managed in the Salt Lake ORS office:  
515 East 100 South  
Salt Lake City, Utah 84102

ORS Medicaid Section: 536-8798

## HOW CAN I SEND POLICY OR GENERAL QUESTIONS BY E-MAIL?

**General Information not related to a specific case** [orswebmail@utah.gov](mailto:orswebmail@utah.gov)

### State or Federal Law or policies regarding Child Support

send an e-mail to: [orswebbcss@utah.gov](mailto:orswebbcss@utah.gov)

(NOTE: **do not** use this link if your question is concerning a specific case)

### Bureau of Medical Collections

send an e-mail to [orswebbmc@utah.gov](mailto:orswebbmc@utah.gov)

## ADMINISTRATION

### Mailing Address:

P.O. Box 45033  
Salt Lake City, Utah 84145-0033  
(801) 536-8500; Fax: (801) 536-8509

### Street Address:

515 East 100 South  
Salt Lake City, Utah 84102

Mark Brasher	Director	(801) 536-8901
Tracy Graham	Director Child Support Services	(801) 536-8911
Brent Perry	Bureau of Medical Collections	(801) 536-8908
Catherine Taylor	Information Officer	(801) 536-8929
Joye Downey	Administrative Secretary	(801) 536-8901

## ABBREVIATIONS & DEFINITIONS

<b>Administrative Hearing:</b>	Legal proceeding, usually involving establishment and collection of child support, before an Administrative Judge at the DHS Office of Administrative Hearings.
<b>AIS:</b>	<b>Automated Information System.</b> The telephone response and information system used to give callers information about the Office of Recovery Services (ORS) and cases; currently called ACCESS.
<b>BMC:</b>	<b>Bureau of Medicaid Collections.</b> Cost avoids or recovers Medicaid expenditures and Estate Recovery. Identifies liable third parties to ensure Medicaid is the payor of last resort.
<b>CIC:</b>	<b>Children in Care.</b> Provides services to reimburse the State for costs of supporting children placed in its care or custody, by obtaining financial and medical support and enforcing those obligations.
<b>CSS:</b>	<b>Child Support Services.</b> Provides services including location and paternity establishment to help children and families obtain child and medical support.
<b>Current Support:</b>	Support that is owed for the current month. Also known as “ongoing support.”
<b>Custodial Parent:</b>	The parent with legal custody of the child.
<b>Emancipation:</b>	Under Utah law, this usually occurs at age 18 or upon completion of high school, whichever occurs later.
<b>Genetic Testing:</b>	Laboratory test which identifies the biological father of a child.
<b>Good Cause:</b>	Determination made by Department of Workforce Services (DWS) releasing the custodial parent of any obligation to assist ORS in pursuing the non-custodial parent for child support to reimburse the State. Generally, the determination is based on the potential for harm to the custodial parent or child.
<b>Lien:</b>	Legal petition to prevent sale or transfer of property until a debt is paid.
<b>Medical Support:</b>	Payment of medical and dental expenses for a child.
<b>Non-Custodial Parent:</b>	The parent without legal custody of the child.
<b>NTW:</b>	<b>Notice to Withhold Child Support.</b> A notice that instructs an obligor’s employer to withhold part of the income and send it to the ORS to pay child support.
<b>Obligee:</b>	Parent or legal guardian who receives child support payments.
<b>Obligor:</b>	Parent or legal guardian who is responsible to pay child support.

- Order:** A legal document, which may be administrative or judicial, which specifies the amount of support that is owed by the obligated parent; the enforceable duty of the participant.
- ORSIS:** **Office of Recovery Services Information System.** The federally certified computer system maintained and owned by ORS.
- Paternity:** The legal process for determining the legal father of a child. May be accomplished by Voluntary Declaration, administrative or judicial processes.
- TANF:** **Temporary Assistance for Needy Families.** Monthly cash assistance to low-income families with children under age 18. In Utah, this program is known as “**FEP**”, Family Employment Program.
- TPL:** **Third Party Liability.** Refers to individuals or entities with financial liability for medical costs of Medicaid recipients.